		200	***
		2	i
e De	Sicial	prior	
ortifica	fuld Bu	Diene	. 44.
the co	lendi	E E	
e dea	he at	Ment	
at th	9	and	
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be	THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physicial.	Health	
regu	een	0	,
- A	has t	Dept	-
H.	cate	State	
SICIAL	certif	the	
PHY	this	M	,
Drug	After	Seath	
TEN	STOR	after	
OR /	DIRE	hours	
M	RAL	2	
HOSP	FUNE	within	
岩	품	Med	

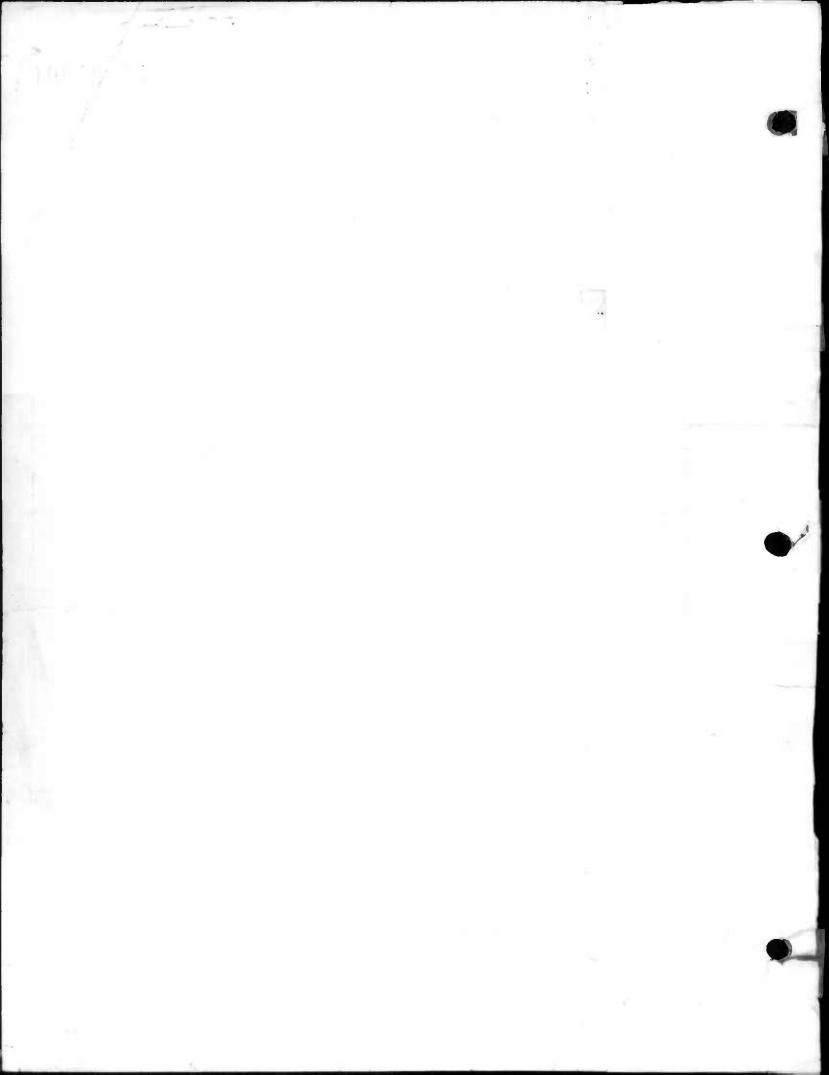
	REGISTRAR		C	ERTIF	CATE C	OF DEA	XTH		REG. NO				
	1. OECEDENT'S NAME (First, Middle, La. B.C.	ozzy			Mill	er		MONT	of OEATH	AY	YEAR 990		TIME OF DEA
	4. SOCIAL SECURITY NUMBER 246-03-7830	6. SEX	6. AGE (In yrs. le	asi birthday) YRS.	IF UNDER 1 YE	AR IF UND	ER 24 HRS.	7. DATE (Mont	OF BIRTH h, Day, Year) 12-191		6. BIR	THPLA	CE (State or Fi
-	90. FACILITY NAME (If not institution, gh Maryland Ger	re street and number)			9b. CITY, TO	wn or Loca Balti		ATH			UNTY OF		N.C.
TOF	RESIDENCE OF DECEDENT	lerar no	Shirai			Dalta	LIIIOI	- 0.1	Ly				
DIRECTOR	10a. STATE 10b. COU	NTY	10.7		, <del>rown on L</del> Saltimo								LIMITS?
1 1	10e. STREET AND NUMBER			_1		10f. ZIP CO	DE			10g. CI	TIZEN OF		COUNTRY?
FUNERAL	2913 Forest G						21216				SA	1	
BY FU	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. A 1 YES 2 X WAR OR DATES		If ye	OECENDENT s, specify Cu YES 2 X N	ban, Maxica	n, Puarto	Y? (Specify Ye Rican, atc.)	a or No	Bla	CE — inck, Will ealty:	American Ind hita, atc. Blac
	15. OECEDENT'S E		16a. D	ECEOENT'S	USUAL OCCU	PATION		168	. KIND OF BU	SINESS/IN	NDUSTRY		Diac
PLETED	(Specify only highest gr Elementary/Secondary (0-12)	College (1-4 or 5	- 4	'Give kind of v fe. Do NOT us	vork done durin se retired.)	ig most of wor	rking		S.	Т. А			
E COMPL	17. FATHER'S NAME (First, Middle, Lest) Plyler Miller					18. MC	OTHER'S NA	ME (First, Mas:	Middle, Maiden				
TO B	19a. INFORMANT'S NAME (Type/Print)  Nellie Miller		1	2913	ADDRESS (St	reet and Numi						1d :	21216
	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 R	amoval from State	20b. PLAC	E OF DISPOS	SITION (Name		_			CATION -		_	
	4 Donation 5 Dethar (Specify)	715 311 35147 3	_ Arbi	itus M	1emoria	al Par	^k		Ar	butu	ıs, N	1d	
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE /											
	· 4 prti	a 46	ron		M	arch	F/H	Wes					
	23. PART I. Enter the diseases, shock, or heart failu				M 4	larch 300	F/H Wabas	Wes h Av	enue	iratory e	orrest,		Approxin
	shock, or haart failu IMMEDIATE CAUSE (Finel disease or condition	re. List only one ca		ne.	M 4 not enter the	larch 300	F/H Wabas	Wes h Av	enue	iratory e	errest,		Approxim interval E Onset sn
	shock, or heart failu IMMEDIATE CAUSE (Finei	Hodgk	suse on each iir	ne. seas∈	M 4	larch 300	F/H Wabas	Wes h Av	enue	iratory e	errest,		interval E
	shock, or heart failu IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediata	Hodgk	ins Di	ne. S e a s e EOUENCE OF	M 4	larch 300	F/H Wabas	Wes h Av	enue	iratory e	errest,		interval E
	shock, or heart failu IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions,	Hodgk s.  DUE TO OUE TO	ins Dis	S & A S & EQUENCE OF	M 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	larch 300	F/H Wabas	Wes h Av	enue	eliratory e	orrest,		interval E
CERTIFICATION	shock, or heart failu IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, isading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	Hodgk  Hodgk  DUE TO  OUE TO  d.	ins Di; o (or as a cons o (or as a cons o (or as a cons	EQUENCE OF	M 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	larch	F/H Wabas dying, suc	Wes	enue diec or reep	Y AUTOPS:			intarval E Onset sn
CERTIFICATION	shock, or heart failu IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if sny, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	Hodgk  Hodgk  DUE TO  OUE TO  d.	ins Di; o (or as a cons o (or as a cons o (or as a cons	EQUENCE OF	M 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	larch	F/H Wabas dying, suc	Wes	enue diec or reep diec or reep 24a. WAS AP PERFO	N AUTOPS:		CO	interval E Onset sn Onset sn RE AUTOPSY I ILLABLE PRIOI MPLETION OF
DICAL CERTIFICATION	shock, or heart failu IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if sny, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	Hodgk  Hodgk  DUE TO  OUE TO  d.	ins Di; o (or as a cons o (or as a cons o (or as a cons	EQUENCE OF	M 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	larch	F/H Wabas dying, suc	Wes	enue diec or reep	N AUTOPS:		CO OF	interval E Onset sn
MEDICAL CERTIFICATION	shock, or haart failu IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if sny, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condit	B. DUE TO C. DUE	ins Di; o (or as a cons o (or as a cons o (or as a cons	EQUENCE OF	M 4 Anot enter the	larch	F/H Wabas dying, suc	WES	24s. WAS AP PERFO	N AUTOPS:		CO	Interval E Onset sn PE AUTOPSY I ILLABLE PRIOI MPLETION OF DEATH?
MEDICAL CERTIFICATION	shock, or haart failu IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if sny, isading to immedista cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  PART II. Other significent conditions	HO d g k  HO d g k  DUE TO  OUE TO  d.  HOSPITAL:	ins Di; o (or as a cons o (or as a cons o (or as a cons	SE A SE EQUENCE OF	M 4 Anot enter the	larch 300 mode of o	F/H Wabas dying, suc	WES h Avh se cer	24a. WAS AP PERFO	N AUTOPS:		CO	Interval E Onset sn PE AUTOPSY I ILLABLE PRIOI MPLETION OF DEATH?
HYSICIAN: MEDICAL CERTIFICATION	shock, or haart failu IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if sny, lasding to immedista cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significent condit  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 HO  27. MANNER OF DEATH  1 Netural S Pending	HO d g k  HO d g k  DUE TO  OUE TO  C.  DUE TO  d.  HOSPITAL: 1 G inpatient 2  28a. DATE C (Month,	ins Di; o (OR AS A CONS	SE A SE EQUENCE OF	M 4 not enter the	rlying ceus	F/H Wabas dying, suc	Part I.	24a. WAS AP PERFO	N AUTOPS' RMED? 2 <sup>™</sup> NO	Y 2	OF 1 [	Interval E Onset sn PE AUTOPSY I ILLABLE PRIOI MPLETION OF DEATH?
TED BY PHYSICIAN: MEDICAL CERTIFICATION	shock, or haart failu IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent condit  25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 YES 2 HO  27. MANNER OF DEATH	B. DUE TO	ins Dis O (OR AS A CONS	S C A S C EQUENCE OF EQUENCE OF EQUENCE OF The security of the	M A A A Normaling E OF JURY M 1	rlying ceus	F/H Wabas dying, suc	Part I.	24a. WAS APPERFO	N AUTOPS' RMED? 2 ₹ NO INJURY O	Y 2	AMI CO OF	Interval E Onset sn  RE AUTOPSY 1 REABLE PRIOR MPLETION OF DEATH?  YES 2
D BY PHYSICIAN: MEDICAL CERTIFICATION	shock, or haart failu IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if sny, lasding to Immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significent condit  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES SHO  27. MANNER OF DEATH  1 Natural 5 Pending Investigati 3 Suicide 6 Could not datarmina.  29a. CERTIFIER (Check only)  1 CERTIFYING PI	B. DUE TO	ins Dis O (OR AS A CONS O (OR	S C A S C EQUENCE OF EQUENCE OF EQUENCE OF The security of the	OTHER: 4   Nursing E OF 1/URY M 1 street, fectory,	arch 300 mode of commode of commo	F / H Wabas dying, suc	Part I.  Pack only of 28d, OE 28f, Log Ch	24a. WAS AN PERFO 1 YES  OCATION (Street or Town, State	N AUTOPS' RMED? 2 1 NO INJURY O and Numb )	Y 2  DCCUREO  ber or Run	AMP CO OF 1 [	RE AUTOPSY ILLABLE PRIOR MPLETION OF DEATH?  YES 2   Number,

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

, M.D.

Rita Abbud,
31. OATE FILEO (Month, Day, Year)
UG 01 1990 Julie A

c-o Maryland General Hospital



JOHN D.

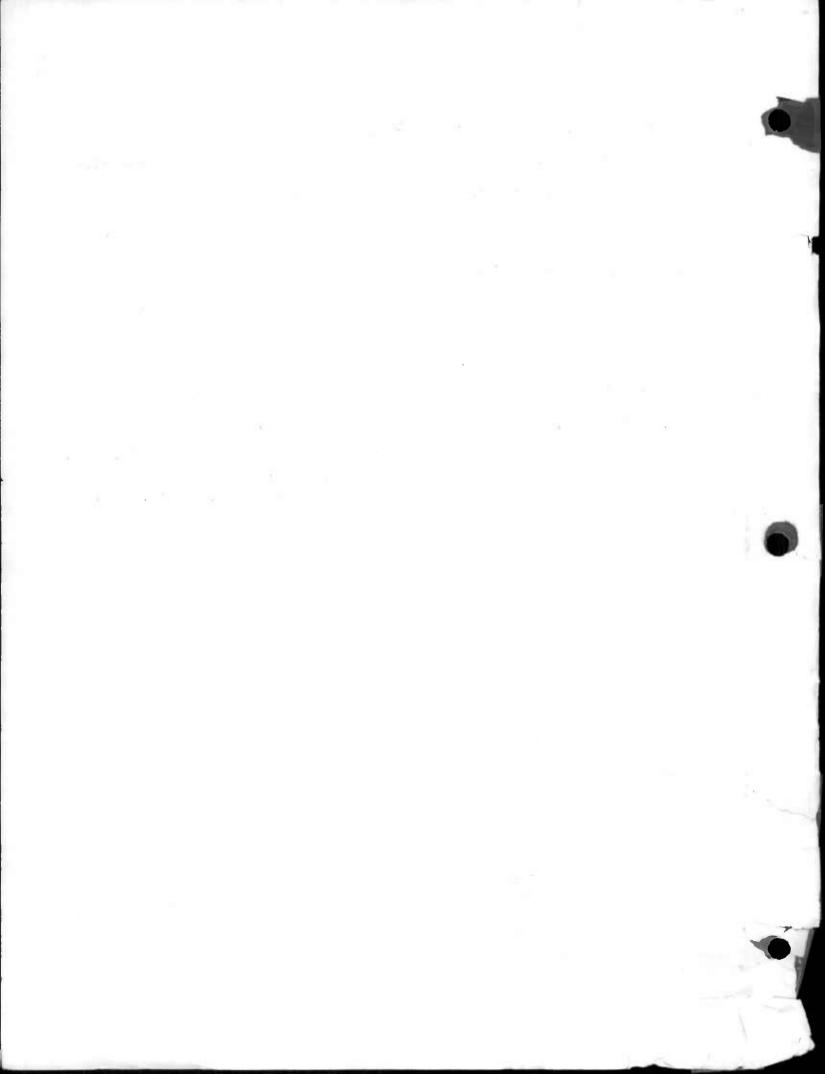
31. DATE FILED (Month, Dey, Year)

AUG 01 1990

din allocioun.	the burne permit. Pages 1, 2, 3 should		)
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the constitution of the hospital or attending	35	be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146

								90 21002
	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / CE	DEPARTMEN RTIFICAT				YGIENE EG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)	S. ME	ISZ			2. DATE OF		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5.	SEX 8. AGE (In yrs. lest			IF UNDER 24 HRS.	7. DATE OF I		BIRTHPLACE (State or Foreign
	2 18-14-0126 1	XM20F 90	YRS. MONTHS	DAYS I	LOCATION OF DEA	(Month, Da	1-00	MARYLAND TY OF DEATH
TOR	A 1	JOSPITAL		OWS				-TIMORE
띭	10a. STATE 10b. COUNTY		10c. CITY, TOWN			_		10d. INSIDE CITY LIMITS?
0	MARYLAND SA	LTIMORE			TIMOR	<u>e</u>	40 - 01717	1 Yes 2 No
FUNERAL DIRECTOR	6/12 FAIROAK				21214		u	.S.A.
	11. MARITAL STATUS 12 1 Never Married 2 Married	P. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 2 WHI IF YES, GIVE WAR OR DATES			NOENT OF HISPANI	, Puarto Rica	pecify Yes or No— 1 n, etc.)	4. RACE — American Indian, Black, White, etc.
8≺	3 Widowed 4 Divorced	IF YES, GIVE WAN ON DATES		1   YES 2	учо зресну.			Specify: WHITE
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con	npleted) (Giv	EDENT'S USUAL	ne during most	of working	16b, KII	ID OF BUSINESS/INDU	STRY
1 1	Elementary/Secondary (0-12)	College (1-4 or 5+)	DO NOT use retired JACMA		-	7	)la = 2000 = 000	
OMI	17. FATHER'S NAME (First, Middle, Last)	4 VEST	1010110	-	18. MOTHER'S NAM		harmacy le, Melden Surname)	
BE C	Henry Meisz		41		Franc	es		
10 B	19a. INFORMANT'S NAME (Type/Print)						City or Town, State, Zip C	Code)
	Ms. Shirley L.		1525 OF DISPOSITION		norn Rd	. 21	784 20c, LOCATION — C	itu ar Town State
	1   Buriel 2 ☐ Cremation 3 ☐ Ramova 4 ☐ Donation 5 ☐ Other (Specify)	If from State other pla	∞) Par	KWOOC	1 Cemet			lto., Md.
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEF	2	Hart	Lley Mi	ller	Funeral	Home
	Hedery V	Ville		7527	Harfo	rd Ro	d. Balto	., Md. 21234
	23. PART i. Enter the diseases, or con shock, or heart fellure. Lis	nplicetions thet caused the dea it only one cause on each line.	ath. Do not ent	ter the mode	e of dying, auch	as cerdied	or respiratory arre	interval Between
	IMMEDIATE CAUSE (Finel disease or condition	RECORATO	OV E	\ \ / / I	10=			Onset and Death
	resulting in death)	RESPIRATO	UENCE OF):	AICU	1111			
z	Sequentially list conditions, b.	BILATERA		NEU	moni	a		
ATIC	If any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQ	UENCE OF):					
FIC	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSEC	UENCE OF):			. <u> </u>		
CERTIFICATION	resulting in deeth) LAST							
-	PART II. Other aignificent conditions	contributing to deeth but not re	eaulting in the	underlying	ceuse given in	Part I. 24	a. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
SICA						1	PERFORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME						_		1 WES 2 NO
AN.	25. WAS CASE REFERRED TO MEDICAL			20 04 0	CE OF DEATH (Chi	nak aatu ann)		
SICI	EXAMINER?	IOSPITAL:	DOA 4 DA	IER:	5 Residence		inacify)	
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Dey, Year)	28b. TIME OF INJURY	28c. INJU WOR	RY AT		IBE HOW INJURY OCC	URED
BY I	1 Natural 5 Pending 2 Accident investigation		М	101	ES 2 NO			
COMPLETED	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — At hor building, atc. (Specify)	me, farm, street, f	factory, office			ON (Street and Number of Town, State)	or Rural Route Number,
PLE		AN: To the best of my knowledge, de	ath occurred at th	he time, data a	and place, and dua	to the cause	(a) and manner as state	od.
OM	0/16) 2 MEDICAL EXAMINER:	On the basis of examination and/or i	investigation, in m	ny opinion, da	ath occured at the	time, data an	d place, and dua to the	cause(a) and manner as stated.
BEC	29b. SIGNATURE AND TITLE OF CENTIFIER	Italy use			29c. LICENSE NUM	ABER .	29d. DATE	SIGNED (Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITF	W 27) (Type, Print)		D341.	24		7/3///
	/JOHN D. MI	LTO MD &	HI5 B	ellon	a Lns	uite ?	212 Tows	on Md21204
	31. DATE FILED (Month, Dey, Year)	22 MEDICEPRADIS STREET	7	- 11 - 11	0			



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a four death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
by th	99		at
Den	pino		led
retai	5 sh		iot H
pe /	age		pe o
may	or, p		net
ge 6	Frect		E
F.	je je		nlne
deat	fun (	_	ехаг
after	y the	noval	ca
SUL	E.	r rei	ned
1	filled	OU, C	he i
DE.	stely	math	1, 1
IM P	Jupi	l, cre	ever
ecute	o pu	buria	alic
9	an al	0 0	E
ate b	ysici	prio	r tra
rtific	40 0	ріеле	the
th ce	endir	Ŧ	010
dead	e att	lenta	Ę,
t the	y th	Nd N	E
s tha	ned t	ith a	апу
juire	Sign L	Hea	OWE
W rec	рее	H. Of	25
ne la	has	Dep	n 23
N.	Scate	State	Iter
SICIA	certif	the	. 0
PHYS	this	with	rked
NG	Mer	eath	T 3
END	DR: /	ter d	8 18
ATT	TECT.	irs at	m 2
L OR	- DIF	hou	le
PITA	ERAL	In 72	= 1
<b>SS</b>	FUN	with	TAN
포	THE	filed	POR
0	0	43	3

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
Oliver Wong, M.D.

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR ERTIF					MENT	AL HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last) Arle	ne Mac	Cormack	< X	%cxCxd	dzinkix	c×k.		2. DAT	uly 3	1. 19	55°0 3	1:30AM M
	4. SOCIAL SECURITY NUMBER 103-32-6352	5. SEX 1 M 2 X F	6. AGE (In yrs. In: 48 y		IF UNDE		IF UNDER	24 HRS.	7. DAT	E OF BIRTH	2	B. BIRTHPL Country)	ACE (State or Foreign
OR	9a. FACILITY NAME (If not institution, give st Maryland Gen		spital		9b. CIT			ON OF DE		City	9c. COUNT	Y OF DEA	TN
DIRECTOR	10a. STATE 10b. COUNTY	,		10c. CIT	Y, TOWN			Cit	v				od. INSIDE CITY Y LIMITS?
	100. STREET AND NUMBER 140 W. Lafaye	tte Ave		<u></u>		101	2 1 2	E			10g. CITIZI		YES 2 NO AT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Olvorced	12. WAS DECEDED	TEVER IN U.S. AF		13.	WAS DEC	ENDENT (	OF HISPAN	n, Puerte	GIN? (Specify Yea o Rican, etc.)	or No— 1	I4. RACE -	- American Indian, White, atc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)			ECEDENT'S Give kind of a. Do NOT u	work done	during mo	ON ost of world	ing	10	6b. KINO OF BUS	SINESS/INDU	STRY	
COMPI	17. FATHER'S NAME (First, Middle, Last)			SECR	ETA	RY	16. MOT	NER'S NA	ME (First	COMME		L	
BE	THEODORE V	VRUBLES	KI I 19	h. MAILING	G ADDRES	S (Street a	M and@iv@bs	ARG	ARE	T SUZE	EL.	Code)	·21½81
2	Medical Recor	ds	20b. PLACE	Mary	lan	d G	ener	al	Hos	pital	CATION — C		
	1 Surial 2 Cremation 3 Rame 4 XDonation 5 Other (Specify)		other p	lace)						200.00	CATION — CI	ny or row	i, Jaca
	21. SIGNATURE OF FUNE RAL SERVICE LIC	//	U 8.	1-92				nato		Board	d, Ba	lto	., Md.
	23. PART I. Enter the diseases, or cahock, or heart fellure. IMMEDIATE CAUSE (Final	complications the List only one ca	et caused the deuse on each line	eath. Do	_	r the mo	ode of dy	ring, suc	h aa ca	ardiec or respi	ratory erre	st,	Approximate Interval Between Onset and Death
	disease or condition resulting in death)	Pneun a	O (OR AS A CONSE	QUENCE O	OF):						72		and constant
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initieted events	c	OR AS A CONSE										
ERTI	resulting in death) LAST	d											
PHYSICIAN: MEDICAL	PART II. Other algorificent condition	e contributing to	deeth but not	resulting	in the u	nderlyln	g cause	given in	Part I.	24e. WAS AN PERFOR	RMED?		VERE AUTOPSY FINDINGS NAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE	R:		DEATH (Ch					
	27. MANNER OF OEATN  1 Natural 5 Pending	28a. DATE O	ER/Outpatient FINJURY Day, Year)	28b. Til		28c. IN.	JURY AT ORK?		9	ther (Specify) DESCRIBE NOW I	NJURY OCCI	UREO	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE building	OF INJURY — At h , etc. (Specify)	ome, farm,	street, fa					OCATION (Street I Ity or Town, State)		or Rural Ro	ute Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE												end manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	The same of the sa	Daymin	<u></u>			29c. LIC	CENSE NUI	MBER n/a	a	29d, DATE		Month, Day, Year)
2	30 NAME AND ADDRESS OF PERSON WH	O COMPLETED CAL	ICE OF GEATH OT	TH 070 (T-	- 0-(-1)				77				

Sulia Davidson-Randalle 32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

cfo Maryland General Hospital

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Zer flows after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page be filed within 72 hours after death with the State Degr. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	- STATE REGISTRAR			CERTIF	ICATE	OF	DEAT	ГН		REG. NO.			
,	1. OECEOENT'S NAME (First, Middle, Last)									ATE OF OEATH	.,	MP A D	3. TIME OF OEATH
	COLUMBUS	MOORE							1	7 2		YEAR	6 55A M
	4. SOCIAL SECURITY NUMBER	6. SEX	6. AGE (In yrs	s. lest birthday)	IF UNDER		IF UNDER		7. D	ATE OF BIRTH		8, BIRT	HPLACE (State or Foreign
	248-22-7348	1 🔀 M 2 🗆 F	67	YAS.	MONTHS	DAYS	HOURS	MIN.	10	Pro 100 /2:	3	Count	C
	9a, FACILITY NAME (If not institution, give st	reet and number)			9b. CITY,	TOWN O	R LOCATIO	ON OF OE	ATH		9c. CO	JNTY OF	
۳ ا	PRINCE GEORGE'S H	OSPITAL	CENTER	0		EVER	ıv				DD T	NOE /	SEORGE'S
O 11-	RESIDENCE OF DECEDENT		CLIVILI								PRI	W.E. 1	
2	Md. 106. COUNTY	P.G.		1	Y, TOWN O								10d. INSIDE CITY LIMITS?
				Fa	irmo								1X YES 2 NO
≅	10e. STREET AND NUMBER						21P CODE					S.S.	WHAT COUNTRY?
更上	1004 58th												
BY FL	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE N	YE\$ 2	<b>⊠</b> NO	1	f yes, spe		n, Maxica	n, Pu	ilGIN? (Specify Yea arto Rican, etc.)	or No—	Spec	E — American Indian, ck, Whita, etc. ::hy: lack
	15. DECEDENT'S EDU (Specify only highest grade		180	a. DECEDENT'S (Give kind of	USUAL OC	CUPATIO	N et of workin	147		16b. KIND OF BU	SINESS/IN	DUSTRY	
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5	+)	life. Do NOT u	se retired.)	on mg mo	or Promain	.9		D.1	1 .		
를 L	8th			Plum	ber					Plui	nbir	19	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	7 10								rst, Middle, Maiden	Surname)		
w L	Nathanie	el Moor	е							elly			
2	19a. INFORMANT'S NAME (Type/Print)									Number, City or Tow		(ip Code)	
-	Savannah Moore	3							PN	ila.,P			
- 1	20e. METHOD OF DISPOSITION  XIXBurial 2 Cremation 3 Rem 4 Donation 6 Other (Specify)			ace of dispo her place) ncoln	Mer	n. (	Cem.	7/		/90 Su	itla	and,	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	) ar		22.	HAME AN	Was	SS OF FA	aum	on & S	ons	Inc	
, :	· Lany	W. G.	rai	1						s Ave.			
	23. PART I. Enter the diseases, or a shock, pr heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. CAA	OR AS A CO	UMP.	<i>OW)</i>					LESS			Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	· ANG	1084	S' PC Insequence of BC	45,	A	4.						
DICAL	PART II. Other algorificent condition SUPPER BLEFFING	70	RE	MOVE					Part	I. 24a. WAS AMPERFO	AMED?	24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  t YES 2 NO
A N	25. WAS CASE REFERRED TO MEDICAL					26 PI	ACE OF E	DEATH (C)	hack o	alv one)			
PHYSICIAN: ME	EXAMINER?  1 YES 2 XNO	HOSPITAL:				R: sing Hon	e 5 □ R	,	6 🗆	Other (Specify)			
ВУ РН	27. MANNER OF DEATH  12 Netural 5 Pending 2 Accident Investigation	28a. DATE O (Month,	F INJURY Day, Year)	28b. TII	ME OF JURY M	WC	URY AT PRK? YES 2 [	□ мо	28d	. DEŞCRIBE HOW	INJURY O	CCUREO	
	3 Suicide 6 Could not be determined	28e. PLACE building	OF INJURY — , etc. (Specify)	At home, farm,	street, fac	tory, offic	•		281.	LOCATION (Street City or Town, State		er or Rura	I Route Number,
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYS 2 MEDICAL EXAMINI												(a) and manner as stated.
8	29h. SIGNATURE AND TITLE OF CERTIFIE	106	10	G	0	۰	29c. LIC	ENSE NU	мося		29d. D	ATE SIGNE	ED (Month, Day, Year)
2-	30. NAME AND ADDRESS OF PERSON WE	M.D.	JSE OF OEATH	H (IT === 27) (Typ	e, Print)	PR	.GFO	RGES	Н	OSP. CTR	. FO	URTH	FLOOR.



	1, 2,	- {
(	mark perior Juges	)
BALTIMORE, MARYLAND 21203-3146	ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 yours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buffer than any Mental Monlane and to buffer the profess 1, 2, and about with the State hard of Health and Mental Monlane and to buffer the profess.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2+ nours after de TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral control of the first and the first point of the first and the first point of Health and Mental Humber offer to build ceremation. Or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, Year)

FRANKLIN

SQUARE

32. REGISTRAR'S SIGNATURE

DR.

SUITE 214

	FOR	STATE OF N					ALTH AND N	MENTAL				90 2	100
	REGISTRAR		CE	HIII	ICATE (	OF L	JEATH		REG. NO				
ļ	1. DECEDENT'S NAME (First, Middle, Last)			1				2. DATE (	OF DEATH	AY	YEAR	3. TIME OF D	
	Marie K.	MOH								27 /	90	11:2	
	4. SOCIAL SECURITY NUMBER 217–20–6822	5. SEX	6. AGE (In yrs. last	t birthday) YRS.	IF UNDER 1 YE	$\overline{}$	IF UNDER 24 HRS. HOURS MIN.	7. DATE 0 (Month,	Day, Year)		Coun	HPLACE (State of try) ryland	ir Foreign
ŀ	9a. FACILITY NAME (If not institution, give st	reet and number)			96. CITY, TO	WN OR	LOCATION OF DE	ATH		9c. COU	INTY OF	OEATH	
TO R	FRANKLIN SQUARE	HOSPITA			F	ROSS	SVILLE			Ba 11	timo	re Cour	ıty
DIRECTOR	10a. STATE 10b. COUNTY	ltimore		10c. CIT	Y, TOWN OR L		SVILLE					10d. INSIDE ( LIMITS? 1 YES 2	
	100. STREET AND NUMBER 9000 Philadelphi	a Rd.				10f. 2	21237			10g. CI		WHAT COUNTR	γ7
2	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	MED	13. WAS	S DECE	NDENT OF HISPAN	IIC ORIGIN	(Specify Ye	a or No —	14. RAC	E - American	Indian,
BY FUNERAL	1 Never Married 3 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	☐ YES 2 1 N MR OR DATES	10			oify Cuban, Maxica NO Specify		ican, etc.)		Spe	ck, White, etc. city: Whit	e
	15. DECEDENT'S EDU	CATION	16a. DE	CEDENT'S	USUAL OCCU	JPATION	6,	16b.	KIND OF BU	ISINESS/IN	DUSTRY		
COMPLETED	(Specify only highest grade	College (1-4 or 5 -	Min	Do NOT u	work done during retired.)		of working		Homer	nakir	າຂ		
Ž	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA	MF (First Iv	-		-0		
BE CC	Joseph Koenig								Bi	ttner			
2	19a. INFORMANT'S NAME (Type/Print) Melvin Mohr						d Number or Aurel I Lphia Rd					237	
	20a, METHOD OF DISPOSITION  1 🛂 Buriel 2 🗆 Cremetion 3 🗀 Ram  4 🗆 Donation 5 🗀 Other (Specify)	oval from Stata	20b. PLACE other pla	of dispo	SITION (Name	of come	etery, crematory or	•				Town, State Maryla	nd
	21. SIGNATURE OF FUNERAL SERVICE LIG	CENSEE			22. NAI	ME AND	AOORESS OF FA	CILITY	1,000	2 0 2 1140	20,	11023 20	4100
	Jersahn	F.	H.		7	40	1 B.	Ja	- /	Rd		36	
	23. PART i. Enter the diseeses, or ahock, or heart failure.				not enter the	e mod	le of dying, suc	h aa card	lac or resp	oiratory a	rrest,	Interv	ximate al Between and Death
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. CON C	ESTI	VE	HE	7A	RT F	ATL	UK	E			mos.
z		DUE TO	OR AS A CONSE	M Y	OCAK	DI	AL.	IN	ARC	170	N	18	mos.
ATIO	Sequentially list conditiona, If any, leading to immediate cause. Enter UNDERLYING	c. COR	OR AS A CONSE	OUENCE O	OF): ADTZ	P	1 715	EAG	SE			Ye	ars.
CERTIFICATION	CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST	DUE TO	(OR AS A CONSE	QUENCE (	OF):								
岗		d											
CAL	PART II. Other algorificent condition	CACHE		resulting	in the unde	rlying	cause given in	Part i.	24a. WAS A PERFO	RMED?	2	4b. WERE AUTOP AMAILABLE PI COMPLETION OF DEATH?	RIOR TO
PHYSICIAN: MEDICAL												1 TYES 2	NO
AN	25. WAS CASE REFERRED TO MEDICAL					26 DI /	ACE OF OEATH (C/	back anti-or	-1				
SICI,	EXAMINER?	HOSPITAL:	ER/Outpatient	a 🗆 DOA	OTHER:		5 🗆 Residence						
Η	27. MANNER OF DEATH	28s. DATE OF	YRULNI	28b. TI	ME OF 20	Bc. INJU	JRY AT	¥	CRIBE HOW	INJURY O	CCURED		
ВУ Р	1 Natural 6 Pending 2 Accident Investigation	(Month, E	>ay, Year)	1	M	1 U Y	ES 2 NO						
	3 Suicide 6 Could not be 4 Homicide determined		of INJURY — At hi otc. (Specify)	ome, farm	, street, factory	y, offica			ATION (Stree or Town, Stat		er or Rura	al Route Number,	
COMPLETED	(Check only	ER: On the basis of										e(a) and manner	r as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	R		S			29c, LICENSE NU	MBER		29d. D	ATE SIGN	ED (Month, Day,	Ybar)
TO BE	nancy V. A	Straka	NA	D.			D 29	192	7	•	7/	27 19	0
-	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAL	SE OF DEATH (ITE	EM 27) (7y)	oe, Print)								

21237

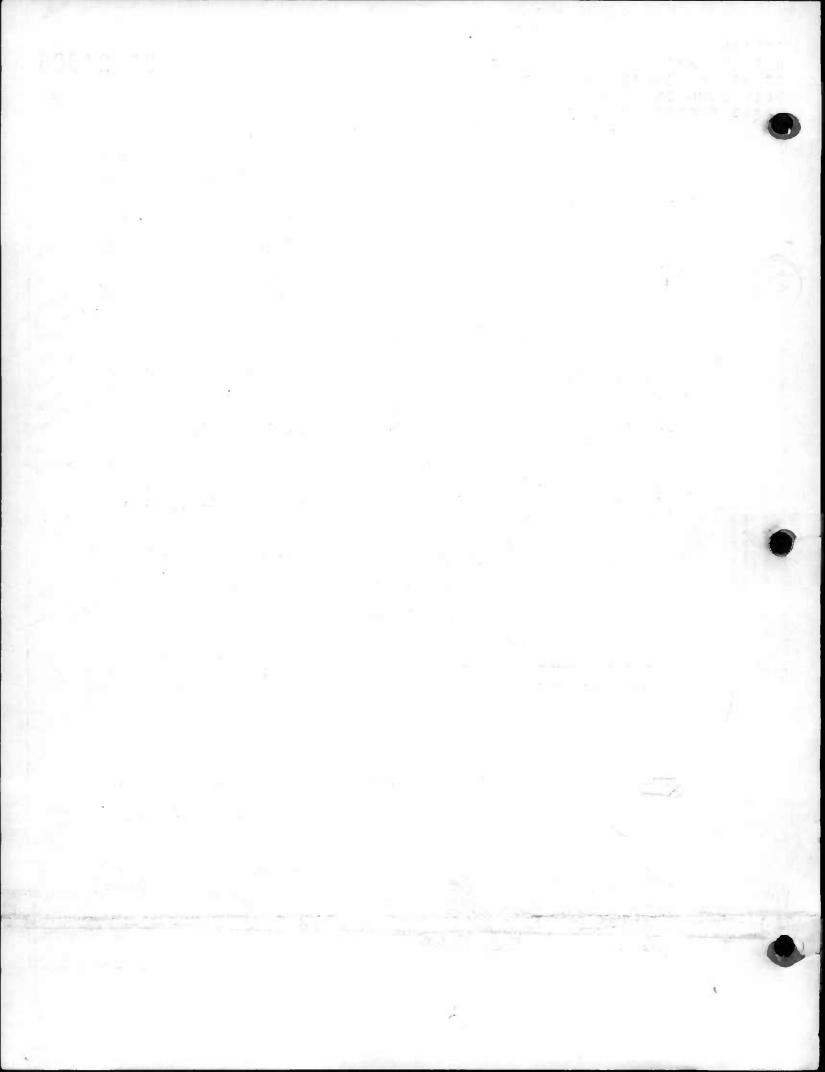
-BAZTO.

	Anne	0	NT.	eedle		2. DATE OF DEATH MONTH 7-29-90	DAY	3. TIME OF OEA 3:30PM
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthde	RY) IF UNDER 1 YEA		7. DATE OF BIRTH (Month, Day. Year)		a. BIRTNPLACE (State or F Country)
	9a. FACILITY NAME (If not institution, giv	1 M 2 F	86 YRS	3.	VN OR LOCATION OF DE	7/1/04	9c. COUN	POLAND TY OF DEATN
OR	Sinai Hospital				timore Cit			
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COU	NTY	10c.	CITY, TOWN OR LO	OCATION			10d. INSIDE CIT
	MARYLAND		12-	BALT	'IMORE			1 X YES 2
FUNERAL	100. STREET AND NUMBER 5612 JONQUIL AV	F			10f. ZIP CODE 21215			EN OF WNAT COUNTRY?
UNE	11. MARITAL STATUS	12 WAS DECEDENT EVE	R IN U.S. ARMED		DECENDENT OF NISPAN		USA or No—	14. RACE — American Ind Black, While, atc.
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YOU	DATES		yes 2X NO Specify			Specify: WHITE
B	15. OECEDENT'S E (Specify only highest gri	DUCATION and a complete of	16a. OECEOEN	T'S USUAL OCCUP	PATION	16b. KIND OF BU	USINESS/INOU	JSTRY
山	Elementary/Secondary (0-12)	College (1-4 or 5+)		of work done during T use retired.)	g must or working			
COMPL	12 17. FATHER'S NAME (First, Middle, Lest)		HO	USEWIFE	18. MOTHER'S NA	ME (First, Middle, Malder	HOME Sumame)	
ш	ABRAHAM SODY					ESTHER	TABA	CK
TO B	19a. INFORMANT'S NAME (Type/Print)				eet and Number or Rural i			Code)
_	MELVIN SODY  20a. METNOD OF DISPOSITION		The second second	WILD CHE		BALTIMORE,		21207
	1 X Burial 2 Cremetion 3 Re 4 Donation /5 Other (Specify)	emoval from State	other place)	KMEN CIR	f cemetery, crematory or			ORE, MD
	23 PART K Enter the discourse, of ahock, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in dasth)	e. List only one cause of	n each line.	o not entar the		h as cardiac or resp	BALTO plratory/pure	est, Approximinterval (Onset an
CERTIFICATION	Sequentially list conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. Corona Due to OR A	S A CONSEQUENCES A CONSEQUENCES	E OF):	/? P.E.	m/	-V.	200
	PART II. Other algorificant conditions and the second seco		h but not reaulti	ng in the underl	lying cause given in		N AUTOPSY ORMED?	24b. WERE AUTOPSY AVAILABLE PRIOR COMPLETION OF OF DEATH?
N: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	6. PLACE OF DEATN (Ch	eck only one)		
Σ		1 Pinpatient 2 ER/0			Home 5 Regidence	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCC	UBED
Σ	1 TYES 2 SHO	28s. DATE OF HULL					_	
PHYSICIAN: M	27. MANNER OF DEATH  5  Pending	Month Ony No.		INJURY	WORK?	fee	Sub	gect fell
Σ	27. MANNER OF DEATH	on 28s. PLACE OF SALE building, etc. 6	JRY At home for	INJURY	YES 2 NO	281. LOCATION (Street	and Number	oject fell or Rural Route Number, Baltimo

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the lost field within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

DHMH-16 Rev 1/89



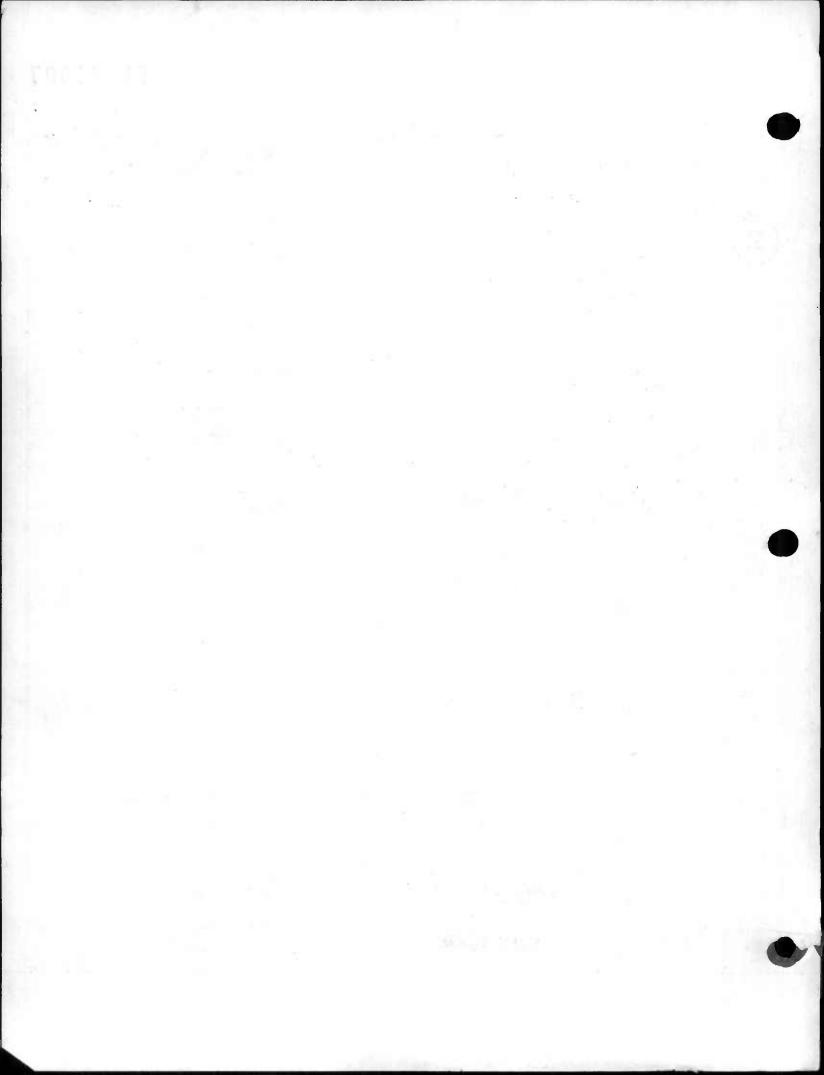
TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR	STATE OF MARY		RTMENT OF		MENTAL HYGIENE REG. NO.		C L 1001
1. DECEDENT'S NAME (First, Middle, La KLATCA	OETT	INGET	2,		2. DATE OF DEATH MONTH DAY	- 9 O	3. TIME OF DEATH  3 4 A M
4. SOCIAL SECURITY NUMBER 124-09-9976	1 🗆 M 2 🗡 F	E (In yrs. last birthday) 79 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12/2/10	Cou	THPLACE (State or Foreign intry) GERMANY
9a. FACILITY NAME (If not institution, gh MERIDIAN NURS	ING HOME			OR LOCATION OF DI	EATH	BALT	PIMORE
10a. STATE 10b. COU		10e. CIT	TY, TOWN OR LOCA	ALLSTOWN			10d. INSIDE CITY LIMITS?
10a, STREET AND NUMBER			10	Of. ZIP CODE		10g. CITIZEN OF	1 X YES 2 NO
11. MARITAL STATUS  1 Never Married 2 Married  XX Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S PONO	If yes, s		NIC ORIGIN? (Specify Yea an, Puarto Ricari, etc.)	(9)	SA ACE — American Indian, ack, White, etc. WHITE
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12) 12		(Give kind of life. Do NOT u	B USUAL OCCUPAT work done during in ise retired.) SEWIFE	nost of working		HOME	
17. FATHER'S NAME (First, Middle, Last) WILLIAM BAU	M			18. MOTHER'S NA	REGINA	WEISEL	
194. INFORMANT'S NAME (Type/Print) MRS. JEAN DAN	OFF		G ADDRESS (Street BEECH LE		Route Number, City or Town	State, Zip Code) 21204	1
20e. METHOD OF DISPOSITION  Standal 2 Cremetton 3 R  Donatton 6 Other (Specify)  21. SIGNATURE OF THE LABOR SERVICE	lamoval from Stata	CHEVRA	AHAVAS C	CHESED AND ADDRESS OF FA		., INC.	STOWN, MD
23. RART I. Enter the disease, abook, or heart fellu IMMEDIATE CAUSE (Finei disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Due TO (OR AL	each line.	lucon DF):		sh ea cerdlac or reepli	atory arrest,	Approximate Interval Between Onset and Death
PART II. Other significent condi	CHF F	but not resulting		ng cause given in	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		OTHER:	PLACE OF DEATH (C			
27. MANNEY OF DEATH  1 Netural 8 Pending	28e. DATE OF INJUF (Month, Day, You	Y 28b. TII	ME OF 28c. H	NJURY AT YORK?	6 Other (Specify) 28d. DESCRIBE HOW II	NURY OCCURED	
2 Accident Investigate 3 Suicide Could not 4 Homicide determine	28e. PLACE OF INJU	JRY — At home, farm, (pecify)	, atreet, factory, off	lica	261. LOCATION (Street a City or Town, State)	nd Number or Rur	ral Route Number,
(Since	HYSICIAN: To the best of my kn				e time, data and place, an	d due to the cour	se(e) and manner as stated.
30, NAME AND ADDRESS OF PERSON	THO COMPLETED CAUSE OF	DEATH (ITEM 27) (Typ	oa, Print)	Day	569	<b>&gt;</b> 7	30 90
31. DATE FILED (Month, Day, Year) AUG 0 1 1990	the Seudon Han	A. 12.					

DHMH-16 Rev 1/89



2
13146
प
<u> </u>
C.
_
×
m
144
P.O. BOX
0
<u> </u>
0
_
10
()
~
~
0
0
111
~
-
4
-
_
OF VITAL RECORDS,
0.9
_
0
Z
0
$\underline{}$
(0)
~
>
-
DIVISION

The Hospital of the property o
3922 L 31. DATE FILED (Month, De

STATE	0F	MARYLAND	1	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGI	ENE
			E	RTIFICATE	0	F DEAT	TH		REG	MO

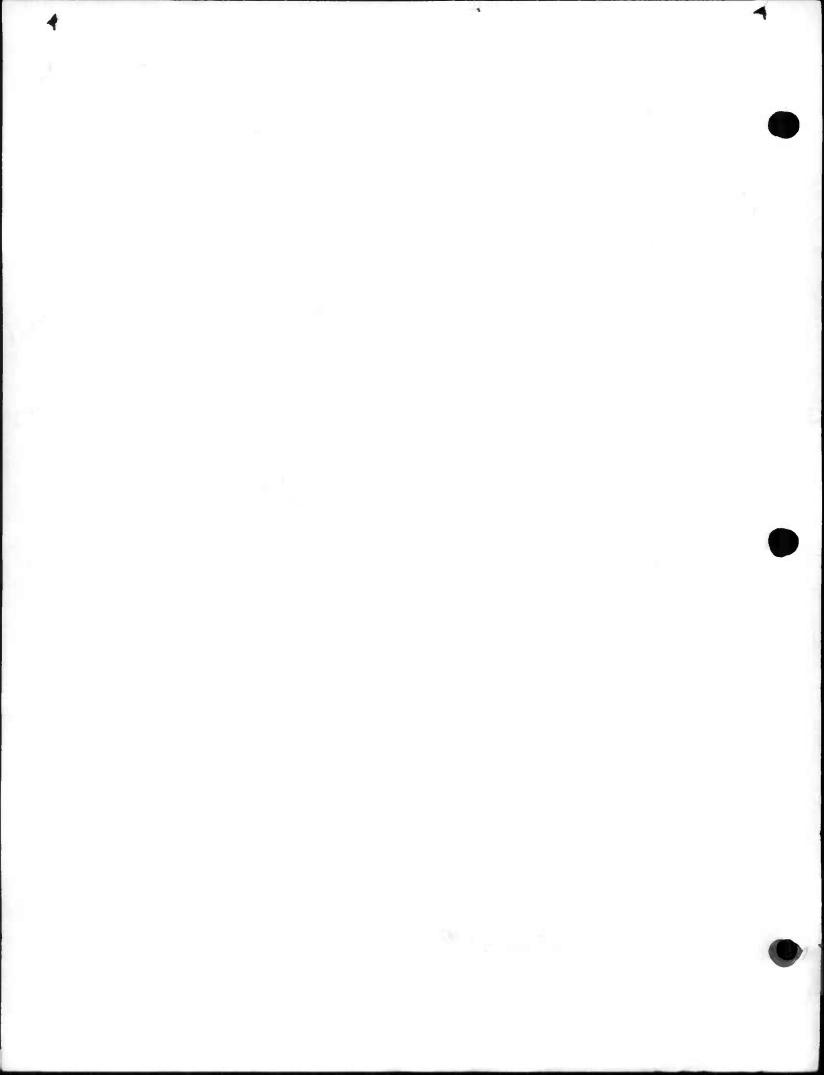
1 - FOR STATE REGISTRAR	STATE OF MARYLAN		T OF HEALTH AND E OF DEATH	MENTAL HYG		, 0 2 , 0	
1. DECEDENT'S NAME (First, Middle, Last)	vens (Els	ie Owens	)	2. DATE OF DEAT		3. TIME OF DEATH	O. M
4. SOCIAL SECURITY NUMBER 213-20-6097 7	5. SEX 6. AGE (In yr.	yrs. F UNDE	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRT (Month, Day, Ye	-03	BIRTHPLACE (State or Fore Country)	ers.
Mercy Med RESIDENCE OF DECEDENT  10a. STATE  10b. COUN	ical Cente		or LOCATION	EATH	9c. COUNT	Y OF DEATH  10d. INSIDE CITY	
M D  10e. STREET AND NUMBER		Ba	Int. ZIP CODE		10g. CITIZE	LIMITS?  1 KYES 2 N  N OF WHAT COUNTRY?	10
4117 HAGUE AV			21225			US	
1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO	WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic 1 YES 2 NO Speci	en, Puerto Rican, et	c.)	t. RACE — American Indian Black, Whita, etc. Specify: Black	
15. DECEDENT'S ED (Specify only highest grad Elemantary/Secondary (0-12)		DECEDENT'S USUAL C (Give kind of work done life. Do NOT use retired.)	during most of working	16b. KIND O	F BUSINESS/INDUS	STRY	
17. FATHER'S NAME (First, Middle, Last)				AME (First, Middle, M			
JOHN MAYO  19a, INFORMANT'S NAME (Type/Print)		I		SSA MAY			
RITA OWENS-BES	SS 43 - 44	- American	S (Street and Number or Rural UE AVE BA)				210
20a. METHOD OF DISPOSITION 1	20b. PL	ACE OF DISPOSITION (Notes place)	tory, Inc.	26	c. LOCATION CH		
* Leros	O Pay	AL I	EROY O. DY	ZETT &	SON FUN	ERAL HOME	
23. PART I. Enter the discussion of shock, of healt failure immediate CAUSE (Final disease or condition resulting in death)	Complications thet days de the List only one cause on each	arrest	r the mode of dying, su	ch as cardiac or	respiretory arres	At, Approxima interval Be Onset and	tween
Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO FOR AS A CO	OVY CZ NY	vest .			361	113
that initiated events resulting in death) LAST	DUE TO (OR AS A CO	NSEQUENCE OF):					
PART II. Other algnificent condition	ns contributing to death but	not resulting in the u	ndarlying cause given in	PE	AS AN AUTOPSY ERFORMED?	24b. WERE AUTOPSY FIN AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH?  1 YES 2 No.	NUSE
25. WAS CASE REFERRED TO MEDICAL							
EXAMINER?	HOSPITAL:	OTHE OTHER					
27. MANNER OF DEATH	28s. DATE OF INJURY	28b, TIME OF	28c. INJURY AT		HOW INJURY OCCU	RED	
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)  28a. PLACE OF INJURY —	INJURY	WORK?			r Rural Route Number,	
3 Suicide 5 Could not b 4 Homicide detarmined	building, etc. (Specify)	At Home, farm, accest, far	ctory, unice	City or Town,		Nursi Noois Nuribei,	
one)	SICIAN: To the best of my knowledge NER: On the basis of axamination ar						nted.
29b. SIGNATURE AND TITLE OF CERTIFI	The Onli	MI	29c. LICENSE NI	JMBER	29d. DATE :	SIGNED (Month, Day, Year)	)
30. NAME AND ADDRESS OF PERSON V	HO COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Print)	onsville,	MD &	20860		
AUG 01 1990	ful Davidson High	5				-	

DHMH-16 Rev t/89

## BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR STATE REGISTRAR	TATE OF MARYLAND /	DEPARTM			MENTAL HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First Middle, Last)	D. Parne	ll			2. DATE OF DEATH DATE OF DEATH	5 90	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 6.5 214 82 61851	6. AGE (In yrs. In:		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Dec. Year)		HATTHPLACE (State or Foreign Country)		
5	a. FACILITY NAME (If not institution, give street and number)  96. COUNTY OF DEATH  96. COUNTY OF DEATH  97. COUNTY OF DEATH									
	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNTY	1100	I soo CITY TO	OWN OR LOCA				10d. INSIDE CITY		
5	MD		Ba	Stin	vore			1 TES 2 NO		
CIVEDAL	100. STREET AND NUMBER 822 Brooks	Lane 1st	Hoor	10	ZIP CODE	217	10g. CITIZEN	S.A		
	1 Nover Married 2 Married	WAS DECEDENT EVER IN U.S. AFFORCES? 1 YES 2 FIFYES, GIVE WAR OR DATES		If yes, sp		IIC ORIGIN? (Specify Yes n, Puarto Rican, atc.)		RACE — American Indian, Black, White, atc. Specify: Black		
LEI ED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp Elementary/Secondary (0-12)  Co	pleted) (C	ECEDENT'S USU Rive kind of work I. Do NOT use re	done during me		16b. KIND OF BUS	SINESS/INDUST	RY		
200	17. FATHER'S NAME (First, Middle, Last)	Lyra			18. MOTHER'S NA	ME (Figst, Middle, Maiden	Sumeme)			
	John W. Pan	nell			Oda	ris W	1/500	1		
2	190. INFORMANT'S NAME (Typo/Print) Gladys B. U	lison	6. MAILING AD	DRESS (Street	and Number or Rural F	Poute Number, City or Tow	n, State, Zip Coo	Salto, red 3217		
	20a. METHOD OF DISPOSITION 10 Burial 2 Cremation 3 Removal		OF DISPOSITE	ON (Name of ce	metery, cremetory or	20c. LO	CATION — City	Or Town, State		
	Donation 5 □ Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENS	EE /	14112	22. NAME A	ND ADDRESS OF FA	CILITY // // t	011301	110,119		
	Hola y	March		Ma	ch F.	o wabas	h Au	e		
	23. PART . Enter the diseases, or companies abook, or heart failure. List			anter the me	ode of dyling, auc	h aa cardiac or reep	iratory arreat	Approximate Interval Between Onset end Death		
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Phewmo	OVICEOUENCE OF):		-			Oliset silo bestil		
20	Sequentielly list conditions, b	DUE TO (OR AS A CONSE	OUENCE OF):					-		
3	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury									
ERITEICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	OUENCE OF):							
AL CE	PART II. Other algnificent conditions co	ontributing to death but not	reculting in t	tha undarlylr	g ceuse given in	Pert 1. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO		
MEDIC	HIVE	IJ.				1 YES	⊇ □ NO	COMPLETION OF CAUSE OF DEATH?		
	Coaguraga	100				-		1 Tes 2 No		
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			LACE OF OEATH (Ch	neck only one)				
12	1 YES 2 □ NO 1	Inpatient 2 - ER/Outpatient	3 DOA 4		ne 5 🗆 Raaldenca					
	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME C	Y W	JURY AT ORK? YE\$ 2 \( \) NO	28d. DESCRIBE HOW	INJURY OCCUR	EU		
>- I	1 Netural 5 Pending						and Mumber or			
ED BY	2 Accident Investigation 3 Suicida 8 Could not be determined	28s. PLACE OF INJURY — At It building, atc. (Specify)	ome, term, stre	et, factory, offi	C.A.	City or Town, State	)	Rural Route Number,		
	2 Accident Investigation 3 Suicida 8 Could not be determined  29a. CERTIFIER (Check only)	building, atc. (Specify)	leath occurred	at the time, dat	a and place, and dus	City or Town, State	nner as stated.			
COMPLEIED	2 Accident Investigation 3 Suicida 8 Could not be determined  29a. CERTIFIER (Check only)	building, atc. (Specify)	leath occurred	at the time, dat	a and place, and dus	city or Town, State to the cause(a) and me	nner se stated.			
BE COMPLETED	2 Accident 3 Suicida 8 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: O	building, atc. (Specify)  It To the best of my knowledge, on the basis of examination and/o	leath occurred a	at the time, dat	a and placa, and dua death occured at the	city or Town, State to the cause(a) and me	nner se stated.	ause(a) and menner as stated.		
IO BE COMPLETED BY	2 Accident 3 Suicida 8 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: O	building, atc. (Specify)	leath occurred a	at the time, dat in my opinion,	a and place, and dus death occured at the	city or Town, State to the cause(a) and me	nner se stated, and due to the c	ause(a) and menner as stated.		



N		1	
_	_	E .	
BALTIMORE, MARYLAND 21203-3146	as that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	ned by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permitted at and Mental Hygiene prior to burial, cremation, or removal.	
ORDS, P.O. BOX 13146,	executed within	and completely to burial, cremat	
BOX	ificate be	physician the prior t	
P.O.	eath cert	attending ntal Hygie	
ORDS,	s that the d	alth and Mer	

	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE O	F DEATH DA	y v	EAR	TIME OF DEATH
- 3	ELLTOTT PARHAM  4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last hirthday)	IF UNDER	1 VEAR	IF UNDER	24 HBS	7. DATE O	28 F BIRTH	1990		CE (State or Foreign
	136-36-3840	1 <b>∑</b> M 2 □ F	43	YRS.	MONTHS	DAYS	HOURA	MIN.	(Month,	17/4	6 1	lew .	Jersey
R	9a. FACILITY NAME (If not institution, give street and number)  THE JOHNS HOPKINS HOSPITAL  9b. CITY, TOWN OR LOCATION OF DEATH  BALTIMORE  BALTIMORE CITY												
5	RESIDENCE OF DECEDENT									t more over			
DIRECTOR	MARYLAND  10c. CITY, TOWN OR LOCATION  BALTIMORE CITY									1. INSIDE CITY LIMITS?			
									COUNTRY?				
E	1010 RUTLAND A	VENUE					212	213				USA	
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 M Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2			If yes, sp		n, Mexica	n, Puarto Ri	(Specify Year can, atc.)	or No—	Black, W Specify:	American Indian, hita, atc.
PLETED	15. DECEDENT'S EDL (Specify only highest grade Elementary/Secondary (0-12)			DECEDENT'S (Give kind of life. Do NOT u	work done	during mo	ON pat of workli	ng	16b. (	(IND OF BUS	BINESS/INDUS	STRY	
BE COMPL	17. FATHER'S NAME (First, Middle, Last) ELLIOTT PARHA	М					VI	RGI	NIA	ddle, Malden WOODS	SON		
5	19a. INFORMANT'S NAME (Type/Print) MARVA TILLER								NELA		N.J.		362
	20a. METHOO OF OISPOSITION  1 Denition 5 Other (Specify)	oval from Stata	other	CE OF DISPO					RY		CATION — CH		
	LAND OF CAANAN CEMETERY GLASSBO  LAND OF CAANAN CEMETERY GLASSBO  22. NAME AND ADDRESS OF FACILITY LEROY O. DYETT & SON FUN  4600 LIBERTY HEIGHTS AVE								ERAI				
-										Interval Between Onset and Death			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST												
MEDICAL	PART II. Other significant conditio	na contributing to	deeth but no	ot reaulting	in the u	nderlyin	g cauae	given in	Part i.	24a. WAS AN PERFOR		AM CC Of	ERE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF O	DEATH (Ch	neck only one	.)			
SICI	EXAMINER?	HOSPITAL:	☐ ER/Outpetient	3 🗆 DOA	OTHE 4   Nu	R:			6 🗆 Other				
PHYSICIAN:	27. MANNER OF DEATH  1 Natural 5 Pending	26a. DATE Of (Month, i	F INJURY Day, Year)	26b. Ti	ME OF	W	JURY AT ORK? YES 2 [	□ NO	28d. DESCRIBE HOW INJURY OCCURED				
LED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28a. PLACE ( building	OF INJURY — At , atc. (Specify)	I home, farm	, atreet, fa	ctory, offi	Ce		281. LOCA City o	TION (Street r Town, State)	and Number o	r Rural Rout	Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS	SICIAN: To the best of											nd menner as stated.
EC	29b. SIONATURE AND TITLE OF CERTIFIE	ER		-			29c. LIC	ENSE NU	MBER				onth, Day, Year)
TO BE	Path Cells 30, NAME AND ADDRESS OF PERSON W	m, M. )	SE OF DEATH	TEM 27) (%	oe. Print)						▶ 7	- 28-	.50
	PATTI ALLEN.	M.D.	4 07	SW		EST	- B	ALTIA	uore,	mb 7	21205		
	31. DATE FILED (Month, Day, Year) AUG 0-15 1990	Lia Javidson	- Hanous	<b>V</b>									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law required to The solutions and the confidence has been elemented to the con DIVISION OF VITAL REC

913 × 102

BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE O	F MARYLAND / DEPAR CERTIF	RTMENT OF I	
DECEDENT'S NAME (First, Middle, Last)		PRA	77	_
. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	1
21 M 11. 4122	1 1 M 2 D	F A VRS	WONTHS DATE	1

1 - STATE REGISTRAR		STATE OF I		/ DEPARTM		HEALTH AND I	MEN	TAL HYGIEN!	E			
1. DECEDENT'S NAME (First,			PRATT					ATE OF DEATH		YEAR	3. TIME OF DEA	
IDA				, , = , ,				07 3	<del>/</del>	90	/	MM
4. SOCIAL SECURITY NUMBER 5. SEX 6.7				MO	UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 6 1 - 15 - 189			HPLACE (State or Fi ry)	oreign	
9e. FACILITY NAME (If not in			93		CITY, TOWN	OR LOCATION OF DE		11-13-1		NTY OF D	EATH	
d113E1277			CE	NIER		342711		ORE				
RESIDENCE OF DEC				The series							10d. INSIDE CIT	
MARYLAND	10b. COUNTY	1			OWN OR LOCA						LIMITS?	
10e. STREET AND NUMBER				15/		ORE CITY of, ZIP CODE	<u>Y</u>		10g. CITI	ZEN OF V	WHAT COUNTRY?	
3500 FAIR	RVIEW	AVENUE				21207			233	τ	JSA	
11. MARITAL STATUS		12. WAS DECEDEN				CENDENT OF HISPAN			or No-	14. RAC	E — American Ind k, White, etc.	en,
1 Never Merried 2			YES 2 [	_ <b></b>		pecify Cuben, Maxice S 2 XNO Specifi		erto Micen, etc.)		Spec	elfy:	
3 X Widowed 4 Divo					<u> </u>						BLAC	:K
15. DEC (Specify onl	EDENT'S EDU y highest grade	CATION completed)		(Give kind of work	done during m	ION lost of working		18b. KIND OF BUS	SINESS/IND	DUSTRY		
Elementary/Secondary (0	0-12)	College (1-4 or 5	+)	Ille. Do NOT use re	эвгөа.)							
17. FATHER'S NAME (First, M	fiddle, Last)					18. MOTHER'S NA	ME (F	irst, Middle, Maiden	Surname)			
WARREN	WOODI	FOLK				ESTEL	LA	WOODFC	LK			
19e. INFORMANT'S NAME (	Type/Print)			19b. MAILING AD	DRESS (Street	and Number or Rural	Route	Number, City or Town	n, State, Zip	Code)		
DOROTHY V	VEST			8711 I	HAYSH	ED LANE	A.	PT. 22	CO	LUM	BIA, M	D
20a. METHOD OF DISPOSIT  1 XBurlet 2 Cremetic 4 Donation 8 Other	on 3 🗆 Rem	oval from State		r place)		metery, crematory or METERY			CATION —		own, State  MARY	.AND
21. SIGNATURE OF FUNERA	,	CENSEE	- III.	1		AND ADDRESS OF FA	CILIT		JAAR	OILL	THICL	HIND
P Chi	mL	Ohu	4 of	+		OY O. D' O LIBER'					RAL HON 21207	
23. PART I. Enter the d	llae aes, Dr	complications the	at caused tha	daeth. Dp not							Approxim	
	shock, Dr haan fallure. List only one cause on each line.											
IMMEDIATE CAUSE (Final disease or condition resulting in death)  ACMTE CIEREISRO - VASENCAR ACCIDIENT										-	Onset sr	
disease or condition_					1320					-	Onset sr	
		ALU	TE		1320					-	Onset sr	
disease or condition_		a. ALM	TE OF AS A CON	CIERS						-	Onset sr	
disease or condition resulting in death)  Sequentially list condition	tions,	b. DUE TO	TE QUIRASA CON QUIRAS A CON	CERS  REQUENCE OF):  EPS'  ISEOUENCE OF):	5	- VASC	211	LAR !	7221	יטוב	Onset sr	
disease or condition resulting in death)  Sequentially list condit if any, leading to imms cause. Enter UNDERLY	tions, addata	b. DUE TO	TE QUIRASA CON QUIRAS A CON	CERS  REQUENCE OF):  EPS'  ISEOUENCE OF):	5	- VASC	211	LAR !	7221	יטוב	Onset sr	
disease or condition resulting in death)  Sequentially list condit if any, leading to imma cause. Enter UNDERLY CAUSE (Disease or injiethet initieted events	tions, addista	b. DUE TO	TE CURUS CORAS A CON E12/OS	CERS  REQUENCE OF):  EPS'  ISEOUENCE OF):	5		211	LAR !	7221	יטוב	Onset sr	
disease or condition resulting in death)  Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injury)	tions, addista	b. DUE TO	TE CURUS CORAS A CON E12/OS	CERS  DEPCONSE OF):  EPCONSEOUENCE OF):  CLER	5	- VASC	211	LAR !	7221	יטוב	Onset sr	
Sequentially list condition resulting in death)  Sequentially list condit if any, leading to imma cause. Enter UNDERLY CAUSE (Disease or injusted initiated events resulting in death) LAS	nal	b. DUE TO DUE TO d.	O OR AS A CON	CERE REGUENCE OF):  EPHO' ISEOUENCE OF):  CLER ISEOUENCE OF):	5	MEA	z n	LAR 1	SEI	150	Onset sr	d Death
disease or condition resulting in death)  Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Injute Initiated events resulting in death) LAS	tions, idiata in	b. DUE TO  C. A/2T  DUE TO  d	O (OR AS A COND O (OR AS A CON	CIERS  HEROUENCE OF):  LER  HEROUENCE OF):  HEROUENCE OF):  HOTOLOGY  HEROUENCE OF):	S COM C	MEA	z n	LAR 1	SE1	150	Onset sr	d Death
disease or condition resulting in death)  Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Injute Initiated events resulting in death) LAS	tions, idiata in	b. DUE TO  C. A/2T  DUE TO  d	O (OR AS A COND O (OR AS A CON	CIERS  HEROUENCE OF):  LER  HEROUENCE OF):  HEROUENCE OF):  HOTOLOGY  HEROUENCE OF):	S COM C	MEA	z n	LAR /	SE/	150	b. WERE AUTOPSY AMILABLE PRIO COMPLETION OF OF DEATH?	d Death  Findings R TO CAUSE
disease or condition resulting in death)  Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Injute Initiated events resulting in death) LAS	tions, idiata in	b. DUE TO DUE TO d.	O (OR AS A COND O (OR AS A CON	CIERS  HEROUENCE OF):  LER  HEROUENCE OF):  HEROUENCE OF):  HOTOLOGY  HEROUENCE OF):	S COM C	MEA	z n	LAR /	SE/	150	b. WERE AUTOPSY AMALABLE PRIO COMPLETION OF	d Death  Findings R TO CAUSE
Sequentially list condition resulting in death)  Sequentially list condit if any, leading to imma cause. Enter UNDERLY CAUSE (Disease or injust) intitleted events resulting in death) LAS  PART II. Other signification in the intitleted events resulting in death) LAS	Rilons, addista (ING urry ST 1/3/1/2)	b. DUE TO  C. A/2T  DUE TO  d	O (OR AS A COND O (OR AS A CON	CIERS  HEROUENCE OF):  LER  HEROUENCE OF):  HEROUENCE OF):  HOTOLOGY  HEROUENCE OF):	the undariyi	HEA	I Part	1. 24e. WAS AN PERFOR	SE/	150	b. WERE AUTOPSY AMILABLE PRIO COMPLETION OF OF DEATH?	d Death  Findings R TO CAUSE
Sequentially list condition resulting in death)  Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in death) LAS  PART II. Other signification in the condition of the con	Rilons, addista (ING urry ST 1/3/1/2)	b. DUE TO  C. A/2T/  DUE TO  d	TE QUE AS A CON QUE AS A CON E121'05 QUE AS A CON QUE AS A CON QUE AS A CON QUE AS A CON QUE AS A CON	DEPA SEQUENCE OF):  ISEQUENCE OF):  CLER  ISEQUENCE OF):  Ot resulting in  21743	the undariyi	MEA	I Part	1. 24e. WAS AN PERFOR	SE/	150	b. WERE AUTOPSY AMILABLE PRIO COMPLETION OF OF DEATH?	d Death  Findings R TO CAUSE
Sequentially list condition resulting in death)  Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injusted initieted events resulting in death) LAS  PART II. Other signification in the condition of the con	Rilons, addista (ING urry ST 1/3/1/2)	b. DUE TO  C. A/ZT  DUE TO  d	O DOR AS A COND D DOR AS A CON	DEPANOME OF:  EPANOME OF:  ISEOUENCE OF:  CLER  ISEOUENCE OF:  Ot resulting in  21745  PUTM	the undariyies	THEAT	Part Part	I. 24a. WAS AN PERFOT 1 YES 2	SET AUTOPSY BMED?	1 DI =	b. WERE AUTOPSY AMILABLE PRIO COMPLETION OF OF DEATH?	d Death  Findings R TO CAUSE
Sequentially list condition resulting in death)  Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injithet initieted events resulting in death) LAS  PART II. Other signification of the sequence of th	tions, addata (ING ury strong Medical A 1315)	b. DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  A / 2 T / 2	O DOR AS A COND D DOR AS A CON	CERE REQUENCE OF):  EPSO' ISEQUENCE OF):  CLER ISEQUENCE OF):  Ot resulting in  21745	the undariying the second seco	PLACE OF DEATH (CI)	Part Part	I. 24a. WAS AN PERFOI 1 YES 2	SET AUTOPSY BMED?	1 DI =	b. WERE AUTOPSY AMILABLE PRIO COMPLETION OF OF DEATH?	d Death  Findings R TO CAUSE
disease or condition resulting in death)  Sequentially list condit if any, leading to imma cause. Enter UNDERLY CAUSE (Disease or injust initiated events resulting in death) LAS  PART II. Other signification of the significant of th	Rilons, addista (ING urry ST 1/3/1/2)	b. DUE TO  C. AIZT  DUE TO  d	O (OR AS A CONDICTION OF THE PROPERTY OF THE P	DEPARAMENTE OF:  EPARAMENTE OF:  CLER ISEQUENCE OF:  OT resulting in  2 174 3  PUT M  2 28b. TIME INJUR	the undariyi	PLACE OF DEATH (CI	Part Part	I. 24e. WAS AN PERFO!  1 YES 2  Other (Specify)  5. DESCRIBE HOW	SET AUTOPSY AMED?	24 24 24 24 24 24 24 24 24 24 24 24 24 2	b. WERE AUTOPSY AMAILABLE PRIO COMPLETION OF OF DEATH?  1 YES 2	d Death  Findings R TO CAUSE
disease or condition resulting in death)  Sequentially list condit if any, leading to imma cause. Enter UNDERLY CAUSE (Disease or injute initieted events resulting in death) LAS  PART II. Other signification in the initieted events resulting in death) LAS  PART II. Other signification in the initieted events resulting in death) LAS  25. WAS CASE REFERRED EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Netural 5	Ribns, addista ING ury ST	b. DUE TO  DUE	O (OR AS A CONDICTION OF THE PROPERTY OF THE P	DERENGE OF):  EPSO' ISEQUENCE OF):  CLER ISEQUENCE OF):  Ot resulting in  2 174 3	the undariyi	PLACE OF DEATH (CI	Part Part	I. 24a. WAS AN PERFOT 1 YES 2	SET AUTOPSY IMED?	24 24 24 24 24 24 24 24 24 24 24 24 24 2	b. WERE AUTOPSY AMAILABLE PRIO COMPLETION OF OF DEATH?  1 YES 2	d Death  Findings R TO CAUSE
disease or condition resulting in death)  Sequentially list condit if any, leading to imma cause. Enter UNDERLY CAUSE (Disease or injute initieted events resulting in death) LAS  PART II. Other signification in the condition of	tions, addata (ING ury and to make the condition of the c	b. DUE TO  C. A/ZT  DUE TO  d	OF INJURY — A,, etc. (Specify)	REQUENCE OF):  EP 45  ISEOUENCE OF):  ISEOUENCE OF):  Ot resulting in  2 17 4  28b. Time (  INJURE)  INTURE (  INJURE)  INTURE (  INJURE)	the undariying the control of the co	PLACE OF DEATH (CI	1 Part	I. 24a. WAS AN PERFOIL  I YES 2  Other (Specify)  J. DESCRIBE HOW I	SET AUTOPSY AMED?	24	b. WERE AUTOPSY AMAILABLE PRIO COMPLETION OF OF DEATH?  1 YES 2	d Death  Findings R TO CAUSE
Sequentially list condition resulting in death)  Sequentially list condition and the sequentially list condition and the sequential	tions, addata filled and filled a	b. DUE TO  C. A/ZT  DUE TO  d	OF INJURY — A, etc. (Specify)	REQUENCE OF):  EP 45  ISEOUENCE OF):  ISEOUENCE OF):  Ot resulting in  2 17 4  28b. Time C INJUR  At home, farm, street, deeth occurred	the undariying the undariying the street in the street	PLACE OF DEATH (CI)	Part Part 28c 28c 28c	I. 248. WAS AN PERFORM  1 YES 2  Other (Specify)  5. DESCRIBE HOW City or Town, State, the ceuse(e) end ma	SET AUTOPSY AMED?	24 SCURED or or Rural steed.	b. WERE AUTOPSY AMAILABLE PRIO COMPLETION OF OF DEATH?  1 YES 2	FINDINGS R TO CAUSE
disease or condition resulting in death)  Sequentially list condit if any, leading to imma cause. Enter UNDERLY CAUSE (Disease or injuted initieted events resulting in death) LAS  PART II. Other signification in the condition of the condition o	Ribns, addata ING Larry ST To MEDICAL  Pending Investigation Could not be determined  ETIFYING PHYS DICAL EXAMIN	b.  DUE YC  C. A/2 T  DUE YC  d.  The second of the second	OF INJURY — A, etc. (Specify)	REQUENCE OF):  EP 45  ISEOUENCE OF):  ISEOUENCE OF):  Ot resulting in  2 17 4  28b. Time C INJUR  At home, farm, street, deeth occurred	the undariying the undariying the street in the street	PLACE OF DEATH (C)  PLACE	Part Part 28c	A /2 / 24e. WAS AN PERFOR 1   YES 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2	SEN AUTOPSY AMED?	24	D. WERE AUTOPSY AMAILABLE PRIO COMPLETION OF OF DEATH?  1 YES 2   Route Number,	FINDINGS R TO CAUSE NO
disease or condition resulting in death)  Sequentially list condit if any, leading to imme cause. Entar UNDERLY CAUSE (Disease or inject interest in the initiated events resulting in death) LAS  PART II. Other signification of the initiated events resulting in death) LAS  PART II. Other signification of the initiated events resulting in death) LAS  25. WAS CASE REFERRED 1 NO  27. MANNER OF DEATH  A Neural 5	Ribns, addata ING Larry ST To MEDICAL  Pending Investigation Could not be determined  ETIFYING PHYS DICAL EXAMIN	b.  DUE YC  C. A/2 T  DUE YC  d.  The second of the second	OF INJURY — A, etc. (Specify)	REQUENCE OF):  EP 45  ISEOUENCE OF):  ISEOUENCE OF):  Ot resulting in  2 17 4  28b. Time C INJUR  At home, farm, street, deeth occurred	the undariying the undariying the street in the street	PLACE OF DEATH (C)  TOTAL  PLACE OF DEATH (C)  TOTAL  TOTAL  TYPE 2 NO  Note and place, and du  death occurred at the  29c. LICENSE NU	Part  Part  Part  Part  Solution  So	I. 24a. WAS AN PERFOR 1 VES 2  Other (Specify)  J. DESCRIBE HOW City or Town, State, and the couse(e) and man, date and place, at the couse(e).	SEN AUTOPSY AMED?	24	D. WERE AUTOPSY AMAILABLE PRIO COMPLETION OF OF DEATH?  1 YES 2   Route Number,	FINDINGS R TO CAUSE NO
disease or condition resulting in death)  Sequentially list condit if any, leading to imma cause. Enter UNDERLY CAUSE (Disease or injuted initieted events resulting in death) LAS  PART II. Other signification in the condition of the condition o	ent condition  Fending Investigation Could not be determined	b. DUE TO  C. A/ZT  DUE TO  d	OF INJURY Dey, Year)  Of INJURY Dey, Year)  Of INJURY Day, Year)	REQUENCE OF):  ISEOUENCE OF):  ISEOUENCE OF):  Ot resulting in  2 1 7 4  28b. Time of injury  At home, farm, street, deeth occurred diver investigation,	the undariyies  26.  OTHER: Nursing Ho  Prince, factory, off  et the time, da  In my opinion,	PLACE OF DEATH (C)  PLACE	Part  Part  Part  Part  Solution  So	I. 24a. WAS AN PERFOR 1 VES 2  Other (Specify)  J. DESCRIBE HOW City or Town, State, and the couse(e) and man, date and place, at the couse(e).	SEN AUTOPSY AMED?	24	D. WERE AUTOPSY AMAILABLE PRIO COMPLETION OF OF DEATH?  1 YES 2   Route Number,	FINDINGS R TO CAUSE NO

SUDKIR. D AUG 01 1990

	51	
	exam	
after death with the State Dept. of Health and Merital Hygiene prof to burial, cremation, of removal.	28 is marked, or item 23 shows any injury, or other traumatic event, the medical examin	
OH,	Pe Pe	
, Creman	event, t	
DONUAL	natic	
DINOF TO	traun	
giene p	other	
F	6	
Merita	njury,	
and	my	
Healt	WS 3	
0	#	
Cept	23	
State	Item	
the	9	
With	rked.	
death	E	
ner	89	
rd .	N	

								U	21012
	1 - STATE OF MARY REGISTRAR			OF HEALTH		IENTAL HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last) RICE					2. DATE OF DEATH		(EAR 8	ME OF DEATH
	216-20-0171 10M2XF	176 YRS.	MONTHS	DAYS HOURS	MIN.		713 1	Balt	E (State or Foreign
HO HO	BON Secous Hospital-2000 U	U. Balt. St		OWN OR LOCAT		ATH	9c. COUNT	Y OF DEATH	-
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY		TY, TOWN OR					10d	INSIDE CITY
	Maryland Baltimore			101. ZIP COD	NE .		10- CITIZE	1 C	YES 2 NO
FUNERAL	6800 Liberty Road			212				S. A.	COORTATT
BY FUN	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced  12. WAS DECEDENT EVE FORCES? 1 V V V V V V V V V V V V V V V V V V	ES 2 X NO	10		an, Mexicen	C ORIGIN? (Specify Yea , Puerto Rican, atc.)	or No— 14	Black, Wh Specify:	mericen Indien, ite, etc.
TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18e. DECEDENT	"S USUAL OCC of work done du use retired.)	CUPATION ring most of work	ing	16b, KIND OF BUS	INESS/INDUS	STRY	DOCCIO
COMPLETED	Elementary/Secondery (0-12) College (1-4 or 5+) High School		look			Univers	itu H	ospit	al.
	17. FATHER'S NAME (First, Middle, Last) ELLSWORTH JOHNS					NE (First, Middle, Maiden			1100
) BE	19e. INFORMANT'S NAME (Type/Print)	19b. MAILI	NG ADDRESS (		abel or or Rural Ac	oute Number, City or Town	n, State, Zip Ci	ode)	-
D	Robert Harvey Rice, III	3659 20b. PLACE OF DISP				Baltin	OTE.		
	20e. METHOD OF DISPOSITION 1X   Burlel 2   Cremetion 3   Removal from State 4   Donation 5   Other (Specify)	other place)	e Nati	ional C	emete	ry Bal	timor	e. Ma	ryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	+	22. N. 25 (	AME AND ADDRI	ess of fac	"les Nytter	Funer	al Ho	mes, Inc.
	Hubert E. Nu	ller				Baltimo	re. M	D 21	216
	23. PART I. Enter the diseases, or complications that ceu shock, or heart feilure. List only one ceuse or IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR A	n eech line.		ne mode or a	ying, auch	aa cardiac or respi	retory arrea	nt,     	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	AS A CONSEQUENCE	OF):						
-	PART II. Other significant conditions contributing to deet		_		-	Part I. 24a. WAS AN PERFOR			RE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	1 GODITO INTESTINAL BIRCOLOGY 4. PENAL OSFEDALISTIONY 1 VES 2 MNO COMPILAR OF DE								MPLETION OF CAUSE DEATH?  YES 2 NO
AN:	3. STRSS FRATURE FIGHT NIP			26. PLACE OF		ok only one)		<u> </u>	
SICI	EXAMINER?  1 YES 2 NO 1 HOSPITAL: 1 V Inpetient 2 ER/O	Outpatient 3 DOA	OTHER:			8 Other (Specify)			
	27. MANNER OF DEATH  1 Natural 5 Pending  28e. DATE OF INJUI (Month, Day, Yes		IME OF INJURY	28c. INJURY AT WORK? 1 YES 2	□ №	28d. DESCRIBE HOW I	NJURY OCCU	RED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not ba 4 Homicide datermined 25e. PLACE OF INJ	URY — At home, fam Specify)	n, street, facto			281. LOCATION (Street ( City or Town, State)	and Number or	Rural Route	Number
COMPLETED	29e. CERTIFIER (Check only one) 2								I manner se stated.
TO BE C	2016 Color To Duanny	MD.		29c. LK	272	33_	29d. DATE :	- 29- (	nth, Day, Year)
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF ROUNG Jr. MD.			te one	Mioth.	md: 21201			
	31. DATE FILED (Month, Day, Year) 32. REGISTRAN'S DELLER	A LOCAL COMP	- CIUT			- Marian	-		
	-AUG 0 1 1930 0 7								DHMH-18 Rev 1/8

DHMH-18 Rev 1/89

1	FOR STATE REGISTRAR		STATE OF		) / DEPAR			EALTH AND I		GIENE . NO.		. 1010	
	1. DECEDENT'S NAME (First,	Middle, Last)	LES			00		G Jr.	2. DATE OF DEA		YEAR 3. TO	3-15P m	
	4. SOCIAL SECURITY NUMBER 217 - 20-	2000	5. SEX 1 M 2 F	6, AGE (In yrs	lest birthday) YRS.	IF UNDER 1	VEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month, Day, Y	1/27	6. BIRTHPLAC	E (State or Foreign	
E .	9a. FACILITY NAME (If not in CHURCH	HO.	reet and number)			9b. CITY,	AC	TO /	4D	9c. COL	INTY OF DEATH		
3	RESIDENCE OF DEC	10b. COUNTY	,		10c. CIT	Y, TOWN O	R LOCAT	ION			10d.	INSIDE CITY	
DIRECTOR	MD					י ער כו	TOT	MORE			1 8	YES 2 ND	
- 16	10e. STREET AND NUMBER			_		DA		ZIP CODE	_	10g. CIT	IZEN DF WHAT	N DF WHAT COUNTRY?	
	1410 ASH.	LANE	AVENUE					21205			USA		
BY FUNEHAL	11. MARITAL STATUS  1 Never Married 20 20 20 20 20 20 20 20 20 20 20 20 20	Married	12. WAS DECEDE FORCES? IF YES, GIVE	nt ever in U.S 1  Yes 2 War or dates	ARMED							lmarican Indian, Ita, etc.	
2	15. DEC	EDENT'S EDU	CATION	164	. DECEDENT'S	USUAL OC	CUPATIO	ON at of working	16b. KIND	OF BUSINESS/IN	DUSTRY		
	Elementary/Secondary (	ly highest grade 0-12)	College (1-4 or 5	+)	life. Do NOT u	ise retired.)	шпту то	st or working				1 0	
<u> </u>	9th Grade								Bet	hlehen	n Stee	1 Corp.	
COMPLET	17. FATHER'S NAME (First, A	Aiddle, Last)		-					ME (First, Middle,	Maiden Surname)			
BE C	Charles		na						Baker				
	19a. INFORMANT'S NAME (	Type/Print)						nd Number or Rural				7 97907	
-	Doris Pir		1							10c LOCATION -		d. 21207	
	1 Buriel 2 Cremell	on 3 🗆 Ram	oval from Stala	oth	er place)			metery, crematory or		BALTIM			
1	4 Donetion 5 Other		CENSEE ()	— BA.	LTIMO			TERI		DHULLIM	ORE, I	4.0	
	► A MA	A 4/2 /	Mand					,					
	23. PART I. Enter the	XIV	CHUIL		al delete De							TH AVE.	
	ahock, pr i IMMEDIATE CAUSE (FI disease or condition resulting in daeth)	haart fellure.	List only one co	AEN	ilna.	сн					, in the second	Interval Between Onset and Daath	
	DUE TO (OR AS A CONSEQUENCE OF):												
Z	Sequentially liet conditions,  Due TO (OR AS A CONSEDUENCE OF):												
RTIFICATION	the cause. Enter UNDERLYING  PERITONITIS  DUE TO (OR AS A CONSEDUENCE OF):  PERITONITIS  WITH SEPSIS												
윤	CAUSE (Disease or inj			O (OR AS A CO				007					
	resulting in death) LA	ST	4										
	PART II. Other signific	ant condition	ne contributing	In death but	not regulting	in the ur	oderlyle	o ceuse olven ir	Part 1 24a	WAS AN AUTOPS	y 24h WF	RE AUTOPSY FINDINGS	
룅		1700	2 RA			21	VE	N FAI	LUNE	PERFORMED?	AMI	MILABLE PRIOR TO	
<u> </u>	WIL	DALE	JEA	MCha	=				_   '   '	YES 2 NO		DEATH?	
Σ		1	7					_	_		1 ''	J 1.20 2 [5] 115	
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED	TO MEDICAL					26. F	LACE OF DEATH (C	heck only one)				
Sic	EXAMINER?		HOSPITAL:	ER/Outpatie	int 3 🗆 DOA	OTHEI		ne 5 🗆 Rasidenca	6 Other (Spe	otty)			
Ή	27. MANNER OF DEATH		28a. DATE	DF INJURY , Day, Year)	26b. T	IME OF		JURY AT ORK?	28d. DESCRIBI	HOW INJURY	CCURED		
ВУР	1 Netural 5	Pending Investigation	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, 00, 100,		М		YES 2 NO	NO	1110	ne	7	
	2 Accident 3 Suicide 6 Could not be detarmined  26s. PLACE OF INJURY — Al home, farm, street, factory, offica building, etc. (Specify)  26s. PLACE OF INJURY — Al home, farm, street, factory, offica City or Yown, State)									Number,			
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dua to the cause(a) and manner as stated.  2 MEDICAL EXAMINER: Do the best of axamination and/or investigation, in my opinion, dasth occurred at the time, data and place, and dua to the cause(a) and manner as stated.										nd menner as stated.		
BE	29b. SIGNATURE AND TIT	E DF CERTIFIE	Au	on	a	~		D/8	MBER 977	29d. D	T 2	8/90	
2	30. NAME AND ADDRESS	E K	HO COMPLETED C	MA	(ITEM 27) (Ty	pe, Print)	00	NES	PLOK	WAY	BAL	21231 70 MD	
	31. DATE FILED (Month, De AUG 01	1990	32. REGIST	RAR'S SIGNAT	unde <b>ll</b> e				THE PLANE	7			

DHMH-16 Rev 1/89

	3		
	ğ		
	CTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us.		
	2		
	should		
	6		
	pag		
	director,		
	funeral		
	the	लं	,
	6	E	
	=	13	
	led	. 0	
	λų	itio	
	ete	emi	
	Ē	5	
	8	In la	
	and	Ā	
	ian	20	
	ysic	P.	
	6	aue	
	Jing	Š	
	ten	一一	
	9	Em	
	5	≥ P	
	5	37	
	gne	alt	
-	S	Ĭ	
	pee	0	
	198	Dep	
	te h	ate	
	fica	St	
	the:	the	
	als (	É	
,	11 16	1	
-	Aff	dea	
100	JR:	ter	
	5	af	

	FOR 1 _ STATE	STATE OF M	ARYLAND / DE	PARTMENT	OF H	EALTH AND	MENTAL		90	21014		
	REGISTRAR  1. DECEDENT'S NAME /Elm: Allddin / onth	- 11	OYD H. RE	INHALA	OF	DEATH	2. DATE O	REG. NO. F DEATH  28 / PAY 99	YEAR	3. TIME OF OEATH		
	4. SOCIAL SECURITY NUMBÉR 218 ≈ 09 ≈ 9194		6. AGE (In we lest birth		DAYS	IF UNDER 24 HRS HOURS MIN	7. DATE OF		B. BIRTHPLACE (State or Foreign MARYLAND			
TOR	96. FACILITY NAME (If not institution, give street and number)  96. CITY, TOWN OR LOCATION OF DEATH  CHURCH HOSPITAL  BALTIMORE CITY  RESIDENCE OF DECEDENT											
- DIRECTOR	MARY LAND  10s. STREET AND NUMBER	BALTIMORI		city, town		DUND	ALK	100	10d. INSIDE CITY LIMITS? 1 ☐ YES ※XX NO WHAT COUNTRY?			
FUNERAL	224 COLGATE AVEN	12. WAS DECEDENT	EVER IN U.S. ARMEO	13.	WAS DEC	2 ENDENT OF HIS	1222 PANIC ORIGIN?	(Specify Yee or No-	- 1 14. BAC	S.A.		
BY	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	Never Merried 2 Nerried   FORCES? 1 Nes 2 NO   If yes, specify Cuben, Mexicen, Puerto Rican, etc.)   Black, Specify   Wildowed 4 Divorced   WW II								chy: WHITE		
APLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5 +)  7TH GRADE N/A  18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  ENGINEER  BETHLEHEM STEEL								L CORP.			
BE COMPL	17. FATHER'S NAME (First, Middle, Last) HARRY J. REINHOL	0				EDNA	MAE MO					
5	19a, INFORMANT'S NAME (Type/Print)  MARY H. REINHOLD  20e, METHOD OF DISPOSITION			24 COLO	SATE	AVENUE	BALT	IMORE MA	RYLA			
	1 Suriel 2 Cremation 3 Remo		other place)	AWN CEN	NETE	RY 8⊷	1-1990			MARYLAND		
	21. SIGNATURE OF FUNERAL SERVICE LICE			1	DUDA.		UNERAL	HOME OF DUNDALK		ALK, INC. 21222		
	23 DARF : Enter the diseases, or carbook, or heart failure. It immediate CAUSE (Final disease or condition resulting in deeth)	lat only one cau		T CAN					arreat,	Approximata interval Batween Onset and Death		
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	)	OR AS A CONSEQUE									
ERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEQUE	ICE OF):		_						
PHYSICIAN: MEDICAL C	PART II. Other aignificent condition PERINEAL CEEE	ELLUL		BSTRI	C71		urois	24a. WAS AN AUTOP PERFORMEO? YES 2 1 100		Nb. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 LAMO		
CIAN	25. WAS DASH RESEARED TO MESICAL EXAMINER?	JAUND	ICE	ОТНЕ		LACE OF OEATH	(Check only on	9)				
HYSI	1 TYES 2 NO	1 Impatient 2 28e. DATE OF		DOA 4 IN NO	28c. IN	me 5 🗆 Reelder		(Specify) CRIBE HOW INJURY	OCCUREO			
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, D	F INJURY — At home,	INJURY M	1 🗆	YES 2 NO	/	TION (Street and Nut		al Bouda Number		
TED	3 Suicide 8 Could not be determined	building.	etc. (Specify)	, etteet, le	y, WII			or Town, State)				
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI (Check only one) 2 MEDICAL EXAMINE									e(a) end manner ee stated.		
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	mou	ni	7	ug	29c. LICENSE	1897	77	71	ED (Month, Day, Year)		
	30. NAME AND ADDRESS OF PERSON WH GEOLGE K. THOM	AL CY	URCH T	877°C	or	BALT	N BR	DADWA	72	1237.		

DHMH-18 Rev 1/89

FIGURE OF

.

6

117

- ----

\*

. ~ of

Nos	ache	CG.
the	det	6
5	P	E a
inec	Pour	file
Teta	5	not
be	age	pe
E	0,	TS.
Je 6	rect	E
Z	ज	a e
sath.	nue	E
er de	the f	e e
affe	A DE	llea
E.	or of	me
8	fille	he
thick	stehy	1,1
J Wil	apple and	94
Ste	d co	ic
900	th th	E
e pe	icia	Trans
heat	phys o	6
Serti	Bing	=
the state	tend H k	0
e de	Nent	5
t th	by th	=
tha	m a	8
rires	Sign	3
requi	Lee Jo	5
Jaw	as b	2
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within its after death, Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached and within 20 hours after death with the State have not Heath, and Mental Handen noto to having committed. Or removal	IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
IAN	riffic.	10
YSIC	S Ce	Ď,
F	thi	arke
DING	Afte	E
TEN	B	-
A AT	SECT SECT	H 2
10	0	=
PITA	ERAL	三日
50	S	AN
포	분	OF
10	10	M P
	, -	

31. DATE FILED (Month, Day, Year)
AUG 1 1990

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL HYGIEN		210	1 5		
	1. DECEDENT'S NAME (First, Middle, Last)	osen				2. DATE OF DEATH	<i>b c</i>	3. TIME OF DEATH	\ M		
	284-09-0257	4	(In yrs. lest birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	-11 0	BIRTHPLACE (State or Foreign	n		
OR	Sharon NUPSING	HOME		OLNEY	MD 20	EATH OS32	9a. COUNTY	t gomes			
DIRECTOR	10a. STATE 10b. COUNTY Maryland Mont	tgomery		TOWN OR LOCA			10d.				
FUNERAL	100. STREET AND NUMBER 13812 Bonsal Lane	e		10	1. ZIP CODE 2090	6	_	N OF WNAT COUNTRY?			
В	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	13. WAS DEC	RACE — American Indian, Black, White, atc. Specify: White						
PLETED	15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12) 12 years	ATION completed) College (1-4 or 5+)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use Mercha	ork done during material.)	тну						
BE COMPL	17. FATHER'S NAME (First, Middle, Lest)  Joseph Rosen				Anne	AME (First, Middle, Meiden (unascertai	inable				
101	196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  Bertram H. Rosen  13812 Bonsal Lane, Silver Spring, Maryland 20906  206. METHOD OF DISPOSITION  206. PLACE OF DISPOSITION (Name of cemeter), crematory or 206. LOCATION — City or Town, State										
	20s. METHOD OF DISPOSITION  1\times Buriel 2 □ Cremation 3 □ Remo  4 □ Donation 5 □ Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICE	val from State Ag	other place) udith Ach	nim Ceme		Elyı	cia, Ol				
	> Donald	M. Da	tien	DONA	LD M.STE	IN HEBREW N		AL FUNERAL H			
	23. PART I. Enter the diseases, or or ahock, or heert fellure. LIMMEDIATE CAUSE (Final disease or condition resulting in death)	let only one cause on e	RDIAL	IA	Ode of dying, sur		iratory arres	it, Approximete Interval Betw Onset and D	/ееп		
HILLICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	ATHEROSC OUE TO (OR AS	A CONSEQUENCE OF	C 0	DEOVA	Ry Disi	EASE				
PHYSICIAN: MEDICAL CE	PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I.  ADVANCED PARKISONS DISEASE  24a. WAS AN AUTOPSY PREFORMED?  1 YES 2 1 NO  1 YES 2 1 NO										
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	netlent 3 DOA	OTHER:	LACE OF DEATH (C	heck only one)  6 Other (Specify)					
BY PHY	27. MANNER OF DEATH  1. Netural 5 Pending 2 Accident Investigation	28a, DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. IN	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCU	RED	_		
	3 Suicide 6 Could not be determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, st coffy)	treet, factory, offi	Ċ0	281. LOCATION (Street City or Yown, State		Rural Route Number,			
COMPLETED	(one)	CIAN: To the bast of my known the common com						cause(s) and manner as state	ıd.		
O BE C	296. SIGNATURE AND TITLE OF CERTIFIER	e. MC			D33	7 <i>0</i> 0	29d, DATE 5	SIGNED (Month, Day, Year)			
	30. NAME AND ADDRESS OF PERSON WHO	E, MO	EATH (ITEM 27) (Type,	NEY	1	MARYLA	ND				

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

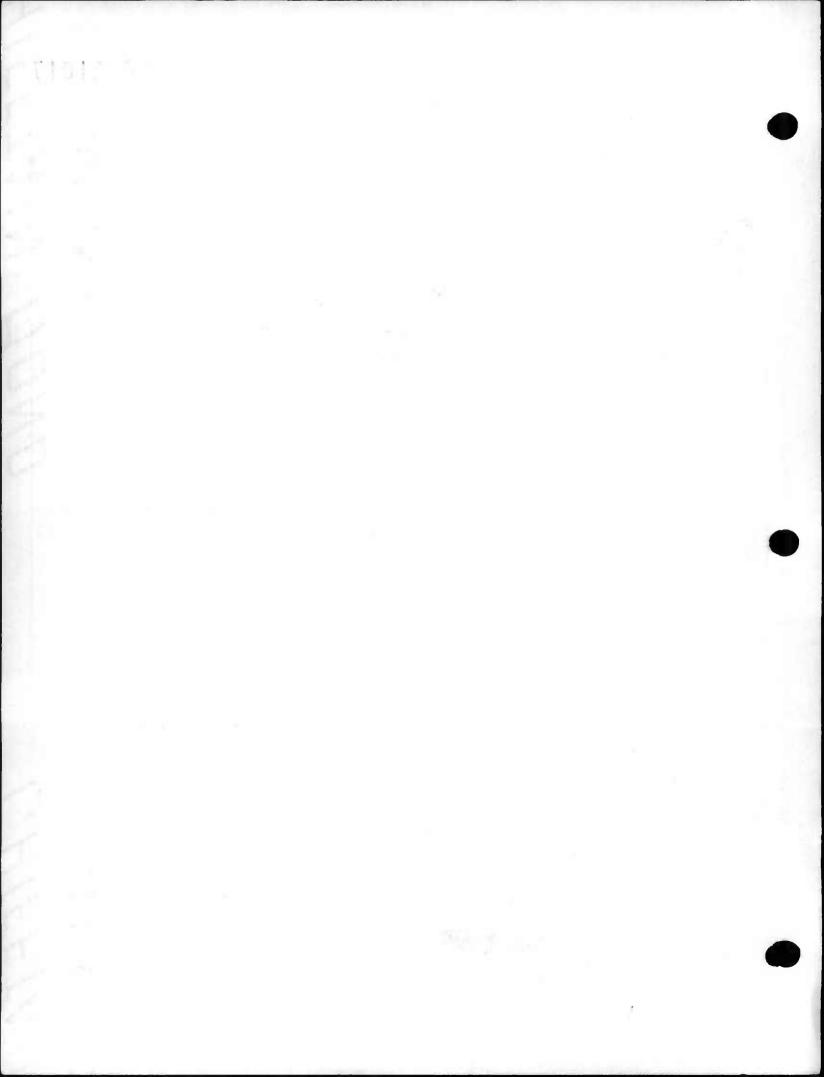
1 - STATE REGISTRAR				ERTIFIC	CATE O	F DEATH		REG. NO.				
1, DECEDENT'S NAME (First, M	DAVI	D S.	SAION	ITZ			2. DATE MONTH	OF DEATH DA		EAR	3. time of deat 5. 30	H A <sub>M</sub>
4. SOCIAL SECURITY NUMBER 219-20-5511		1 🎘 M 2 🗆 F	8. AGE (In yrs. 83		ONTHS DAY			OF BIRTH	8.	BIRTHP Country	LACE (Stees or Fo	reign )
98. FACILITY NAME (If not instit	TAL (		ORE	1		N OR LOCATION OF DI	EATH		9c. COUNTY	OF DE	ATH	
RESIDENCE OF DECE	D. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10										10d. INSIDE CITY	
100. STREET AND NUMBER		-				101. ZIP CODE 21208	-		10g. CITIZEN		HAT COUNTRY?	NO
11. MARITAL STATUS  1 Never Merried 2 MM 3 Widowed 4 Divorce	erried	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA	YES 2	NO	If yes,	DECENDENT OF HISPAI apocity Cuben, Mexico (ES 2 NO Specifi	n, Puerto f			RACE	- American India White, atc.	n,
15. DECED (Specify only h Elementary/Secondary (0-12	1	CATION completed)  College (1-4 or 5+)  5+		life. Do NOT use	rk done during	ATION most of working	16b.		T LAW	TRY		
17. FATHER'S NAME (First, Midd HENRY SAIC	ffe, Last)					16. MOTHER'S NA			Surneme)			
190. INFORMANT'S NAME (Type MRS. DELLA S		Z				of and Number or Rural		ber, City or Town		2120	08	
-29e. METHOD OF DISPOSITION 1 Burlat 2 Cremetion 4 Donation 5 Other	3 in Remo	oval from State	othe	CE OF DISPOSIT		cemetery, crematory or			CATION — CITY LTIMOR			
21. SIGNATURE OF SIGNERAL	SERVICE LIS	Sin	us	_		LEVINSO REISTERS				MD	21215	
IMMEDIATE CAUSE (Fine disease or condition resulting in death)  Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that Initiated events resulting in death) LAST	na, ate G	DUE TO (	OR AS A CON	SEQUENCE OF:		TH METAST	ASis				Onset end	Death
PART II. Other algnificent					the underl	ying couse given in	Part I.	24e. WAS AN PERFOR	RMED?		WERE AUTOPSY F. AVAILABLE PRIOR COMPLETION OF OF DEATH?  1 YES 2	TO
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:	ER/Outpatien		OTHER:	B. PLACE OF DEATH (Co						
27. MANNER OF DEATH	ending vestigation	26a, DATE OF (Month, Da		28b. TIME INJU	OF 28c.	INJURY AT WORK?			NJURY OCCU	RED		
3 Suicide 8 C	ould not be etermined	28e. PLACE Of building, of	INJURY — A Mc. (Specify)	t home, ferm, st	reet, factory, e	office	281. LOC City	ATION (Street or Town, State)	end Number or	Rural A	oute Number,	
cool only						date end place, end du					end manner ee s	stated.
29b. SIGNATURE AND TITLE (	M. DE	VETTEN			HOSP	29c. LICENSE NU	IMBER				(Moreth, Day, Year) 0/1996	
M. DEVETTEN	M.D.				ennt)							
AUG 0 1 19	90 3	fulia Davidso	n-hono	$\Omega$								

DHMH-15 Rev 1/89

BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit is be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	ATE OF DEATH	A	EG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	MORRIS W. ST	EINHORN		2. DATE OF I	DEATH DAY	YEAR	3. TIME OF DEATH 7:54 A
4. SOCIAL SECURITY NUMBER 212-07-2963	TO SECURE A SECURE ASSESSMENT OF THE PARTY O		UNDER 1 YEAR IF UNDER 24 HRS NTHS DAYS HOURS MIN.	7. DATE OF E	NRTH y, Year)	8. BIRTI Count	HPLACE (State or Foreign
8a. FACILITY NAME (If not institution, give BALTIMORE COUN			CITY, TOWN OR LOCATION OF RANDALLSI	OEATH	9c. COU		
PESIDENCE OF DECEDENT  10a. STATE  10b. COUNT  MARYLAND	γ	10c. CITY, T	OWN OR LOCATION BALTIMORE				10d. INSIDE CITY LIMITS? 1 VYES 2 NO
100. STREET AND NUMBER 4410 EVA MAY F			101. ZIP CODE 21.2	215		USA	WHAT COUNTRY?
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 TYES IF YES, GIVE WAR OR D	2 200	13. WAS DECENDENT OF HISI If yes, specify Cuban, Mex 1 TYES 2 NO Spe		No— 14. RACE — American Indian, Black, White, etc. Specify: WHITE		
15. OECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5+)	18a. OECEDENT'S US (Give kind of work life. Do NOT use re AGI	done during most of working tired.)	INSURA			
17. FATHER'S NAME (First, Middle, Lest) JULIUS STEINHO	DRN		18. MOTHER'S	NAME (First, Middl NETI	e, Meiden Surneme)		7.0
190. INFORMANT'S NAME (Type/Print) MRS. SARA STEN	NHORN		DRESS (Street and Number or Run EVA MAY RD., A				21215
20a_METHOD OF DISPOSITION 2 AbBurtel 2 Gremation 3 Her 4 Donation   Other (Specify)	novel from State , 20	other place)  HERREW FE	ON (Name of cometery, crematory of	or	20c. LOCATION —		own, State
23. PARTI/1. Enter the/diseases, or shock, or heart failure	complications that cause.	d the death. Do not each line.	1 .	STOWN Ruch as cardiac	D RΔΓ.ΤΥ or respiretory an	0	MD 21215 Approximate interval Between Onset and De
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF):  A CONSEQUENCE OF):	dden C Coronary			ceu	1
PART II. Other significant condition	ens contributing to death t	out not resulting in	tha underlying cause given		a. WAS AN AUTOPSY PERFORMED?	24	b. WERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		26. PLACE OF DEATH THER:  Nursing Home 6  Residen		pecify)		
27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME C	PF 28c. INJURY AT WORK?  M 1 YES 2 NO	28d. OEŞCRI	BE HOW INJURY OC	CURED	
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR's building, etc. (Spe	Y — At home, farm, stre cfly)	et, factory, office	281. LOCATIO City or R	ON (Street and Number own, State)	r or Rural	Route Number,
1	11		nt the time, date and place, and in my opinion, death occured at				(s) and manner as stated
296. SIGNATURE AND TITLE OF CONTIF	//	u	210 LICENSE				D (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON W	32. REGISTRANS SIGN		int)				



1 - STATE REGISTRAR		SIAIE UF I		CERTIF			DEATH	MIEWIN	REG. NO.	E		
1. DECEDENT'S NAME (First	, Middle, Last)			,					E OF DEATH			3. TIME OF DEATH
Lillia		SALAM	non					MONT	TH 20		YEAR P	9:34AH
4. SOCIAL SECURITY NUM	BER	5. SEX	8. AGE (In yrs.	last birthday)	IF UND	DER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH		6. BIRTH	IPLACE (State or Foreign
218-26-9	143	1 - M 2 X(F	8	TYRS.	MONTH	8 DAYS	HOURS MIN.	(Mon	th, Day, Year)	55	Countr	ary and
9a. FACILITY NAME (If not in		atreet and number)			9b. Cr	TY, TOWN	OR LOCATION OF D	EATH	10		NTY OF D	
Levinda RESIDENCE OF DEC					B	ALT	more	Cit	4			
10a. STATE	10b. COUNT	TY		10c. CIT	Y, TOW	N OR LOC			-			10d. INSIDE CITY
MARYLAND	E	BALTIMORE				BA	LTIMORE					1 TYES 2 XNO
10e. STREET AND NUMBER						1.2	01. ZIP CODE					WHAT COUNTRY?
6962 MILBRO	OK PAI						21215	NO OBIO	100 cm - 14 M	L.,	USA	P. Amadana ta dina
1 Never Merried 2 2 3 Widowed 4 Div		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES -	NO-		If yes, a	ECENDENT OF HISPA specify Cuban, Mexico S 2 NO Specif	an, Puarto		or No-		E — American Indian, k, Whita, atc. ///y: WHITE
	EDENT'S ED		16a.	DECEDENT'S			TION nost of working	16	b. KIND OF BUS	SINESS/INC	DUSTRY	•
Elementary/Secondary (		College (1-4 or 5	+)	life. Do NOT u	se retired	WIFE			A	T	HOME	i 
17. FATHER'S NAME (First, A	Aiddle, Last)						18. MOTHER'S NA				_	
WOLF MOSES								ARAH	NANL			
19a. INFORMANT'S NAME (				FOCO	ADDRE	DDOO	and Number or Rural K PARK DE	Ploute Nur	nber, City or Town	n, State, Zip	ALTO	., MD 21215
A. O.TTO SA			200 101 0				emetery, crematory or	/ 2		CATION —		
1X Burial 2 Cromati	on 3 🗆 Res	noval Irom State	othe	r place)							-	
4 Donation 5 Other  21. SIGNATURE DV FUNER/		ICENSEE 11	" LARL	INGTON			IK AMUNO)  AND ADDRESS OF F	ACILITY		SALTI	MORE	E, MD
· July	4/.	Stelly	(Acc)			SC	L LEVINS	3 NC				1D 21215
23. PARTY, Enter the d	Useases or	complications the	t caused the	death. Do			REISTER			BALT		Approximate
shock, or f	eart failure	. List only one car					,,,,,				Gr	interval Batween Onset and Death
IMMEDIATE CAUSE (Fi	nei	An	1 Cer +	1.10	140	no-	[ FAILU	RX				Onset and Death
resuiting in death)			(OR AS A CON			N NO	THILL	VIVO	•			
					,							İ
Sequentially list condi- if any, leading to imme		DUE TO	(OR AS A CON	SEQUENCE O	F):							
cause. Enter UNDERLY	ING	e.										
CAUSE (Disease or injuthat initiated events	ury	DUE TO	(OR AS A CON	SEQUENCE O	F):							
resulting in death) LAS	ST	d										
DART II Other signific	ant conditio	ne contribution to	don'th heet me	në majuritima	In the	romelo elect	lan carios alson la	Don't	T 04- WHO AN	ALITODOV	1 000	WERE ALTROPOV FRIDANCE
PART II. Other signific	ant cononic	ms contributing to	death but in	or resulting	in the	undenyi	ing cause given in	I Part I.	24s. WAS AN PERFOR		240	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
									1 TES 2	NO		OF DEATH?
												1 YES 2 NO
DE WAS CASS DESCRIPTION	DO MEDIOA:						DI AGE OF THE !	had it				
25. WAS CASE REFERRED 'EXAMINER?	MEDICAL	HOSPITAL:	- est a particular		ОТН	IER:	PLACE OF DEATH (C					
1 VES 2 NO	-	1 Propertient 2	ER/Outpatien	28b. TII		_	ome 5 - Residence		er (Specify)	N.IIIPY CC	CHIDED	
	Pending Investigation	(Month, I	Day, Ybar)	IN	JURY	V	VORK?	200. DI	Lyonioe now i	NOONT OC	NONEU	
2 Culette	Could not be determined	28e. PLACE	OF INJURY — A	t home, farm,	street, i	factory, of	fice		CATION (Street of your Town, State)		or or Rural	Route Number,
	-											
CONSTRUCTION OF THE PARTY OF TH		SICIAN: To the best of NER: On the basis of										a) and manner as stated.
296. SIGNATURE AND TITL	E OF CERTIFI	ER	/		-,		29c, LICENSE NU	JMBER		29d. DAT	TE SIGNED	D (Month, Day, Year)
Cesivel	ein	0.76	w,	mJ.			917	03	7	•	1/	27/90
30. NAME AND ADDRESS OF	(T) 4	THO COMPLETED CAL	SE OF DEATH	TEM 27 (Typ		FRPI	W GERIA	1020	CENT.	ch.	is the	18 17A1 21211
31. ONTE FILED (Manth, Day	Year)	32. REGISTR	AR'S SIGNATUR	E-	110	Ma VC	-v ~UNIT	11000	JE1V/9	710	( () V	ditta hand
AUG 0 1 19	190 9	who Davidson		Z					-			
							-					

BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicien.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriat, cremation, or removal.

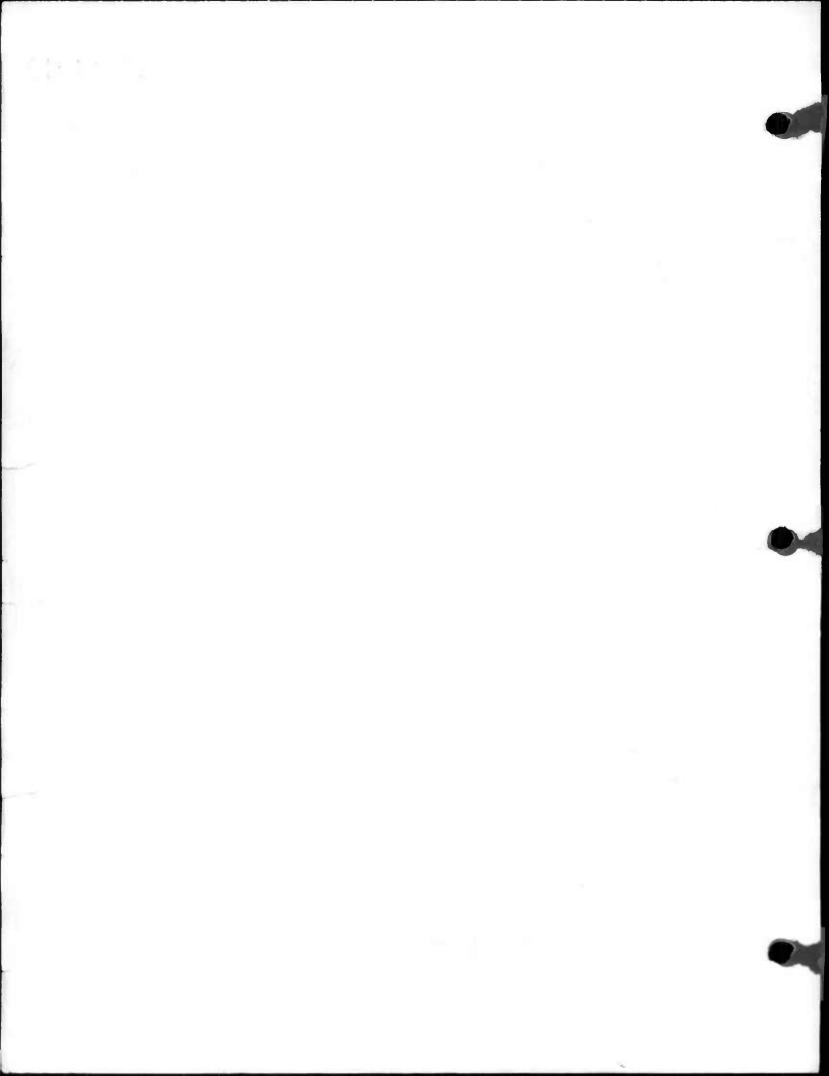
IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

STATE OF MADVIAND / DEDADTMENT OF HEALTH AND MENTAL HYCITAL

	1 - STATE REGISTRAR	CERTIF	ICATE C	F DEAT	ГН	REG. N			
V	1. DECEDENT'S NAME (First, Middle, Last)  ALVIN B. SCHI	ER,				2. DATE OF DEATH	DAY 27,	1 8 AR 3	TIME OF DEATH  7 32 A M
	3:2-10 med Nucle	GE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. NOATHS DAYS HOURS MIN. 7, DATE OF BIRTH (Month, Day, Year) 3/7/1919						Country)	ACE (State or Foreign
OR	9a. FACILITY NAME (if not institution, give street and number)  BALTTIMORE COUNTY GENERAL HOSPI RESIDENCE OF DECEDENT	TAL		N OR LOCATION OF L		тн	9c. COL	BALTI	
DIRECTOR	100. STATE 100. COUNTY MARYLAND BALTIMORE	_	Y, TOWN OR LO						Od. INSIDE CITY LIMITS?  YES 2 X NO
FUNERAL	100. STREET AND NUMBER 1609WOODLING WAY			10f. ZIP COD		208	10g, CI1	USA	AT COUNTRY?
B	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U. FORCES? 1 N YES IF YES, GIVE WAR OR DAT	ES	If yes	DECENDENT Copies	or HISPANIC on, Mexican, Specify:	C ORIGIN? (Specify Y Puerto Ricen, etc.)	is or No—	Black, Specify:	- American Indian, White, atc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT us	work done during	most of working	ng	166. KIND OF B			ARDWARE
BE COM	17. FATHER'S NAME (First, Middle, Last) EMIL SCHER			18. MOT		E (First, Middle, Maide NA ROSENE			
TO B	190. INFORMANT'S NAME (Type/Print) MRS. YETTA SCHER	196. MAILING 1609		LING	or Rural Ro WAY	Number, City or To BAI	wn, State, Z		21208
	1 N Buriel 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify)		E OF DISPOSITION (Name of cemetery, cremetory or BALTIMCON (CHIZUK AMUNO)  20c. LOCATION — CH						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	١	SOI		NOON	& BROS, I		MD. O	21215
	23. DART I. Enter the diseases, or complications that caused shock, or heart fature. List only one cause on accommendate CAUSE (Final	the death. Do r ch line.							Approximata Interval Between Onset and Death
	disease or condition as a CUTE MYOCARDIAL INFARCTION O  DUE TO (OR AS A CONSEQUENCE OF):  CORINARY A THEROSCLEROSIS  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								
ATION	Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING  DUE TO (OR AS A CONSEQUENCE OF):  15 YRU  DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST								
	PART II. Other significent conditions contributing to death but	t not resulting	in the under	ying cause	given in P	Part I. 24a. WAS /	N AUTOPSY		VERE AUTOPSY FINDINGS
DICAL	DIABETES ME					1 □ YES	2 NO		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
N: ME	- PREVIOUS MYOU	ARD/AL	- / \	FARCT	10M(1	981)		1	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		OTHER:	3. PLACE OF E	EATH (Chec	ck only one)			
1YS	1 Ures 2 NO 1 Inpatient 2 PER/Outpet 27. MANNER-OF DEATH 28e. DATE OF INJURY	tlent 3 DOA	4 Nursing	Home 5 A	-	Other (Specify)	/ IN ILIDY O	CCURED	
BY P	1 Netural 8 Pending 2 Accident Investigation (Month, Dey, Year)	IN.	JURY M 1	WORK?	NO				
ETED	3 Suicide a Could not be delegatified  288. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  289. LOCATION (Street end Number or Rural Route Number, City or Town, State)								ure number,
COMPLETED	29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of examination			n, death occu	red at the ti	ime, date end place,			end manner es stated.
TO BE	296. SIGNATURE AND TITLE OF PERTIFIER  Anaham Fare cin	ABR M	AHAM G	29c. LIC	PO/	421	29d. DA	TE SIGNED (	-7/20
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEAT  31. DATE FILED (Month, Day, Mar)  32. REGISTRAR'S SIGNA	in (iiem-z/)() y	(301) 52	YLAND 2	1201				
	AUG 0 1 1990 Julie Sourdison Rand	12		- m 45					



mit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE STATE REGISTRAR		MENT OF HEALTH	H REG. N	10			
1. DECEDENT'S NAME (First, Middle, Last) AKA	Harold Wilson		2. DATE OF DEATH				
Santi -	seph		MONTH	DAY SEAR 3. TIME OF DEATH M			
4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs, last birthday)	F UNDER 1 YEAR IF UNDER	Adapth Con Mani	6. BIRTHPLACE (State or Foreign Country)			
004-10-8522 M. F	72 YRS.	ONTHS DAYS HOURS	7-04				
9e. FACILITY NAME (If not institution, give street and number)	94	L CITY, TOWN OR LOCATIO		9c. COUNTY OF DEALH			
MFL EASTER AV	e TA	Balt		BAH			
RESIDENCE OF DECEDENT  10e. STATE A 10b. COUNTY	190 CITY 3	TOWN OR LOCATION		10d. INSIDE CITY			
As V	Total Gift, I	Baltimore		LIMITS2			
10e. STREET AND NUMBER		101, ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?			
301 McMechen Street			.217	USA			
11. MARITAL STATUS 12. WAS DECEDER	IT EVER IN U.S. ARMED	13. WAS DECENDENT OF	F HISPANIC ORIGIN? (Specify	Yee or No. 14. RACE — American Indian,			
IF YES, GIVE Y	YES 2 NO	If yes, specify Cuber	, Mexican, Puerto Rican, etc.) Specify:	Black, White, etc.  Specify:			
3 ∰ Widowed 4 □ Divorced 12/4				White			
15. OECEOENT'S EDUCATION (Specify only highest grade completed)	18e. DECEDENT'S US	NUAL OCCUPATION  k done during most of working etired.)	16b. KIND OF	BUSINESS/INOUSTRY			
Elementary/Secondary (0-12) Coffege (1-4 or 5	+) / }	. /		Fair			
	<u> </u>	ملاح	مىدا	SIMI			
17. FATHER'S NAME (First, Middle, Last)  Morton  Seavey		16. MOTH	Florence	Spinney			
19e. INFORMANT'S NAME (Type/Print)			or Rural Route Number, City or				
Montie Mason	-		1to, Md. 212				
20a, METHOD OF DISPOSITION 1 # Burlel 2 Cremetion 3 Removal from State	other place)	ION (Name of cemetery, crem		LOCATION — City or Town, State			
4 Donetion 8 Other (Specify)	Garrison	Forest Vete		wings Mills, Md.			
· Gala e	step	Estep E	rothers Fune	eral Home P.A.			
1300 Eutaw P1. Balto. Md. 21217  23. PART i Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest,   Approximate							
23. PART il Enter the diseases, or complications the	at caused the death. Do not						
shock, or heart failure. List only one ca				apiratory arrest, Approximate interval Between			
IMMEDIATE CAUSE (Final disease or condition				apiratory arrest, Approximate			
IMMEDIATE CAUSE (Final disease or condition resulting in death)				apiratory arrest, Approximate interval Between			
IMMEDIATE CAUSE (Final disease or condition resulting in death)	use on each line.	enter the mode of dyl	ng, such as cardiac or re	apiratory arrest, Approximate Interval Between Onset and Death			
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions,	use on each line.	enter the mode of dyl	ng, such as cardiac or re	apiratory arrest, Approximate interval Between			
IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	O (OR AS A CONSEQUENCE OF):	enter the mode of dyl	ng, such as cardiac or re	apiratory arrest, Approximate Interval Between Onset and Death			
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	O (OR AS A CONSEQUENCE OF):	enter the mode of dyl	ng, such as cardiac or re	apiratory arrest, Approximate Interval Between Onset and Death			
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury)	O (OR AS A CONSEQUENCE OF):	enter the mode of dyl	ng, such as cardiac or re	apiratory arrest, Approximate Interval Between Onset and Death			
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	O (OR AS A CONSEQUENCE OF): O (OR AS A CONSEQUENCE OF): O (OR AS A CONSEQUENCE OF):	erissela Valve Ve	rotic Ves	apiratory arrest, Approximate interval Between Onset and Death  See August Augu			
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions contributing to	O (OR AS A CONSEQUENCE OF): O death but not resulting in	erissela Valve Ve	gratic Ves	AN AUTOPSY COMMED?  ANALITOPSY AMAILABLE PRIOR TO			
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	O (OR AS A CONSEQUENCE OF): O death but not resulting in	erissela Valve Ve	such as cardiac or re	AN AUTOPSY FORMED?  AN AUTOPSY COMPLETION OF CAUSE OF DEATH?			
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions contributing to	O (OR AS A CONSEQUENCE OF): O death but not resulting in	enter the mode of dyladice of dyladice via Scalar Valve Ve	such as cardiac or re	Approximate interval Between Onset and Death  Approximate interval Between Onset and Death  AN AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE			
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant conditions contributing to the conditions conditions contributing to the conditions conditions contributing to the conditions con	O (OR AS A CONSEQUENCE OF): O death but not resulting in	valve Ve	such as cardiac or re	AN AUTOPSY FORMED?  AN AUTOPSY COMPLETION OF CAUSE OF DEATH?			
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant conditions contributing to the conditions conditions contributing to the conditions conditions contributing to the conditions	USE ON EACH LINE.  O (OR AS A CONSEQUENCE OF):  O (OR AS A CONSEQUENCE OF):  O (OR AS A CONSEQUENCE OF):  O death but not resulting in	the underlying cause g	such as cardiac or re	AN AUTOPSY FORMED?  AN AUTOPSY COMPLETION OF CAUSE OF DEATH?			
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant conditions contributing to the conditions conditions contributing to the conditions conditions contributing to the conditions conditions contributing to the conditions c	USE ON EACH LINE.  O (OR AS A CONSEQUENCE OF):	the underlying cause g	iven in Part I. 24a. WAS PERI 1 YES	AN AUTOPSY FORMED?  AN AUTOPSY OF DEATH?  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERCHING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions contributing to the conditions conditions contributing to the conditions conditions contributing to the conditions contributing to the conditions contributing to the conditions conditions conditions conditions conditions conditions conditions conditions conditions con	USE ON EACH LINE.  O (OR AS A CONSEQUENCE OF):	the underlying cause good the underlying cau	iven in Part I. 24a. WAS PERI 1 YES ATH (Check only one) 28d. DESCRIBE HO	AN AUTOPSY FORMED?  AN AUTOPSY COMPLETION OF CAUSE OF DEATH?			
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant conditions contributing to the cause of the	D (OR AS A CONSEQUENCE OF):  O (OR AS A CONSEQUENCE OF):  O (OR AS A CONSEQUENCE OF):  D death but not resulting in  ER/Outpetient 3 DOA FINJURY Day, Your)  26b, TIME C INJURY	the underlying cause g  25. PLACE OF OI  THER:  Nursing Home 5 Re  OF 28c. INJURY AT  WORK?  1 YES 2	ilven in Part I. 24a. WAS PERI 1 YES  EATH (Check only one)  aldence 8 Other (Specify)  28d. DESCRIBE HO	AN AUTOPSY FORMED?  24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions contributing to the conditions contributing to the cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions contributing to the conditions conditions contributing to the conditions conditions c	D (OR AS A CONSEQUENCE OF):  O (OR AS A CONSE	the underlying cause g  25. PLACE OF OI  THER:  Nursing Home 5 Re  OF 28c. INJURY AT  WORK?  1 YES 2	ilven in Part I. 24a. WAS PERI 1 YES  EATH (Check only one)  aldence 8 Other (Specify)  28d. DESCRIBE HO	AN AUTOPSY FORMED?  ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  W INJURY OCCURED			
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions contributing to the	DO (OR AS A CONSEQUENCE OF):  O (OR AS A CONS	the underlying cause government to the underlying c	iven in Part I. 24a. WAS PERI 1 VES 1 TO THE CORP OF Rown, St. CORY or Rown, St.	AN AUTOPSY OF DEATH?  W INJURY OCCURED  Approximate interval Between Onset and Death  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  W INJURY OCCURED			
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions contributing to the conditions conditions contributing to the conditions contribut	DOR AS A CONSEQUENCE OF:  O (OR AS A CONSEQUENCE OF):  O (OR AS A CONSEQUE	the underlying cause g  26. PLACE OF OI  THER: Nursing Home 5   Re  OF WORK?  M   YES 2    set, factory, office	iven in Part I. 24a. WAS PER 1 YES 1 YES 24d. DESCRIBE HO 28d. DESCRIBE HO 28d. LOCATION (Sin City or Rown, St and due to the cause(s) and	AN AUTOPSY OF DEATH?  W INJURY OCCURED  Approximate interval Between Onset and Death  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  W INJURY OCCURED			
IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions contributing to the cause of the	DOR AS A CONSEQUENCE OF:  O (OR AS A CONSEQUENCE OF):  O (OR AS A CONSEQUE	the underlying cause g  26. PLACE OF OI  THE BENEFIT WORK?  M 28c. INJURY AT WORK?  M 29c. INJURY AT WORK?  M 1 YES 2  set, factory, office  at the time, date and place, in my opinion, death occur	iven in Part I. 24a. WAS PER 1 YES 1 YES 24d. DESCRIBE HO 28d. DESCRIBE HO 28d. LOCATION (Sin City or Rown, St and due to the cause(s) and	AN AUTOPSY AN AUTOPSY FORMED?  3 NO  AN AUTOPSY FORMED?  4 WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  W INJURY OCCURED  WINJURY OCCURED  Was an Autopsy Findings AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  W INJURY OCCURED  was an Autopsy Findings AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  was an Autopsy Findings AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 on Autopsy Findings AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 on Autopsy Findings AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 on Autopsy Findings AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 on Autopsy Findings AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 on Autopsy Findings AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 on Autopsy Findings AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 on Autopsy Findings AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 on Autopsy Findings AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 on Autopsy Findings AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 on Autopsy Findings AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 on Autopsy Findings AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 on Autopsy Findings AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 on Autopsy Findings AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH OF TO COMPLETION OF TO COMPLETION OF CAUSE OF DEATH OF TO COMPLETION OF TO COMPLETION OF TO COMPLETION OF TO COMPLETION OF TO C			
IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that infiltated events resulting in death) LAST  PART II. Other significant conditions contributing to the cause of th	USE ON EACH line.  O (OR AS A CONSEQUENCE OF): O (OR AS A	the underlying cause g  26. PLACE OF OI  TIMER:  Nursing Home 5   Re  OF 28c. INJURY AT  WORK?  I   YES 2    set, factory, office  at the time, date and place, in my opinion, death occur	iven in Part I. 24a. WAS PER 1 YES  EATH (Check only one)  aldence 8 Other (Specify)  28d. DESCRIBE HO  28f. LOCATION (Sin City or Rown, St. City or Rown, St. and due to the cause(s) and and sit the time, date end place	AN AUTOPSY OR DEATH  AN AUTOPSY FORMED?  3 2 NO  AN AUTOPSY OF DEATH  1 YES 2 NO  W INJURY OCCURED  W INJURY OCCURED  We indicate the state of the s			
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions contributing to the cause of the	USE ON EACH line.  O (OR AS A CONSEQUENCE OF): O (OR AS A	the underlying cause g  26. PLACE OF OI  TIMER:  Nursing Home 5   Re  OF 28c. INJURY AT  WORK?  I   YES 2    set, factory, office  at the time, date and place, in my opinion, death occur	iven in Part I. 24a. WAS PER 1 YES  EATH (Check only one)  aldence 8 Other (Specify)  28d. DESCRIBE HO  28f. LOCATION (Sin City or Rown, St. City or Rown, St. and due to the cause(s) and and sit the time, date end place	AN AUTOPSY AN AUTOPSY FORMED?  3 NO  AN AUTOPSY FORMED?  4 WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  W INJURY OCCURED  WINJURY OCCURED  Was an Autopsy Findings AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  W INJURY OCCURED  was an Autopsy Findings AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  was an Autopsy Findings AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 on Autopsy Findings AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 on Autopsy Findings AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 on Autopsy Findings AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 on Autopsy Findings AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 on Autopsy Findings AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 on Autopsy Findings AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 on Autopsy Findings AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 on Autopsy Findings AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 on Autopsy Findings AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 on Autopsy Findings AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 on Autopsy Findings AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 on Autopsy Findings AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 on Autopsy Findings AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH OF TO COMPLETION OF TO COMPLETION OF CAUSE OF DEATH OF TO COMPLETION OF TO COMPLETION OF TO COMPLETION OF TO COMPLETION OF TO C			

BALTIMORE, MARYLAND 21203-31 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 mours after death. Page 6 may be retained by the hospital or attending the properties of the completely filled in by the funeral director, page 5 should be detached for use as the before within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-18 Rev 1/89

njet so 15 The 15 

rmit. Pages 1, 2, 3 should

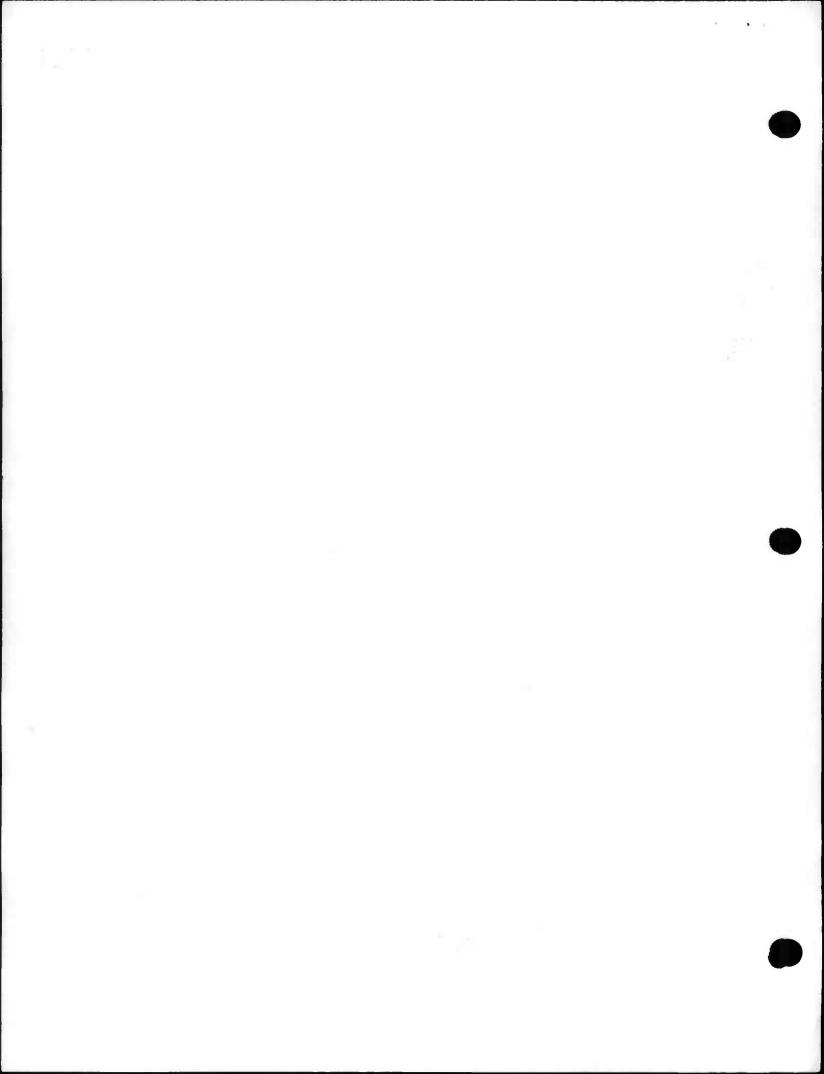
TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	M O O O VEAL	3. TIME OF DEATH
Michael	Ster	shic			Myuly 31%	1990	5:55 A.M.
4. SOCIAL SECURITY NUMBER 173-10-6849	5. SEX 6. AGE (		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2-19-190	Co	RTHPLACE (State or Foreign untry)
9a. FACILITY NAME (If not institution, give str	reet and number)	96	CITY, TOWN	OR LOCATION OF DE	ATH	9c. COUNTY O	F DEATH
Meridian Nursing (	Center Perri	ng Pky.	Balt	imore		Balti	imore Co.
10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCA	TION			10d. INSIDE CITY LIMITS?
Md. Balt	timore	Tin	nonium				1 YES 2 1 NO
100. STREET AND NUMBER 2519 Londonberry	y Road		10	21093		- 1	S.A.
11, MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, sp		IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	8	ACE — American Indian, lack, White, etc. pecify: White
15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S USI	JAL OCCUPATI	ON	16b. KIND OF BUS	INESS/INDUSTR	
(Specify only highest grade of Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during me tired.)	ost of working			_
8th Grade	Contage (1-4 of 5+)	Machinis	st		Bethleh	em Ste	el
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Malden	Surname)	
John Ster	shic			He]	en		
19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Town		
Anna Stershic		2519 Lo	ondonb	erry Road	l Timonium,	Md. 21	093
20a. METHOD OF DISPOSITION  CORpure 2 Cremation 3 Remo	oval from Stata	or PLACE OF DISPOSITION OF PLACE OF PLACE OF DISPOSITION OF PLACE OF PLA	of Fai	metery, cremetory or th Cemete	ery Bal	cation — city o Ltimore	
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	0	22. NAME A	ND ADDRESS OF FA	CILITY 6/	15 Rel	air Road
* Karalien	m. Key	shy	John	C. Mille			e,Maryland 21206
23. PART'I. linter the diseases, or c shock, or heart feilure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Liet only one couse on a	ech lind.	V6	1	Card		Approximate Interval Between Onset and Death
Sequentielly list conditions, if any, leading to immediats cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	D	A CONSEQUENCE OF):	Q	ver.	ا		
PART II. Other significent conditions	s contributing to death i	out not resulting in 1	hs underlyir	a cause given in	Part I. 24e, WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
Chilel	luig	-5 L	4	lide	PERFOR		AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH (Ch	eck only one)		
1 YES 2 NO	1   Inpetient 2   ER/Out		THER:  Nursing Ho	me 5 - Realdence	8 Other (Specify)		
27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	Y W	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW II	NJURY OCCURE	D
3 Suicide 6 Could not be determined	28a. PLACE OF INJUR building, atc. (Spe	Y — At home, farm, stre	et, factory, offi	ce	261. LOCATION (Street a City or Town, State)		ıral Route Number,
one)	CIAN: To the best of my know						use(a) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER	www	1 ,		DG83	S8	29d. DATE SIG	NED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF D	EATH (ITEM 27) (Typo, Pr	ine)	1750			· / · / · ·
31. DATE FILED (Month, Day, Year)	Julia Davidson-	andelle	- 16		:. '		



mit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within X-X-XIV site death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burner be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

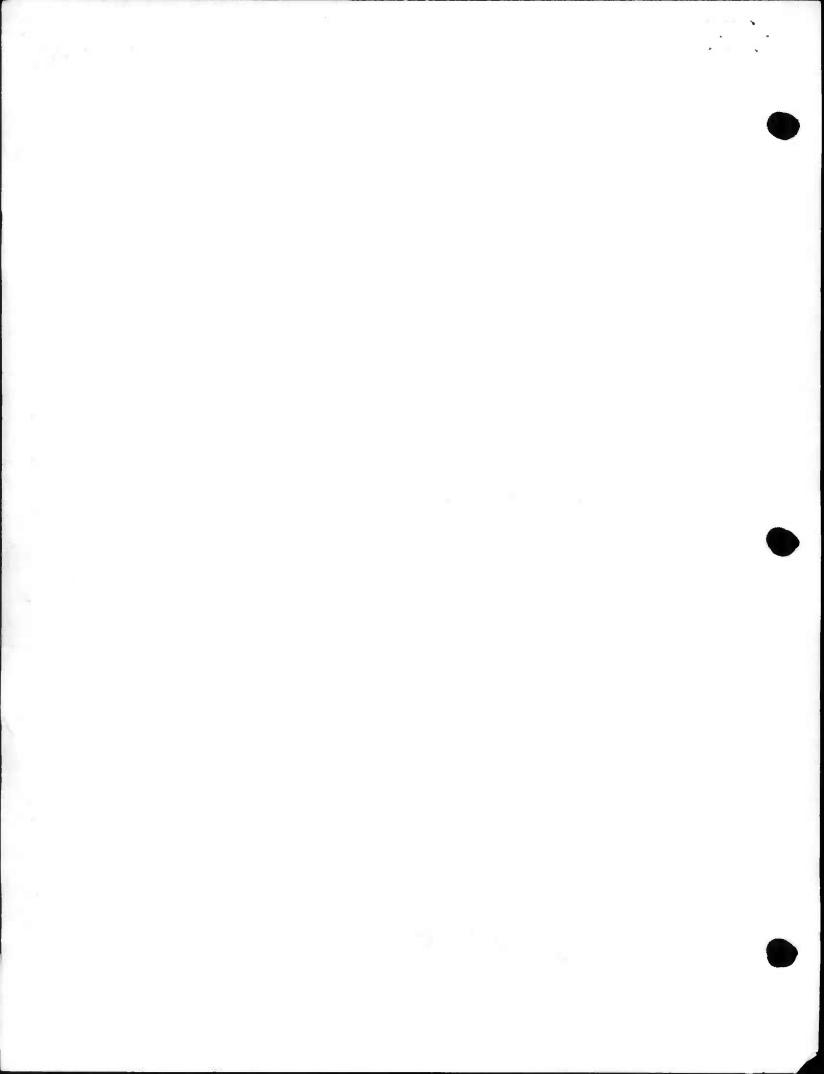
IMPORTANT: If Nem 28 is marked, or Nem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

TEGIOTTAR				<u> </u>	OATE	<u> </u>	<i>D L n 1</i>			TIEG. NO.	- 07		
t. DECEDENT'S NAME (First,		SCHNEID	ER (Ce	cilia	R. S	chne	eider	)	2. DATE O	27 2 3	9(	YEAR 90	3. TIME OF DEATH  6: 42. Am
4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs		IF UNDER 1		IF UNDER 2		7. DATE O				IPLACE (State or Foreign
215-10-4	252	1 🗆 M 2 💢 F	7:	2 YRS.	MONTHS	DAYS	HOURS	MIN.		Day, Year)	17	Count	
9a. FACILITY NAME (If not in	stitution, give s	treet and number)	lo and to	. 7	9b. CITY,	TOWN C	R LOCATIO	N OF DE	ATH		9c. COU	NTY OF D	EATH
Da. FACILITY NAME (H. not in University UNIVERSITY	OF ME	AKYLAND	Hospita	46	BA	ALT	MOR	€ (	(Balt	0.)			
RESIDENCE OF DEC	EDENT												
10a. STATE	10b. COUNT	Υ		10c. CIT	Y, TOWN OF	LOCAT	ION						10d, INSIDE CITY LIMITS?
MD				BA	HLTIM	_							1 X YES 2 NO
8106 W	> 11 0	1-1 Pa				101	2 1 2 3					IZEN OF	WHAT COUNTRY?
<u> </u>	DODHA												
11. MARITAL STATUS		12. WAS DECEDEN					ENDENT OF ecify Cuban			(Specify Yealican, atc.)	or No-	14, RAC Blac	E — American Indian, k, White, atc.
1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify: Specify: Wildows 4 Divorced													
	EDENT'S EDU		16a	. DECEDENT'S					16b.	KIND OF BUS	INESS/IN	DUSTRY	
	y highest grade			(Give kind of a	work done d se retired.)	uring mo	et of working	7					
Elementary/Secondary (	1-12)	College (1-4 or 5	+)	Office	2				W	Esteri	n Ele	ectr	ic
17. FATHER'S NAME (First, M	liddie, Last)						1		,	liddle, Malden	,		
Casmir R	Rumins	ki					Au	16us	TA	MAKO	WSK	1	
19a. INFORMANT'S NAME (	Type/Print)			19b. MAILING	ADDRESS	(Street a	and Number	or Rural F	Route Numbe	er, City or Town	n, State, Zi	p Code)	
Edward JS	chnei	der		8106	Wood	hav	en Ro	ad	Balt	imore	,Md.	-212	37
20a. METHOD OF DISPOSIT			20b. PL	ACE OF DISPO	SITION (Nar	ne of cer	metery, crem	atory or		20c. LO	CATION —	City or T	own, State
4 Donation 5 Other		loval from State		dens o	of Fa	ith	Ceme	tery	Y	Ва	alti	nore	,Md.
21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE	- 0		22.1	IAME AI	ND ADDRES	S OF FA	CILITY	64	15 B	elai	r Road
1 Soull	leen	M. Mu	uph	2	Jo	hn	C. Mi	.11e	r, In	c. Ba	ltim	ore.	Md21206
23. PART I. Enter the d	Iseesea, or	complications the	t caused the	deeth, Do									Approximate
ahock, or h	eert fellure.	List only one ce					•						Interval Between Onset and Death
IMMEDIATE CAUSE (Fit disease or condition	nei	1	- 54		(0)	. «	1 50	KEN	MILA				1
resulting in desth)	$\rightarrow$	· Acu	78 1	METOG	END	~ >	LEV		-Cost				1 year
		DUE TO	OR AS A CO	NSEOUENCE O	NF):								
Sequentially list condi-		b	OR AS A CO	NSEQUENCE O	Fi:								
if any, leading to imme ceuse. Enter UNDERLY			(		- /-								
CAUSE (Disease or inju		C. OHE TO	MAR A CO	NSEQUENCE O	MED-								-
that initieted events resulting in deeth) LAS	T	002 10	/ (o / o / o o		. ,.								1
		d											
PART ii. Other aignific	ent conditio	na contributing to	deeth but i	not reauiting	in the un	deriyin	g ceuse g	lven in	Pert i.	24a. WAS AN		24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
Possia	LE PA	JEUMONIA								1 TES 2			COMPLETION OF CAUSE
										20 .	1		OF DEATH? 1 ☐ YES 2 万 NO
									_				
25. WAS CASE REFERRED	TO MEDICAL					26. P	LACE OF D	EATH (Ch	eck only on	0)			
EXAMINER? 1 ☐ YES 2 ☑ NO		HOSPITAL:	☐ ER/Outpatio	nt 3 🗆 DOA	OTHER		ne 5 🗆 Re	sidence	6 Other	(Specify)			
27. MANNER OF DEATH		28a. DATE O	FINJURY	26b. TII	ME OF	28c. IN.	JURY AT			CRIBE HOW	INJURY O	CCURED	
	Pending	(Month,	Day, Year)	IN	JURY		ORK? YES 2	NO					
2 Accident 3 Suicide	Investigation			At home, farm,	street, fact	ory, offic	ce		26f. LOC/	ATION (Street	and Numb	er or Rura	Route Number,
4 Homicide	Could not be determined	building	, atc. (Specify)						City	or Town, State,	,		
29a. CERTIFIER 1 K CER	TIFYING PHYS	SICIAN: To the beat	of my knowledg	e, death occur	red at the *	me, det	a and place	, and due	to the cau	se(s) and ma	nner se st	ated.	
(Check only — —							150						(a) and manner as stated.
29b. SIGNATURE AND TITL	E OF CERTIFIE	ER					29c. LICE	ENSE NU	MBER		29d. DA	TE SIGNE	D (Month, Day, Year)
We C.	M	2 mb	(Ho	USE STA	FF)						•	7/2	7/90
30. NAME AND ADDRESS (		HO COMPLETEO CA	USE OF OEATH	(ITEM 27) (Typ	e, Print)		UNIV.	. 41 <sup>E</sup>	MAR	YLAND	Hosa.	-01-	
William	C. N.	Tiller	DEPT.	F MEL	SICINE		22 5	. GRE	EENE	57.	BALT	10000	E MD 21201
William 31. DATE FILEO (Month, Day AUG 01 19	90	Tuha Davids	ent floga	482	•								
1 A A A T 1A													



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. For state death. Page 6 may be retained by the thosp TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	the hosp	detache		once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within A constitute death. Page 6 may be ret TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 s be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be not	ained by	should be		iffed at
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 2. Just after death. Page 6 m. TO THE FUNERAL DIRECTOR: After this cartificate has been signed by the attending physician and completely filled in by the funeral director, bee filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must	ay be ret	page 5 s		be not
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	age 6 m	director,		er must
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	death. P	e funeral		examin
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the in	urs after	in by the	r remova	nedical
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed wit TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and comple be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cre IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic even	7 E	tely filled	mation, c	t, the n
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exe TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician an be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to b IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other trauma	cuted wit	d comple	urial, cre	lic even
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifical TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending phy be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene I MPORTANT: If Item 28 Is marked, or Item 23 shows any Injury, or other	e be exe	sician an	orior to b	trauma
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death TO THE FUNERAL DIRECTOR: After this certificate has been signed by the atten be filled within 72 hours after death with the State Dept. of Health and Mental I IMPORTANT: If Item 28 Is marked, or Item 23 shows any Injury, o	certificat	ydd gnib	Hygiene p	r other
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that to TO THE FUNERAL DIRECTOR: After this certificate has been signed by be filed within 72 hours after death with the State Dept. of Health and IMPORTANT: If item 28 is marked, or item 23 shows any I	he death	the atten	Mental	njury, o
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requir TO THE FUNERAL DIRECTOR: After this certificate has been sibe filed within 72 hours after death with the State Dept. of HiMPORTANT: If item 28 is marked, or litem 23 show	es that t	igned by	ealth and	s any
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The I TO THE FUNERAL DIRECTOR: After this certificate ha be filed within 72 hours after death with the State DI IMPORTANT: If Item 28 Is marked, or Item 2	aw requir	s been si	opt. of Hi	3 show
TO THE HOSPITAL DR ATTENDING PHYSICIA TO THE FUNERAL DIRECTOR: After this certile filled within 72 hours after death with the IMPORTANT: If Item 28 is marked, or	W: The I	ficate ha	State De	Item 2
TO THE HOSPITAL DR ATTENDING TO THE FUNERAL DIRECTOR: After be filed within 72 hours after death IMPORTANT: If Item 28 is ma	PHYSICIA	this certi	with the	rked, o
TO THE HOSPITAL DR ATT TO THE FUNERAL DIRECTO DE filed within 72 hours at IMPORTANT: If Item 28	ENDING	IR: After	ter death	s is ma
TO THE HOSPITAL TO THE FUNERAL Be filed within 72 IMPORTANT: If	DR ATT	DIRECTO	hours aft	Item 28
THE F THE F De filed w	OSPITAL	UNERAL	rithin 72	ANT: H
	¥	12.	×	1

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

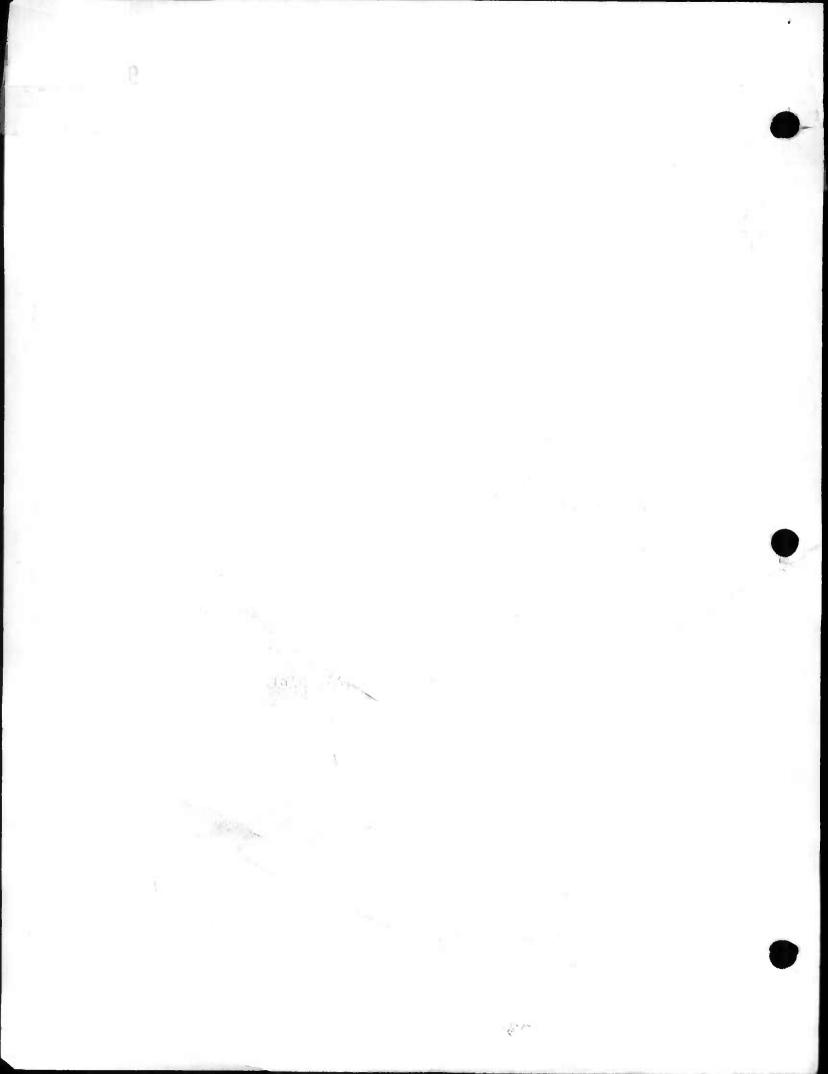
	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTI CERTIFIC	MENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	APU			ZEAR 3. TIME OF DEATH			
	4, SOCIAL SECURITY NUMBER 5.		F UNDER 1 YEAR   IF UNDER 24 HRS.		BIRTHPLACE (State or Foldign Country)			
	2 6 20 0.00	M 2 WAS.	ONTHS DAYS HOURS MIN.	5-2-26	mayland			
5	99. FACILITY NAME (If not institution, give atreet	tos P	B. ALT.	M.D Se. COUNTY	Y OF DEATH			
	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY	10c. CITY,	TOWN OR LOCATION		10d. INSIDE CITY			
5	maryland		BALLmore	)	1 DYES 2 NO			
	3916 DOK	lou Ana	10f. ZIP CODE	10g. CITIZE	N OF WHAT COUNTRY?			
	11. MARITAL STATUS 12 1 Never Merried 2 Married	P. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 2	13. WAS DECENDENT OF HISPAI If yee, specify Cuben, Mexico		I. RACE — American Indian, Black, White, atc.			
5	3 Widowed 4 A-Gryorced	IF YES, GIVE WAR OR DATES	1 TYES 2 THO Specifi		BIACK			
	15. DECEDENT'S EDUCATI (Specify only highest grade com	npleted) (Give kind of wor	rk done during most of working	16b. KIND OF BUSINESS/INDUS	STRY			
١	Elementary/Secondary (0-12) C	College (1-4 or 5+) Home	maker.					
3	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NA	AME (First, Middle, Melden Surneme)				
	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING A	DDRESS (Street end Number or Rural	Route Number, City or Town, State /Zip C	ode)			
•	200. METHOD OF DISPOSITION	20b. PLACE OF DISPOSIT	TON (Name # cemetery, compatory or	20c, 10 A/10, 97	2/ 2/2/5 by og Town, <b>State</b>			
	1 Donellon 5 Other (Specify)		SIAN Cen	BAITO.	Co. md.			
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE O. O.O.	22 NAME AND APDRESS OF B	USS FUNERAL	Home			
$\dashv$	23. PART I. Enter the diseases, or com	pplicetione thet ceused the deeth. Do not	t enter the mode of dying, suc	or the BB	et, Approximete			
	ahock, or heert fellure. Lies IMMEDIATE CAUSE (Finel	t only one ceuse on each line.			interval Between Onset and Death			
	disease or condition resulting in death) s	OUE TO (OR AS A CONSEQUENCE OF):	CARDIAL	INFARCTION				
5	Sequentially list conditions, Tb. APTERIDSCLEP-DTIC CVD							
	famy, leading to immediate  Seuse. Enter UNDERLYING  1 PM TPLW VAV  TACK Y CARDIG							
	CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONSEQUENCE OF):						
2	d		dhe e ded de de de de de de de	B-41   Laurence   Laur				
5		contributing to deeth but not resulting in		Part i. 24a, WAS AN AUTOPSY PERFORMED?  1  YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE			
WED!	HO ANG	TNA and	congestiv.	e	OF DEATH?			
	25. WAS CASE REFERRED TO MEDICAL	Frilive	28. PLACE OF DEATH (C	heck only one)				
rarsician.	APO YES 2 NO 1		OTHER: I □ Nursing Home 5 □ Residence	8 Other (Specify)				
	27. MANNER OF DEATH  1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year) 28b. TIME INJURY	OF 28c. INJURY AT WORK?  M 1 1 YES 2 NO	28d. OEŞCRIBE HOW INJURY OCCU	REO			
0	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY — At home, farm, str building, etc. (Specify)	reet, factory, office	28f. LOCATION (Street end Number of City or Town, State)	r Rural Route Number,			
COMPLE	4 Homicide datermined  29e. CERTIFIER A CERTIFYING PHYSICIA	IV: To the heat of my knowledge death as a second	at the time date and store as a	to the course/o) and E				
2	and only	N: To the best of my knowledge, death occurred On the basis of examination end/or investigation,			~			
u D	29b. SIGNATURE AND TITLE OF CERTIFIER	laca-	29c. LICENSE NU	MBER 29d. DATE	SIGNED (Month, Day, Year)			
2	30/NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DEATH (ITEM 27) (Type, F	10148 Print)	7-4-25 101	51 90 BENEDERE			
	ALEJANDR	O_CIENPIC	1	ave Bal	to MDZIZIS			
	31. DATE FILED (Month, Day, Year)	Jackson Handan Andre						

DHMH-16 Rev 1/89

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	CERTIFICATE	OF DEATH	REG. NO.				
1	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH			
ľ	BRYANT SHELTON			JULY 25, 1990	12:50 P M			
		(In yrs. last birthday) IF UNDER 1	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 1-9-1961	8. BIRTHPLACE (State or Foreign Country)			
	220-76-6945 1 <del>2 M 2 □ F</del>	29 YRS.	311					
R B	THE JOHNS HOPKINS HOSPITAL  9b. CITY, TOWN OR LOCATION OF DEATH BALTIMORE  9c. COUNTY OF DEATH BALTIMORE C							
5	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	10c, CITY, TOWN OR	LOCATION		10d. INSIDE CITY LIMITS?			
E E	Md		imore	Terre	1XX YES 2 NO			
FUNERAL DIRECTOR	4573 Derby Manor Drive		21215	10g. Cl	USA			
BY FUN	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER FORCES? 1 X YES	3 2 NO	AS DECENDENT OF HISPAI yes, specify Cuban, Maxics  YES 2 NO Specif	14. RACE — American Indian, Black, White, etc. Specify: Black				
G	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USUAL OCC	CUPATION uring most of working	18b. KIND OF BUSINESS/II	NDUSTRY			
<u>=</u>	Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT use retired.)						
MP								
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		Ethel T	ME (First, Middle, Malden Sumame VSON	'			
BE	Andrew Shelton	I are to a superior			75- 0-4-1			
5	190. INFORMANT'S NAME (Typo/Print) Andew Shelton	4573 Derb	y Manor Dri	Noute Number, City or Town, State, Ve Balto, M	d 21215			
	20a, METHOD OF DISPOSITION 1 A Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	Ob PLACE OF DISPOSITION (Name of Place) Hill C	emetery crematory or	comotory, cromatory or Anne Arunded, Md				
	21. SIGNATURE OF FUNDRAL SERVICE LICENSEE	22. N	AME AND ADDRESS OF FA					
	· Portia Elizan	)		abash Avenue				
	23. PART I. Enter the diseeses, or complications that caus ahock, or heert fellure. List only one ceuse on	ed the death. Do not enter t	the mode of dying, au	ch ea cardlec or respiratory	arreat, Approximete Interval Between			
	IMMEDIATE CAUSE (Finel	144001			Onset and Death			
	disease or condition resulting in death)	ase or condition VAQIIMIAA						
	DUE TO (OR AS	DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  FUHD- Graft versus  HOST disease						
N	Sequentially list conditions,  b. DIE TO (OR AS A CONSEQUENCE OF)							
AT Y	if eny, leading to immediate course, Enter UNDERLYING							
5	CAUSE (Disease or injury	A CONSEQUENCE OF):		-05F WISK	( winds)			
E	that initiated events resulting in death) LAST	1 tailing.			6/86			
CERTIFICATION	d. Lawrence	1 100000			1 1 1			
	PART II. Other algnificent conditions contributing to death		at his a first	PERFORMED?	AVAILABLE PRIOR TO			
DICAL	Cryptosportaria chi	an was	CMV pwe	1 VES 2 NO	COMPLETION OF CAUSE OF DEATH?			
MEC	months asperance	2515			1 🗆 YES 2 NO			
ż	, 0				· ·			
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HQSPITAL:	OTHER	26. PLACE OF DEATH (C	theck only one)				
Si	1 TYES 2 NO Inpatient 2 ER/O	utpatient 3 DOA 4 Nurs	sing Home 5 - Residence					
PHYSICIAN:	27. MANNER OF ĎEATH  28a. DATE OF INJUR (Month, Dey, Yea	28b. TIME OF INJURY	28c, INJURY AT WORK?  1 YES 2 NO	28d. DESCRIBE HOW INJURY	OCCURED			
BY	2 Accident Investigation	JRY — At home, farm, atreet, facto		28f. LOCATION (Street and Nun	nber or Rural Route Number,			
COMPLETED	3 Suicide 8 Could not be 4 Homicide detarmined	pecify)		City or Town, State)	11.00			
Ë	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my kn	owledge, death occurred at the ti	me, data and place, and de	us to the cause(s) and manner as	stated.			
M	(Check only one)  2 MEDICAL EXAMINER: On the basis of examina	ition and/or investigation, in my o	pinion, death occured at th	ne time, date and place, and dua t	o the cause(s) and manner as stated.			
BE CC	29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE N	UMBER 29d. I	DATE SIGNED (Month Day, Year)			
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Print)	14.011-	n.l. 1 0 1Li	NN 1/205			
	31. DATE FILED (Month, Day, Your) 32. REGISTRATION	JOHNS HOP	KMS LOS	PHON DAM	more, Muda			
	AUG 01 1990 Julia Davidson	marine						



the	Mal.
5	June.
=	5
filled	jou,
HRECTOR: After this certificate has been signed by the attending physician and completely filled in by the i	ours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
90 P	nurial
3	0
ysician	prior 1
튭	9
nding	Hygie
atte	ental
#	≊
6	and
signed	Health
99	of
has b	Deg
Acate	State
Serti	the
this	With
After	death
CTDR:	after
E	SJING

30. NAME AND ADDRESS MARIO F.

31. DATE FILED (Month, Day, Year)

AUG - 1 199

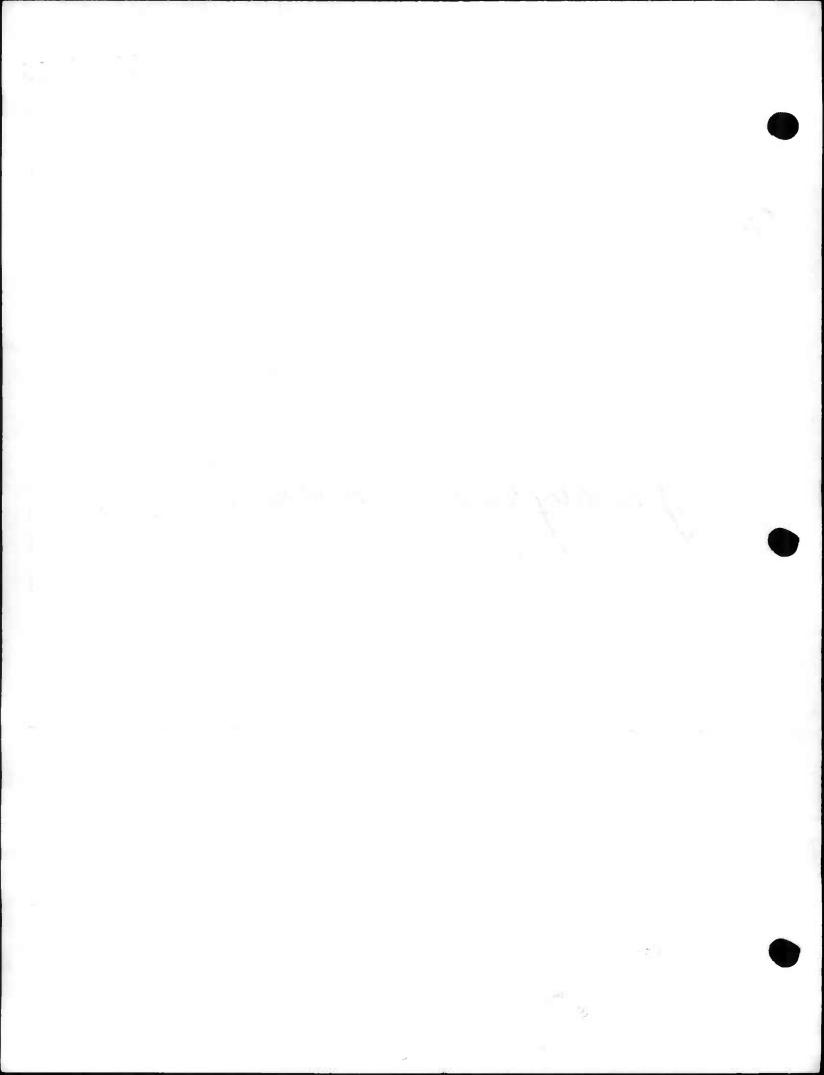
GOLLE, JR., MD 111

32. REGISTRAR'S SIGNATURE

FOR 1 - STATE - REGISTRAR	STATE OF MARYLAND	/ DEPART!	MENT OF H	EALTH AND I	MENTAL	HYGIEN	E	20	2102
DECEDENT'S NAME (First, Middle, Last)     Bruce	Alan		Smith	DEATH	2. DATE 0 MONTH 7-2		Y Y	EAR	TIME OF DEATN
and the same of th	5. SEX 8. AGE (in yrs. is		F UNDER 1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month). Jan.	F BIRTN Day, Year) 18, 1		Country)	ce (State or Foreign Sburg, German
90. FACILITY NAME (if not institution, give stre Smith Road/N. of		9		r location of de 1en	EATN		BC. COUNTY WICON		County
100. STATE 100. COUNTY Virginia Loude	oun	10c. CITY, 1	rown or Locat	ION					S. INSIDE CITY LIMITS?  YES 2 NO
104 Juneberry Ct.			100	2170			U.S.		COUNTRY?
11. MARITAL STATUS  1 Never Merried 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	RMED NO	If yes, sp	ENDENT OF NISPAN scify Cuben, Mexica 2 NO Specify	n, Puerto Ric			RACE — Black, W Specify: Vhite	Americen indien, hite, etc.
15. DECEDENT'S EDUC. (Specify only highest grade of Elementery/Secondery (0-12)	College (1-4 or 5 +)	Give kind of wor le. Do NOT use r		st of working			EINESS/INDUS		
17. FATNER'S NAME (First, Middle, Leet)  J. Alan Smith	21 Ope	iation	s Manag	er 18. motner's na Emily Wi	ME (First, Mi	ddle, Maiden	Expres	6S	
Dana H. Smith (Ne	ee Howard)	104 Ju	neberry	nd Number or Rural I		. ,			70
26a METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 XRemo 1 Donation 5 Other (Specify)	val from State Ster	20b. PLACE OF DISPOSITION (Name of cometary, cremetory or Sterling Cemetery					rling		
21. SIGNATURE OF FUNDAL SERVICE LICE	y Green		Gree	n Funera Elden St	1 Hom		don. V	/ A	
23 Part I. Enter the diseases, or or shock, or heart failure.  MEDIATE CAUSE (Finel disease or condition resulting in deeth)	Cranio-cereb	ne.	enter the mo	de of dying, suc	th es cardi	ec or reepi	ratory errea	t,	Approximate interval Between Onset and Daath
Sequentielly list conditione, if any, leading to immediate	DUE TO (OR AS A CONS								
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONS	EQUENCE OF):							
Sequentielly list conditione, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONS						CC OF	ERE AUTOPSY FINDINGS AILABLE PRIDR TO MPLETION OF CAUSE F DEATH?  YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1   Inpetient 2   ER/Outpetient	3 DOA 4	OTHER:	LACE OF DEATN (Ch			Scene	:	
27. MANNER OF DEATN  1 Netural 5 Pending  Accident Investigation									
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At building, etc. (Specify)		Road		Smit	h Rd/		Alle	n Rd.Aller
one)	CIAN: To the best of my knowledge, 3: On the pass of examination end/of								nd menner ee stated.
SIN SIGNATURE AND TITLE OF CENTIFIER	all Am	1		29c. LICENSE NU OCME			29d. DATE S	7-27	onth, Day, Year) 2–90

PennStreet, Baltimore, MD 21201

DHMH-18 Rev t/89



	5	
	100	
	notified	
	be	
	must	
-	28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at onc	
E ON	leal	
=	le d	
0, 0	hen	
Tat	3	
Cre	even	
burla	9	
2	ĔΙ	
prior	trat	
giene	other	
Ŧ	6	
ept. of Health and Mental Hygiene pi	Jun,	
2	듸	
ith a	any	
M Hee	NOW S	
Z.	20	
8	2	
ith the State [	Hem	
the	0	
with	ked,	
eath	mar	
er d	.00	
aff	28	

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

								20 21021
	1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Leat)	R. Sav		llard R.		2, DATE OF DEATH	1	3. TIME OF DEATH P
	4. SOCIAL SECURITY NUMBER 212-76-1880	5. SEX 6. AGE (In	yrs. last birthday)  O YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURA MIN.	7. DATE OF BIRTH (Month,/Day, Year)		BIRTNPLACE (State or Foreign Country)
TOR	9a. FACILITY NAME (If not institution, give start of the	Hospital		-	OR LOCATION OF DE	ATH /	9c, COUNTY Da	
DIRECTOR	10a. STATE 10b. COUNTY	alto.	10c. CIT	Y, TOWN OR LOCAT		ney	·····	10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 9202 Hallybo	no circle	Apt.		ZIP CODE	34		of what country? ed States
B	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 1 1 YES IF YES, GIVE WAR OR DAT AMY VIETNAL	2 NO	If yee, sp		IIC ORIGIN? (Specify Yen, Puarto Rican, atc.)		RACE - American Indian, Black, Whita, atc. Specify: White
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)		(Give kind of all the Do NOT us	USUAL OCCUPATION work done during more retired.)	ON ost of working	of Dal+		
OMP	17. FATNER'S NAME (First, Middle, Lest)		<u>Collec</u>	tor	18. MOTHER'S NA	ME (First, Middle, Maide	of Balt	LIMOTE
BE C	Raymond	Н.		ıer	Beati		Α.	Stewart
10	19a. INFORMANT'S NAME (Type/Print) Robert L. Sauer		100000000000000000000000000000000000000		nd Number or Rumi I ks Avenu	Route Number, City or To	wn, stem, zip Coo 10re, Mi	
	20s. METNOD OF DISPOSITION 1  X  Buriel 2   Cremation 3   Rem 4   Donetion 5   Other (Specify)	oval from Stata		SITION (Name of cer	metery, crematory or	20c. L	cation — city	or Town, Stata
	21. SIGNATURE OF FUNERAL SERVICE LIC			22. NAME A	ND ADDRESS OF FA	CILITY	21214	Maryland Harford Road
	23. PART I. Enter the diseeses, or					uck, Inc. has cardiac or rea		, Approximate
	shock, or heart feliure. List only pite ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Acute Myochal Infanction 5-6 H/S							
Z	Coronam Artery Disease Gers							
ATIO	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE O	PF):				/
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	F):				
	PART II. Other aignificant condition	na contributing to death bu	it not reaulting	in the underlyin	g cause given in	Part I. 24s. WAS A		24b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL						1 YES	PRMED?	AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?
AN	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (Ch	eck only one)		
SIC	EXAMINER?	HOSPITAL:	itlant 3 🗆 DOA	OTHER:		6 Other (Specify)		
ВУ РНУ	27. MANNER DF DEATN  1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Yeer)	28b. TIR	JURY W	JURY AT ORK? YES 2 NO	28d. DESCRIBE NOW	INJURY OCCUR	ED
28t. LOCATI City or 1  3 Suicide 8 Could not be detarmined 228e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)								Rural Route Number,
COMPLET	CONSTRUCTORY	ER: On the basis of examination						suse(a) and menner as stated.
BE	296. SIGNATUME AND TITLE OF CENTIFIE	4.502.	0		MD. D	36783	29d. DATE SI	19NED (Month, Day, Year) 7/29/90
2	30. NAME AND ADDRESS OF PERSON WHITE	H - E+ hey	TH (ITEM 27) (Type	e, Print)	PE-Josei	pheHosp	The T	Towson MD

71204 DHMH-16 Rev 1/89

I transfer to the

		4. SOCIAL
3 .		217- 9a. FACILI
you		9a. FACIL
2, 3 should	RO	Fra
64	5	RESIDE
	ŭ	10e. STAT
(1)	E	Mary 100. STRE
( 1 )	=	10e. STRE
2	ED BY FUNERAL DIRECTOR	5717
icia al-tr	5	11. MARIT
ourt,	ш	1 New
ttending physician. e as the burtal-tran	BY	3 Wide
ttenc e as		

	FOR 1 - STATE REGISTRAR	STATE OF MAR					EALTH AND M	MENTAI	HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)	-						2. DATE	OF DEATH		YEAR	3. TIME OF DEATH
	CHARLES		-	S	OFFR	EGEN	1	Ju	ily 30	,1990	TEAN	М
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. les		IF UNDER 1	YEAR DAYS	IF UNDER 24 HRS.	7. DATE (Month	OF BIRTH D. Dey, Year)		8. BIRTH Countr	IPLACE (State or Foreign y)
	217-05-5203	1 💢 M 2 🗆 F	70	YAS.					7 10,1			Maryland
.	Franklin Square				ROS:		R LOCATION OF DE	EATH		ec. coun		nore
2	RESIDENCE OF DECEDENT											
DIRECTOR	10e. STATE 10b. COUNTY				Y, TOWN OF		ON					10d. INSIDE CITY LIMITS?
	Maryland Balt	imore		RC	seda l	7	ZIP CODE			40 - 01717	511.05.1	1 TYES 2 X NO
FUNERAL	5717 Cynthia Terr	aCe				101.	21206	5		10g. C1112		A.A.
	11. MARITAL STATUS	12. WAS DECEDENT EV					ENDENT OF HISPAN	IIC ORIGIN		or No—	14 940	E. American Indian
BY F	1 Never Married 2 Married	FORCES? 1 X	YES 2 NO	10			cify Cuban, Mexical 2 XNO Specify		Rican, atc.)		Spec	white, etc.
	3 Widowed 4 Divorced	247.04	44- 05	05051510		01104710		Lan	VIII 05 811		LOW POL	
I ED	15. OECEDENT'S EOUC (Specify only highest grade	completed)	/G	ive kind of a Do NOT us	USUAL OCC work done du se retired.)	iring mo	I of working	160.	. KIND OF BUS	SINESS/INDU	JSTHY	
Ĭ	Elementary/Secondary (0-12) 9 yr   S	College (1-4 or 5+)	M∈	echar	ical	Con	tractor	P	oole 8	k Kent	t Co	
COMPLEI	17. FATHER'S NAME (First, Middle, Last)	_					18, MOTHER'S NA		Middle, Maiden			
BE	Charles	Ε.		ffrec			Ma				Jnkn	iown
2	Mr. W. David Stof	fnogon	190		ime as		nd Number or Rural I	Route Numl	ber, City or Town	n, State, Zip	Code)	
	20a. METHOD OF DISPOSITION	rregen	20b. PLACE				etery, crematory or		20c. LO	CATION — C	atv or To	own. State
	1 Buriel 2 Cremation 3 Remo	val from State	other of	id R:			2/90					, Maryland
	21. SIGNATURE OF BONERAL SERVICE LIC	ENSEE Earl L	Canapp	-	22. N	AME AN	D ADDRESS OF FA	CILITY				21214
	· Cald	lane	/.			eon:	ard J. R	uck	Inc	5305	Hart	ford Rd
	23. PART I. Enter the diseases, or shock, or heart fallure.											Approximate
	IMMEDIATE CAUSE (Finel	cast only one cause	on each line				1 /	0	0	/		Interval Between Onset and Death
1	disease or condition resulting in death)	He	erte	M	400	Ces	ediat	10	uto	40/	1 0	C.
_ [	_	DUE TO (OR	AS A CONSE	OUENCE O	r)į:		Ves		31/	110	N 11 .	
RTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR	AS A CONSE	OUENCE O	F):		002	· Ca	Ceco	AL	26	
3	cause, Enter UNDERLYING CAUSE (Disease or Injury	D	1,									
	that initiated eventa resulting in death) LAST	DUE TO (OR	AS A CONSE	OUENCE O	F):							
5		4										<u> </u>
4	PART II. Other significant condition	s contributing to de	ath but not	resulting	In the und	dariyin	cause given in	Part I.	24a. WAS AN PERFO		241	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDIC	101	0 1	P					—	1 TYES	□ NO		OF DEATH?
	1 Che	ste 5/87	0					_				1 TYES 2 NO
Y Y	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF DEATH (Ch	neck only or	ne)			
PHYSICIAN:	EXAMINER?	HOSPITAL:	R/Outpetlant 3	DOA	OTHER 4 - Nurs		e 5 ₽ Realdence	8 🗆 Othe	F (Specify)			
뒮	27. MANNER OF DEATH	28a. DATE OF INJ (Month, Day,		28b. TIR	ME OF JURY	28c. INJ WC	URY AT RK?	28d. DE	SCRIBE HOW I	NJURY OCC	URED	
BY	1 Natural 5 Pending 2 Accident Investigation				М		rES 2 NO					
TED	3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE OF IN building, atc.	(Specify)	oma, farm,	atreet, facto	ory, offic	•		CATION (Street or Town, State)		or Hural	Floute Number,
	29a. CERTIFIER  1 CERTIFYINO PHYSI	CIAN: To the heet of my	knowledge d	aeth occur	and at the th	me dete	and plane, and due	to the co	was(a) and ma	nner ne etek	ed.	
COMPLE	neel .											(e) and manner ee stated.
S	296. SIGNATURE AND TITLE OF CERTIFIE	A	f	01			29c. LICENSE NU	MBER		29d. DATE	SIONE	D (Month, Day, Year)
0 8	1 M. X (8)	eece &	h	ML	5		D 13613	3		▶ 7.	/30/	90
ř	30. NAME AND ADDRESS OF PERSON WH											
	Mamdouh O. Darw			ankl	in Sq	uar	e Hospit	al			T	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE									
_	AUG 1 1000 g	with May door	Andell	_								OHMH-16 Rev 1/8

TO BE COMPLETED BY FUNE

	FOR STATE REGISTRAR	STATE OF MARYLA			F HEALTH AND OF DEATH	MEN	NTAL HYGIENI REG. NO.	E		
	1 DSECOPNT'S NAME (First, Middle, Last)	EITH WILLIA					DATE OF DEATH		YEAR 90	3. TIME OF DEATH 05/5 A M
-			n yrs. last birthday)	IF UNDER 1 Y	EAR IF UNDER 24 HRS.	7. [	DATE OF BIRTH		8. BIRTH	PLACE (State or Foreign
	221-09-1427	FM 2 □ F 8	6 YAS.	MONTHS D	AYS HOURS MIN.	] o	Ct. 7, 19	903	Peni	nsylvania
}	9a. FACILITY NAME (If not institution, give street	t and number)		9b. CITY, TO	WN OR LOCATION OF	DEATH		9c. COU	NTY OF D	EATH
8	St. Joseph Hospita	1		Tow	son			Bal:	timo	re
5	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		40- 0/7	Y, TOWN OR I	00471011					16d, INSIGE CITY
DIRECTOR	Maryland Baltim	lore	ŀ	thervi						LIMITS?
-	10e. STREET AND NUMBER	1010	1 10	CHCIVI	101. ZIP CODE			10a. CIT	IZEN OF V	WHAT COUNTRY?
RA	302 Lincoln Ave.	ncoln Ave.			21093			-	.S.A	
S	11. MARITAL STATUS 12	2. WAS DECEDENT EVER IN			DECENDENT OF HISP			or No-	14. RAC	E — American Indian, k, White, atc.
BY FUNERAL	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES			ea, specify Cuban, Maxi YES 2X NO Spe		earto Rican, alc.)			k, White, atc. Hy: nite
8	15. DECEDENT'S EDUCAT		16a. DECEDENT'S	USUAL OCCL	IPATION		18b. KIND OF BUS	INESS/INI	DUSTRY	
E	(Specify only highest grade con Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	se retired.)	ng most of working		Metropo:			fe
P.	12	4	Assist	ant Ma	nager		Insuran	ce C	0.	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						First, Middle, Maiden	Surname)		
BE	Norman E. Sinninge	r				_	le Huff			
6	19a. INFORMANT'S NAME (Type/Print)		* - TT * - TT *	as #1	treet and Number or Run	a/ Route	Number, City or Town	n, State, Zij	p Code)	
	Judith S. Mantler	Lan						CATION	Olivera V	own, Stata
	1 ☑ Burial 2 ☐ Cremation 3 ☐ Remova 4 ☐ Donation 5 ☐ Other (Specify)	al from State	other place)	n Mem	of cometery, crematory of Pk.Cemet	8/ erv	1/90			, Md.
	21. SIGNATURE OF FUNERAL SERVICE LICEN		ten nave	22. NA	ME AND ADDRESS OF	FACILIT	TY			
	► Wallace S	Brooke	A.	F	tuck Towso 1050		uneral H			
	23. PART I. Enter the diseases, Dr con shock, or heart fallure. Lis			not enter th	e mode of dying, a	uch as	cardiac or reapi	ratory ar	rest,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition	Clasa	01.	t	tina	P.	. 0	ar,	de	Onset and Death
	resulting in death) a	a. DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	Sequentially list conditions, b.	DUE TO (OR AS /	CONSEQUENCE	DE:	Jan		~			
Ϋ́	if any, leading to immediate cause. Enter UNDERLYING	2	0 1	nu	ulho	ie	we.			1
F	CAUSE (Disease or Injury that initiated events	OUE TO (OR AS A	CONSEQUENCE C	OF):			V			
F	resulting in death) LAST	Deh	y all	ate	or					
2	PART II. Other algorificant conditions of	contributing to death b	out not resulting	In the unde	riying cause given	In Par	t I. 24a. WAS AN	AUTOPSY	24	o. WERE AUTOPSY FINDINGS
CAL					, ,		PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION DF CAUSE
							. I I TES 2			DF GEATH?
≥							-			
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF OEATH	(Check o	anly one)			
Sic		HOSPITAL:	patient 3 DOA	OTHER:	g Home 5 🗆 Rasidan	De 6 □	Other (Specify)			
ا بَ	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TII	ME OF 21	Bc. INJURY AT WORK?	28	d. DEŞCRIBE HOW I	NJURY O	CCURED	
BY	1 Natural 5 Pending 2 Accident Investigation	,,			1 YES 2 NO					
COMPLETED E	3 Suicide 8 Could not be detarmined	28e. PLACE OF INJURY building, etc. (Spec	f — At home, farm, cify)	street, factory	, office	26	261. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
드	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIA	AN: To the best of my know	rledge, death occur	red at the time	e, data and placa, and o	dua to t	he cause(a) and mar	nner aa st	ated.	
M	one) 2 MEDICAL EXAMINER:									a) and menner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE I	NUMBE	R	29d, DA	TE SIGNE	D (Month, Day, Year)
BE C	Mulsam	no			D37:	25	0	•	7/2	8190
٩	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF OR			osp. B	no constitution	TMO	RC	M	0
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN			-Jr. /c	,,,	-(1. (-1		7 /	· .
	AUG_1 1990 &	Le Savidson-Ra	ndelle							

must	l
xaminer	
nedical e	
the	
event,	
traumatic	
other	l
6	l
Injury,	
any	١
shows	
23	ı
Item	l
0	i
marked,	
100	l
28	l
Item	l
*	ı
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must	

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
1/	2. DATE OF DEATH

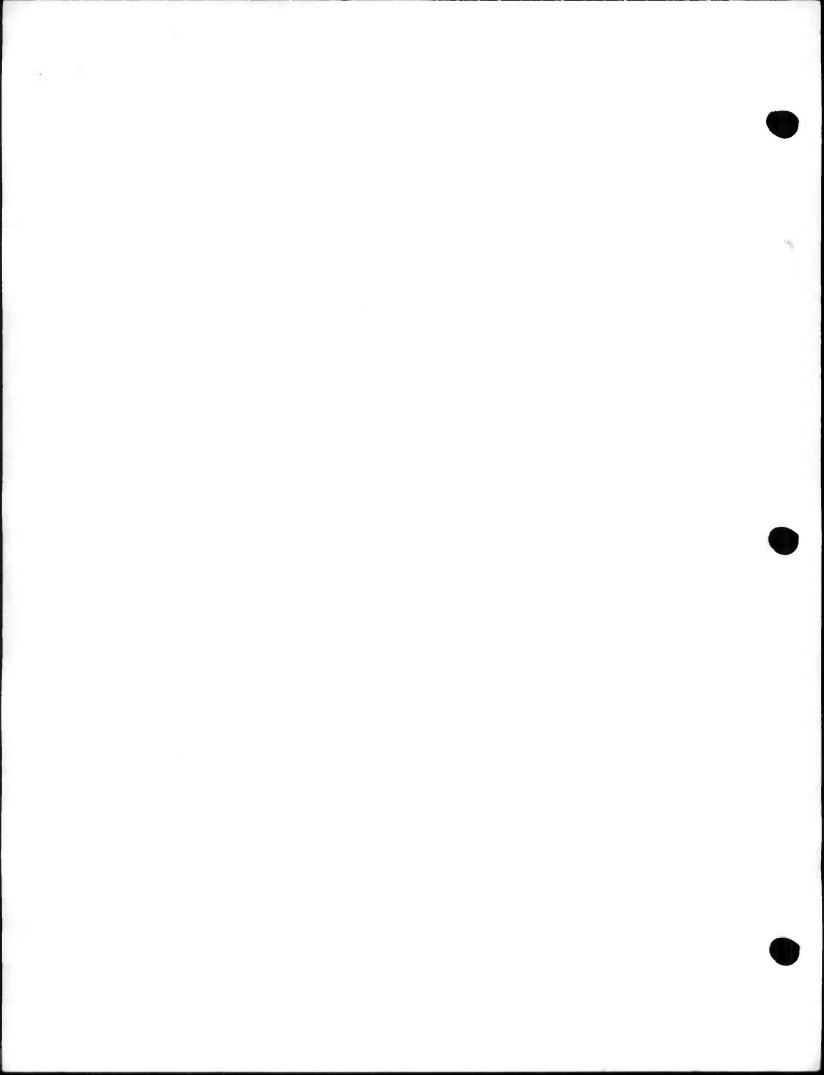
	1 - STATE OF MARYLA REGISTRAR	ND / DEPARTM CERTIFICA			MENTAL HYGIENI REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH DA	Y_ XEAR	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In				7. DATE OF BIRTH	9 90 6. BIRT	10 - AM			
	217 20 5376 1 M 2 X F 79	MON	UNDER 1 YEAR THS DAYS	HOURS MIN.	(Month, Day, Year) OCT. 27.19	Count				
	9a. FACILITY NAME (If not institution, give street and number)		CITY, TOWN O	R LOCATION OF DE		9c. COUNTY OF C				
OR	MARCY HOSPITAL		BAL	'IMORE						
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY	10c. CITY, TO	WN OR LOCAT	ION			10d. INSIDE CITY			
	MARYLAND	BA	ALTIMO	RE	1 [X] YES 2					
RAL	100. STREET AND NUMBER 1406 EDISON HIGHWAY		101	ZIP CODE		10g. CITIZEN OF				
FUNERAL	14.00 EDISON FIGHWAY  11. MARITAL STATUS  12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC	21213 ENDENT OF HISPAN	IC ORIGIN? (Specify Yaa	or No.— 14. RAC	OF A. E — American Indian,			
	1 Never Married 2 Married FORCES? 1 YES IF YES, GIVE WAR OR DATE			cify Cuban, Mexica	n, Puarto Rican, etc.)	Spec	k, Whita, etc.			
D BY	3 Wildowed 4 Divorced  15. DECEDENT'S EDUCATION	18a, DECEOENT'S USU	AL OCCUPATIO	M	16b. KINO OF BUS	INESS/INDI ISTRY	BLACK			
ETE	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 8+)	(Give kind of work life. Do NOT use ret	done during mo-		180. KINO OF BOS	INESS/INDOSTRY				
COMPLETED	0-8	DOMEST	CIC WOL			FAMILY				
	17. FATHER'S NAME (First, Middle, Last) CEODCE DD TCE				ME (First, Middle, Maiden	Sumame)				
BE	GEORGE PRICE	19b, MAILING AD	ORESS (Street a		QUICKLEY  South Number, City or Town	, State, Zio Code)				
유	MR. RICHARD MC COY	1406 ED	ISON H	GHWAY I	BALTIMORE,	MARYLANI	21213			
	1X Burial 2 ☐ Cremation 3 ☐ Ramoval from State	PLACE OF DISPOSITIO			20c. LO	CATION — City or T	own, State			
	4 Donetion 5 Other (Specify) ST.	. LUKES CE		8/4/9(		FORD, MD	BALTO CO			
	Levin I the	chase)	LEWIS	T. GWYNN	FUNERAL H		215-6393			
	23. PART i. Enter the diseases, or complications that caused	the deeth. Do not					RE MARYLAND Approximate			
	ahock, or heert fellure. List only one ceuse on es			ac o. ajg, -ac		,	Interval Between Onset end Death			
	disease or condition resulting in death)  a. Pre mo	rele					102 SERMEN WILL E			
	DUE TO (OR AS A CONSEQUENCE OF):									
<u>S</u>	Sequentially list conditions,  OUE TO (OR ASA CONSEQUENCE OF):									
CAT	If smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	111111111111111111111111111111111111111								
THE	that initiated events out TO (OR AS A reautiting in deeth) LAST	CONSEQUENCE OF):								
CERTIFICATION	d						i			
A	PART II. Other eignificant conditions contributing to death but	at not resulting in the	he underlyin	g ceuse given in	Part I. 24a. WAS AN PERFOR	AUTOPSY 24 IMED?	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
00	HTW, aremia	AMILL	cheppe	Mehra	STEN YES 2	□ NO	OF OEATH?			
W.					_		1 TYES 2 NO			
IAN	25. WAS CASE REFERRED TO MEDICAL		26. PI	ACE OF DEATH (Ch	eck only one)					
PHYSICIAN: MEDIC	EXAMINER?  1 YES 2 NO HOSPITAL: 1 Inpetient 2 ER/Outpet		THER:  Nursing Hon	a 8 🗆 Rasidence	6 Other (Specify)					
	27. MANNER OF DEATH  1 DE Natural 5 Pending  28. DATE OF INJURY (Month, Day, Year)	28b. TIME O	WC	URY AT DRK? YES 2 NO	28d. OEŞCRIBE HOW I	NJURY OCCUREO	:			
BY	2 Accident Investigation 3 Suicide 6 Could not be	- At home, farm, stree			28f. LOCATION (Street :	and Number or Rural	Route Number,			
	4 Homicide determined building, etc. (Speci	(Y)			City or Town, State)					
PLE	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge)	edge, death occurred a	t the time, date	and place, and dus	to the cause(a) and man	nner as stated.				
COMPLETED	one) 2 MEDICAL EXAMINER: On the phisia of axamination	and/or investigation, in	n my opinion, c	leath occured at the	time, data and place, an	d dua to the cause	(s) and manner as stated.			
BE (	291 SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUI	MBER	29d. DATE SIGNE	D (Monin, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WHO COMPANTED CAUSE OF DEA	ATH (ITEM 27) /Time Pri	nt)		4	100	0/7()			
	Mercy 1 Hospin	tal 3		st Pa	of Place	e, Bo	Hipers Mh			
	AUG 1 1990 Sina Davidon	TURE MAN		, , ,		1 100				
	AUG 1 1990 gaha Davidson-l	Contracto								

9	U	6	U	5	-

	1 - STATE REGISTRAR	SIAIE UF I	/ MARTLAND	RTIF	ICATE C	F DEAT	AND N	MENIAL	REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE O	F DEATH DA			TIME OF OEATH
	William	Al	.len		Thursb	y, Sr.		7	29		90	12:02 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. las	t birthday)	IF UNDER 1 YE			7. DATE O	F BIRTH Day, Year)		8. BIRTHPLA Country)	ACE (State or Foreign
	215-58-0758	1 🖰 M 2 🗌 F	37	YRS.	MONTHS DA	rs HOURE	MIN.	Oct.	17,1	952	Mary1	Land
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, TO	VN OR LOCATI	ON OF DE				ITY OF OEAT	н
OR	10000 Blk. Phila	delphia	Rd.		Whit	e Mars	h			Ва	ltimo	re
12	RESIDENCE OF DECEDENT  10e, STATE 10b, COUNTY			10c. CIT	Y, TOWN OR LO	CATION					10	d. INSIDE CITY
E	Maryland Baltin	more			ddle R						- 1	LIMITS?
7	10e. STREET AND NUMBER					101. ZIP COD	E			10g. CITU		T COUNTRY?
FUNERAL DIRECTOR	63 B Fenway North	h				2122	0			U.S	5.A.	
S	11. MARITAL STATUS	12. WAS DECEDE	T EVER IN U.S. AR	MED		DECENDENT (				or No—	14. RACE -	American Indian,
	1 A Never Married 2 Married 3 Widowed 4 Olvorced		YES 2 A	10	If yes	yes 2 NO	an, Maxicai Specify	n, Puerto Ri /:	can, atc.)		Specify: Whit	hite, etc.
) BY		-										e
TEC	15. OECEDENT'S EDU (Specify only highest grade		16a. DE	Ive kind of	WORK done during retired.)	PATION g most of worki	ing	16b. I	KIND OF BUS	SINESS/IND	USTRY	
Ž	Elementary/Secondary (0-12) Q	College (1-4 or 5	+) _	rive				l s	chuma	n Rei	use C	io.
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			1210		18. MOT	HER'S NA		iddle, Malden			
S	Roland E. Thursby	. Sr.							checu			
BE	19a. INFORMANT'S NAME (Type/Print)	,	196	b. MAILING	ADDRESS (St						Code)	
5	Jane Thursby		1	508	Shanno	n Chas	e Dr	., Un	ion C	ity,	Georg	ia 30291
	20a. METHOD OF DISPOSITION 1 CL Buriel 2 September 3 Rem	add from State	20b. PLACE	OF DISPO	SITION (Name o	of cemetery, crea	metory or	100			City or Town,	
	4 Donation S D fither (Specify)	11 /	pruid	Rid	ge Cem						111e,	Md.
	21. SIGNATURE OF PUNERAL SERVICE LA	Springer /	1/		<sup>22</sup> Ru	K TOW	SON .	Funer	al Ho	me, 1	Inc.	
	Monaly C So	lieby a	k-			1050	York	Rd.,	Tows	on, l	1d. 21	.204
	23. PART Enter the diseases, or ahock, or heert fellure.	complications th	et coused the de	eth. Do	not enter the	mode of dy	/ing, euc	h as cerdi	ec or reep	iratory am	est,	Approximate interval Between
	IMMEDIATE CAUSE (Finel	Light only one co	age on each mie	F•								Onset and Death
	disesse or condition resulting in death)	e	Crar	nio-c	cerebra	ıl_Inju	uries	5				
	/===== - /5.05 /	DUE TO	OR AS A CONSE	OUENCE C	NF):							
NO	Sequentially liet conditions,	b	OR AS A CONSE	OUENCE C	MT.							
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DOE IN	(On AS A CONSE	ODENCE C	r. j.							į .
FIC	CAUSE (Disesse or Injury that Initiated events	DUE TO	OR AS A CONSE	OUENCE C	F):							
H	resulting in deeth) LAST	d.										
	PART II. Other significent condition	ne contributing to	death but not i	resulting	In the under	lylna causa	alven In	Part I	24a. WAS AN	LAUTOREY	245 W	ERE AUTOPSY FINDINGS
Z Z	TATE II. Other significant condition	- Contributing to	J GGGETT DUE TION	osoming	iii the dilder	lying caoas	Arren III	rant i.	PERFO	RMED?	AN.	MILABLE PRIOR TO OMPLETION OF CAUSE
ED								-	1X YES	NO 🗆		F DEATH?
Σ								_			,	YES 2 □ NO
M	25. WAS CASE REFERRED TO MEDICAL				-	6. PLACE OF	DEATH (Ch	neck only one	»)			
PHYSICIAN: MEDICAL	EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3	B 🗆 DOA	OTHER:	Home 5 🗆 R	Residence	8 (XOther	(Specify)	scen	e	
Ή	27. MANNER OF OEATH	28a. DATE O	F INJURY Day, Year)	28b. Til	1	NJURY AT WORK?			CRIBE HOW			
ВУ Р	1 Natural 5 Pending 2 Accident Investigation		3/90				NO N	drive	er of	auto	lost	control
	3 Suicide 8 Could not be	20s. PLACE	OF INJURY — At he	ome, farm,	atreet, factory,	offica		281. LOCA	TtON (Street or Town, State	and Number	or Runal Rou	te Number,
TE	4 Homicide determined	1101200		oadwa	ay		1				adelp	hia Rd.,
COMPLETED	29e. CERTIFIER (Check only 1 CERTIFYING PHYS	ICIAN: To the best	of my knowledge, de	eath occur	red at the time	data and plac	e, and due	to the caus	se(a) and ma	nner aa ata	Balt	o., Md.
O	one) 2 X MEDICAL EXAMINI	ER: On the basis of	examination and/or	Investigat	lon, in my opini	on, death occi	ured at the	time, data	and place, a	nd due to ti	ne cause(s) a	nd manner as stated.
BE C	296 SIGNATURE AND TITLE OF CERTIFIE	= 91	11	7		29c, LIC	CENSE NUI			29d. DAT	E SIGNED IM	fonth, Day, Year)
10 8	solly of	· 102		1	1-1		OCN	AE		•	1/2	9/90
F	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CA	USE OF DEATH (ITE	M 27) (Typ	e, Print)							
	H 34	70. 34.7	./	/	111				D- 11		1.4.7	21201
	Mario F. Golle, 31. DATE FILED (Month, Day, Year)		./		111 Pe	enn St	•		Balt	imore	, Md.	21201

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial be filled within 72 hours after death with the State Dept, of Health and Memtal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,



TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF	MARYLAND /	DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	CE	ERTIFICATE	OF DEA	TH		REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPART CERTIFIC			MENTAL	HYGIENE REG. NO.				
,	1. DECEDENT'S NAME (First, Middle, Lest) Roy	Ellswortl	h	White		2. DATE MONTH	OF DEATH DAY		EAR	TIME OF DEATH	
1	4. SOCIAL SECURITY NUMBER 322-05-9291	108×12□F 8	7 YRS.	IF UNDER 1 YEAR HONTHS DAYS	IF UNDER 24 HRS. HOURE MIN.	Dec.	DE BIRTH , Day, Ybar) • 4 19	02	Cana Cana		
lon Bo	9a. FACILITY NAME (if not institution, give st  St. Joseph's RESIDENCE OF DECEDENT				SON	ATH		Bal	timo:		
DIRECTOR	10a. STATE 10b. COUNTY	imore		10c. CITY, TOWN OR LOCATION Timonium					10d. INS LIM 1 _ YE		
FUNERAL	10e. STREET AND NUMBER 2312 Chetwood (	Circle, Apt.	101	101	ZIP CODE 21093			10g. CITIZEI		T COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMEI FORCES? 1 YES 2X NO IF YES, GIVE WAR OR DATES			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuben, Maxican, Puerto Rican, atc.)  1 □ YES 2 □ NO Specify:  1. WAS DECENDENT OF HISPANIC ORIGIN? (Specify:						American Indian, hita, atc. White	
COMPLETED	(Specify only highest grade Etementary/Secondary (0-12)					16b.	KIND OF BUS				
OME	17. FATHER'S NAME (First, Middle, Last)		Machin	IST	18. MOTHER'S NA	ME (First, N	Bendi:		eros	oace	
BE	James Albert Wh	ite					ogan				
٩	Helen C. White		23	312 Che			, Apt.	101,	Tim	21093 onium,Md.	
	20e. METHOD OF DISPOSITION  1	ovet from State	other place) loreland	Memoria		All PTV		eation – cir Itimor		aryland	
		artin D. Law	son	Lemn	non-Mitch onium. A	hell-\					
	IMMEDIATE CAUSE (Fine)	a. C N D S DUE TO (OR AS A	ech line.		de of dying, suc	h aa card	liac or reaple	ratory arres	ıt,	Approximate Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, If eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL C	PART II. Other significant condition		ut not reaulting in	the underlyin	g cause given in	Part I.	24s. WAS AN PERFOR	MED?	27 AMILABLE PRIOR TO COMPLETION OF CAUSE		
IAN	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (Ch	neck only on	10)	_			
SIC	EXAMINER?  1 YES 2 NO	HOSPITAL:		OTHER: 4 - Nursing Horn	e 8 🗆 Rasidence	8 🗆 Othe	r (Specify)				
PH	27. MANNER OF DEATH  1. Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	JRY WO	URY AT PRICE 2 NO	28d. DES	CRIBE HOW II	NJURY OCCU	RED		
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, atc. (Spec	- At home, ferm, st				ATION (Street a or Town, State)	et and Number or Rural Route Number, ste)			
COMPLETED	Check Only	ICIAN: To the best of my know R: On the basis of examination								nd menner as stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	ist, no	O PHY	SICIAN	29c. LICENSE NU	MBER	8			lorith, Day, Year)	
01	30. NAME AND ADDRESS OF PERSON WHE PASCAL J. 90 31. DATE FILED (Month, Day, Year) ALIC 0.1. 1000	O COMPLETED CAUSE OF DE			seen It	050	: nic	BALT	\'mo	re MD	

JINV YOU

4

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	EHIIF	ICALE OF	DEATH	REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Lest) TOWN H WIFEMS JR				2. DATE OF DEATH MONTH DAY		3. TIME OF DEATH				
- 1	20112			,	07 - 28		/ PM				
	4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. II   M 2 □ F  47		MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 08 - 31	-42 8. BIF	RTHPLACE (State or Foreign untry)				
	Se. FACILITY NAME (if not institution, give street and number)		9b. CITY, TOWN	OR LOCATION OF DE		9c. COUNTY OF	F DEATH				
DIRECTOR	UNIVERSITY OF MARYLAND HOSPITAL		BA	LTIMERE							
8	10a. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR LOC	ATION			10d. INSIDE CITY				
	MD	1 6	BALTIM	ORE			LIMITS?				
A	10e. STREET AND NUMBER			IOI. ZIP CODE		10g. CITIZEN O	F WNAT COUNTRY?				
FUNERAL	4418 MANDRVIEW RD			2122	9	u.	S.A				
3	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. A	RMED			IIC ORIGIN? (Specify Yea	or No- 14. R/	ACE — American Indian, lack, White, etc.				
ВУ Е	1 Never Married 2 Married 3 Wildowed 4 Divorced  FORCES? 1 YES 2 FYES, GIVE WAR OR DATES	NO		specify Cuban, Mexica ES 2 NO Specify		St	Decily: BLACK				
Ω	15. DECEDENT'S EDUCATION 16a. I	DECEDENT'S	USUAL OCCUPA	TION	16b. KIND OF BUS						
COMPLETED	(Specify only highest grade completed)	(Give kind of the Do NOT us	work done during a	nost of working							
2	Elementary/Secondary (0-12) College (1-4 or 8+)				Bethle	hem St	reel				
<u> </u>	17, FATHER'S NAME (First, Middle, Last)			40 MOTHEDIS NA	ME (First, Middle, Maiden S						
					LICE JUHN						
8	JOHN H. WEEMS, SR										
0	The State of the S		. 4		Route Number, City or Town						
	Beatrice Weems	629	Hillyie	w Rd.	Balto. 1 1	70 21	225				
. 1	20a, METHOD OF DISPOSITION 20b. PLAC	E OF DISPO	SITION (Name of	cemetery, crematory or	20c. LOC	CATION — City or	Town, Stata				
- 1	4 Donation 5 Other (Specify) Gar	rison	forest	Ust. Ci	EM OWI	nas M	Mr. MD				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	200	22. NAME	AND ADDRESS OF FA	CHITY		,				
	M. MATIN GILLIAN			rch Fitt.							
	- Adam Char		430		sh Ave						
	23. PART I. Enter the diseases, or complications that caused the ahock, or heart fellure. List only one cause on each iii		not enter the r	node of dyling, suc	h as cerdiec or reepir	ratory errest,	Approximate interval Between				
	IMMEDIATE CAUSE (Final						Onset and Death				
	disease or condition resulting in death)										
	OUE TO (OR AS A CONSEQUENCE OF):										
z	RENAL FAILURE 3 d										
EDICAL CERTIFICATION	Sequentielly list conditions, If eny, leeding to immediate										
\s	cause. Enter UNDERLYING CHRONIC	MYEL	DEENOUS	LEUKEM	14 & BLAS	ST CRISI	15 6 mos				
E	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONS				-						
1	reaulting in death) LAST										
CE	u.										
A	PART II. Other algnificant conditions contributing to deeth but no	t resulting	In the underly	ing ceuse given in	Part I. 24e. WAS AN. PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
S	CROHN'S DISEASE				1 _ YES 2	ZÍ NO	COMPLETION OF CAUSE OF DEATH?				
							1 TYES 2 NO				
Σ.					_						
AN	25. WAS CASE REFERRED TO MEDICAL		26	PLACE OF GEATH (Ch	eck only one)						
<u>S</u>	EXAMINER? HOSPITAL:		OTHER:								
PHYSICIAN:	1 YES 2 NO 1 Inpetient 2 ER/Outpetient 27. MANNER OF DEATH 28e, DATE OF INJURY	3 1 DOA 286. TII	1	ome 5 Residence							
	1 Netural 5 Pending (Month, Day, Year)	280. IN	JURY	NJURY AT WORK?	28d. DEŞCRIBE HOW II	NJUNY OCCUME	,				
ВУ	2 Accident Investigation			YES 2 NO							
	3 Suicide 8 Could not be 28e. PLACE OF INJURY — At building, atc. (Specify)	home, farm,	street, factory, o	fica	28f. LOCATION (Street a City or Town, State)	and Number or Ru	ral Route Number,				
COMPLETED	4 Homicide detarmined										
PLE	29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge,	death occur	red at the time, d	ete and place, and dua	to the cause(s) and man	nner es stated.					
M	one) 2 MEDICAL EXAMINER: On the besis of examination and/						se(a) and menner as stated.				
	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUI			NEO (Month, Day, Year)				
BE		-to-	1	296. LIGENSE NUI	MULT		1				
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (I	) / ~~				7/	28/90				
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (I	TEM 27) (Typ	e, Print)	Dept. o	+ Medicine						
	I W. IIIam C. FILILLY MO UMIN. U.	r mo	17650. 121	17 -	1 51	13,14	10212 610 11201				

BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mons after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. P. be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, Hear) AUG 01

1990

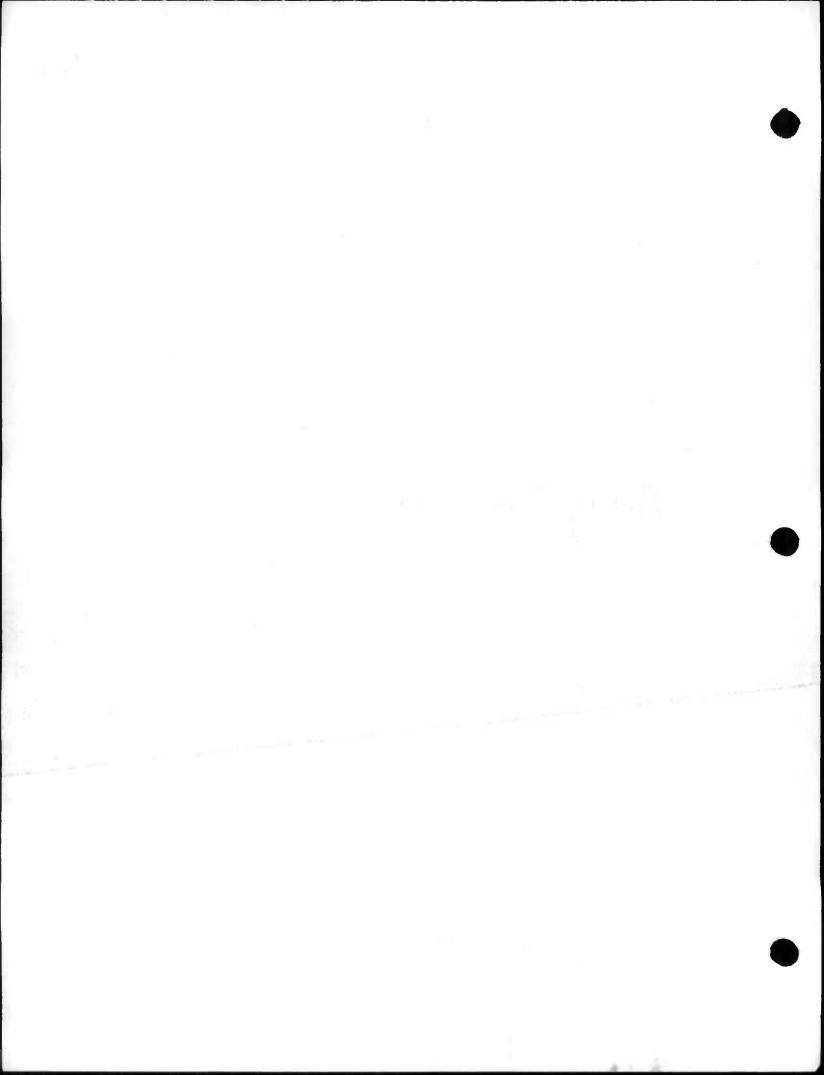
DHMH-16 Rev 1/89

EXBX ME

00

TO THE HIGHLIA, OR ATTENDING PHYSICIAN: The law requires that the death centificate be executed within 24 mours after death. Page 6 may be retained by the hosts TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hyghein prior to build, centration, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
death certificate be executed attending physician and confernal Hygiene prior to burial,	ury, or other traumatic en
LOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with URECTOR: After this certificate has been signed by the attending physician and complet hours after death with the State Dept. of Health and Mental Hyghene prior to burial, creat	f, or item 23 shows any inj
TO THE HIGSPITAL OR ATTENDING PHYSICIANI: The law requires that the death certificate be executed within 24 mours after of TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the life within 72 hours after death with the State Deri, of Health and Mental Hyglene prior to builal, centadion, or removal.	MPORTANT: If Item 28 is marked

	FOR STATE REGISTRAR	STATE OF MARY			TMENT				MENTAL	HYGIEN				
1	1. DECEDENT'S NAME (First, Middle, Last)								2, DATE	OF DEATH			3. TIME OF DEATH	
Ì	Edna Gertru	Gertrude Worrell									1990	YEAR	11:30 pmm	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. less	t birthday)	IF UNDER		# UNDER		7. DATE	OF BIRTH		B. BIRTH	IPLACE (State or Foreign	
	201-07-4842	1 □ M 2 🔀 F	85	YRS.	MONTHS	DAYS	HOURS	MIN.	NOV	Day, 189	1904	-	Virginia	
	9a. FACILITY NAME (If not institution, give at	·			9b. CITY	, TOWN C	R LOCATIO	ON OF DE	ATH		9c. COUN			
OR	911 Renfrew St	reet				Es	ssex					Balt	imore	
딢	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	,		10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY	
E	Md. Ba	altimore				Ess	sex						LIMITS?	
7	10e. STREET AND NUMBER					101	ZIP CODE	E .			10g. CITIZ	EN OF V	VHAT COUNTRY?	
FUNERAL DIRECTOR	911 Renfrew St	reet					2]	L221						
S	11. MARITAL STATUS	12. WAS DECEDENT EVE							NC ORIGIN	? (Specify Yea	or No-	14. RACI	E American Indian, k. White, etc.	
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OF					2 .NO					Spec		
	15. DECEDENT'S EDUC	CATION	16a DE	CEDENTS	USUAL O	CCLIDATIO	WI	,	146	KIND OF BUS	INESS/INDI	ICTOV	White	
	(Specify only highest grade Elamentary/Secondary (0-12)		/G	ive kind of	work done se retired.)			g	1.000	rane or eoc	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
딥	8th	College (F4 of 5+)								M	artin	S		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)									fiddle, Malden	Sumame)	-		
BE C	Pierce David	Underwood					I	Della	a Wil	liams				
TO B	19a. INFORMANT'S NAME (Type/Print)		198							er, City or Tow			3 01001	
-	Margaret Birchfield 410 Riverside Read Baltimore MAryland 21221										21221			
	20s. METHOD OF DISPOSITION 1   ↑ Burlel 2 □ Cremation 3 □ Rame	oval from State	20b. PLACE other pla	ace)					_	20c. LO	CATION — C	City or Town, Stata		
	4 Donation 5 Other (Specify)	PENGE	Jess	op M				_				MAryland		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Connelly Funeral Home 300MAceAve. 21221										2222			
	(mully	tuner	V A	mu	_									
ŀ	23. PART I. Enter the diseases, or complications that caused the death, Do not enter the mode of dying, such as cardiac or respiretory strest, shock, or heart fathere. List only one cause on each line.  Approximate interval Between interval Between and Death and Dea													
ı	IMMEDIATE CAUSE (Final University of Consett and Death disease or condition													
	resulting in death)  a. Arteriosclerotic Cardiovascular Disease Unknown  Due TO (OR AS A CONSEQUENCE OF):													
_														
Ó	Sequentially list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):													
SAT	cause. Enter UNDERLYING	C.												
Ē	CAUSE (Disease or Injury that initiated eventa	DUE TO (OR A	S A CONSE	QUENCE (	OF):									
CERTIFICATION	resulting in death) LAST	d												
AL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY FINDINGS													
<u> 호</u>	Bronchiti	S								PERFOR			AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?	
밀											X		1 TES 2 NO	
SICIAN: MEDIC														
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ОТНЕ		ACE OF C	EATH (Ch	eck only or	10)				
YS!	1 X YES 2 NO	1 - Inpatlant 2 - ER/C			4 🗆 Nu	rsing Hon		esidence	6 🗆 Othe					
PHY	27. MANNER OF DEATH  1 X Natural 5 Pending	(Month, Day, Yes	RY ar)	28b. TR	LJURY	WC	URY AT	_	28d. DE	CRIBE HOW	INJURY OCC	URED		
B	2 Accident investigation	20 PLACE OF IN I	IIIW As he		M		YES 2 [	_ NO	004 100	ATION (Or		01	Charles Marchael	
유	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJI building, etc. (3		orne, rerm,	street, ne	tory, ome	•			ATION (Street or Town, State)		or Hursii	House Number,	
Ē	29a. CERTIFIER				_			_				_		
COMPLETED	(Check only	ICIAN: To the best of my ki ER: On the basis of axamin											a) and manner as stated	
8	71		and androf	alverige.	-vii, iii my	operation, (				www.prece, ar				
BE	29b. SIGNATURE AND TITLE OF CERTIFIE		M 11	29c. LICENSE NU					Agreement Transfer				O (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WI	Deputy OCCUPATED CAUSE OF	Medic	cal l	sxami	ner	DC	1085	)		LJu.	Ly 3	0,1990	
						trac	·+ · · · ·	1202	)					
	Stanley Z. Felse 31. DATE FILEO (Month, Day, Year)	Mez. REGISTRA	100	, OH	ise S	cree	: L Z	1202					-	
	31. DATE FILEO (Month, Dev. Year) Au C 0 1 1990 Au	in naniasain												



亞	9		
dsoc	chec		ď
196	deta		5
3	2		ਲ
Den	pho		Ted
retai	Ssh		100
2	age		96
шау	7. P.		15
9	recto		Ē
Pag	al di		ner
ath.	uner		me
er de	the f	Je.	i ex
aft	3	emo	lica
SOUR	E P	0,0	E I
1 47	all a	ou,	he
thi	etely	тап	Ĭ.
d Wi	dE.	5	eve
cute	9	nua	tic
exe	n an	9	Emi
e b	sicia	STION	Ę
ifical	F	ale a	her
Cert	ding	- Agie	10 -
eath	апел	Tal.	y, 0
De d	the	¥e	훂
at th	8	and	I F
# SE	beut	att	8 37
quire	n Siç	1 He	0,00
N Te	bee	x. 0	8 8
le fa	has	9	n 23
F	cate	State	iten
CIAN	ertifi	the	0
HYS	nis c	vith	ed,
9	th ne	É.	nar
NO	: Att	r de	18
1	BOL	afte	28
DR A	)IREC	SUNO	E
TO THE HOSPITIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
SPIT	NER	hin .	E.
SH :	F	1 wit	HTA
王	王	filed	0
2	2	2	E

AUG 01 1990

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Pensimpl

	FOR STATE OF MADVI AND /	2524							90	21034			
	4 STATE SINIE OF MANIENIU!				DEATH		ENIAL HYGIEN REG. NO						
	1. DECEDENT'S NAME (First, Middle, Last)		IOAIL	OI.	DEAIII		DATE OF OEATH	,		3. TIME OF DEATN			
	George Willis							AY	90	M			
	4. SOCIAL SECURITY NUMBER 6. SEX 6. AGE (In yrs. last	t histheims	IF UNDER 1	VEAR	IF UNDER 24 I	MDR 7	OATE OF BIRTH	1		IPLACE (State or Foreign			
	A SOUND DESCRIPTION OF THE PARTY OF THE PART	YRS.		DAYS		WIN.	(Month, Dey, Year)	1.15	Countr				
	210 30 100 11 7	Trio.	a) OUTV			07.07.17	124	40	Ra I	ltimore			
~	9e. FACILITY NAME (If not institution, give street and number)		96. CITY, 1	TOWN OF	R LOCATION	OF CEAT	N	9c. COUR	VIY OF D	EATN			
0	1716 Presbury St.		Bal	tim	ore			<u> </u>					
DIRECTOR	10a. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR	LOCATI	ON					10d. INSIDE CITY			
<u>۳</u>	Md.	D	-1+:-	m a 20	e Ci	4				LIMITS?			
	10e. STREET AND NUMBER	D	arti		ZIP CODE	Ly		10a, CITI	ZEN OF Y	A			
FUNERAL													
2	1716 Presbury St.	AAFD	T 40 W	NO DECE	NIDENT OF I	HODANIO	ORIGIN? (Specify Ye	USZ		E — American Indian,			
	1 Naver Married 2 Married FORCES? 1 YES 2X N		14	yes, spe	cify Cuben, I	Maxican, I	Puerto Ricen, etc.)	- OF NO.	Black	t, White, etc.			
BY	3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES		11	☐ YES	2 XNO	Specify:		1	Speci	Specify: Black			
0	16. OECEDENT'S EDUCATION 16a. DE	CEDENT'S	USUAL OCC	CUPATIO	N		16b. KIND OF BU	JSINESS/IND	USTRY				
	(Specify only highest grade completed) (Gillerentsry/Secondary (0-12) College (1-4 or 5+)	ive kind of Do NOT u	work done du se retired.)	uring mos	t of working		A-4-2-10-2-10-10-10-10-10-10-10-10-10-10-10-10-10-						
2		abo	rer				Const	ruct:	ion	2.00			
COMPLETED	17. FATNER'S NAME (First, Middle, Last)	abo	TOT		16. MOTNER	R'S NAME	(First, Middle, Maide		LOII				
	James Willis												
BE	James Willis  Marie Pittman  196. INFORMANT'S NAME (TyperFrint)  196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)												
2													
	Susan Willis 1601 N. Gilmore St. Baltimore Md.  200. METHOD OF DISPOSITION 200. PLACE OF DISPOSITION (Name of cemetery, cremetory or 200. LOCATION — City or Town, State												
	1 🔀 Buriel 2 🗆 Cremation 3 🗆 Removal from State other pla	ece)											
	4 Donetion 5 Other (Specify), Wes	ter.			Ceme 1			consv	/111	e, MD.			
	21. SIGNATURE OF PUREFAL SERVICE LICENSES	Derrick C. Jones Funeral Home 21215											
	Warrel C. Kare	4	46	11	Park	He	ights A	ve. F	3alt	imor. MD.			
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,   Approximate												
	ahock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final Onset and Death												
	disease or condition												
	DUE TO (OR AS A CONSEQUENCE OF):												
ا جا	AIDS A-CAMITED IMMONE deficiona												
Ó	Sequentielly tist conditions,  OUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	cause. Enter UNDERLYING DISTART MENTING												
F	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSECUTION OF A CO												
F	resulting in death) LAST	ce	96	>V1S	e								
CE													
AL	PART II. Other algnificant conditions contributing to death but not i	resulting	In the und	derlying	cauae giv	en In Pa	art I, 24e. WAS A	N AUTOPSY PRMED?	248	AMILABLE PRIOR TO			
2							1 _ YES	2 NO		COMPLETION OF CAUSE OF DEATH?			
A								,		1 YES 2 NO			
-							_						
A	25. WAS CASE REFERRED TO MEDICAL	-		26. PL	ACE OF DEA	TN (Chec	k only one)						
SIC	EXAMINER?  1 YES 2 NO  1 Inpetient 2 ER/Outpetient 3	DOA	OTHER 4 Number		5 X Real	dence 6	Other (Specify)						
PHYSICIAN: MEDICAL	27. MANNER OF DEATH 280. DATE OF INJURY	28b. Til	ME OF	28c. INJ	URY AT		28d. GEŞCRIBE HOW INJURY OCCUREO						
	1 Netural 5 Pending (Month, Day, Year)	IN	JURY M		RK? ES 2 🗌 I	NO							
ВУ	2 Accident Investigation 3 Suicide & Could not be 28e. PLACE OF INJURY — At ho	ome, farm,	street, facto	ry, office		- 1	281. LOCATION (Street	t end Numbe	r or Rural	Route Number,			
	3 ☐ Suicide 6 ☐ Could not be determined building, etc. (Specify)						281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
	200. CERTIFIER				action with		and the second	V	100				
MP	(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, de									a) and marries to the			
COMPLETED	2 MEDICAL EXAMINER: On the basis of examination end/or	investigat	ion, in my op	pinion, d	eath occured	et the ti	me, dete end place,	ena due to ti	ne cause(	ej end menner se stated.			
BE (	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICEN	SE NUMB		29d. DAT	E SIGNE	(Month, Day, Year)			
					77 7	011		-	11:	30190			
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITE	M 27) /7vp	a. Print)										

HAITS

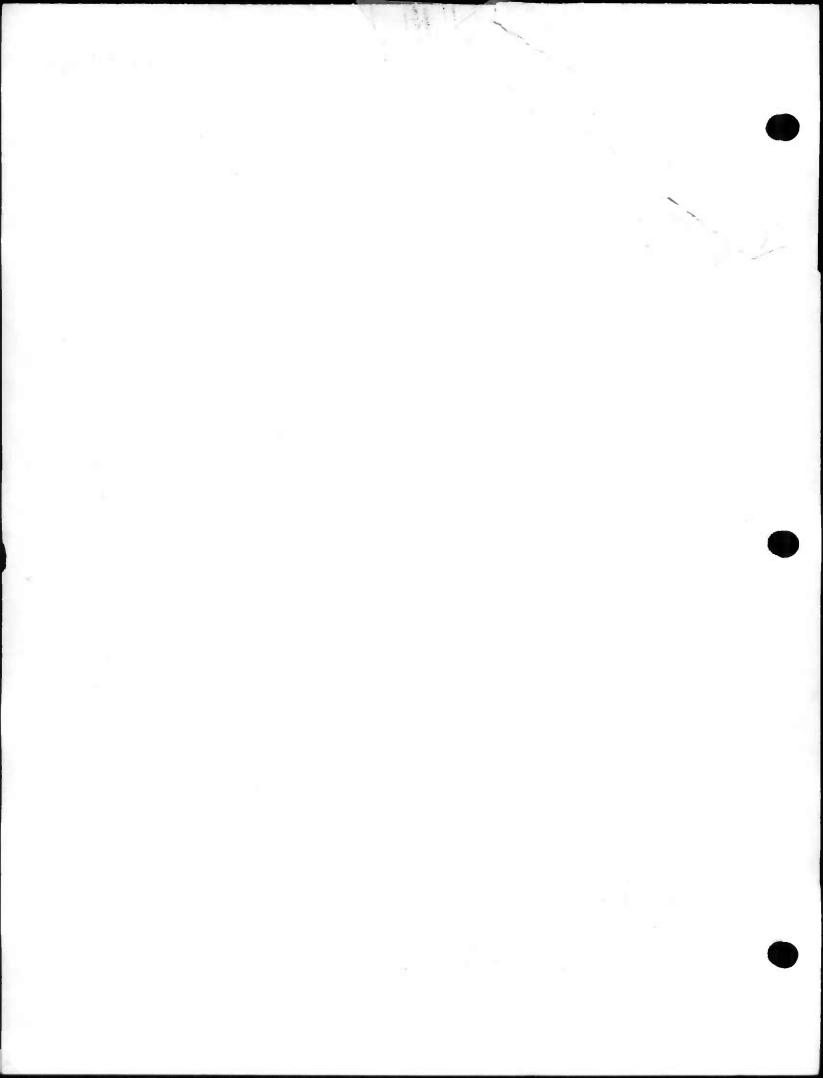
DHMH-16 Rev 1/89

AVE. BRIT MO 2121

by the hospit	1 be detached	at once.
y be retained	age 5 should	be notified
h. Page 6 maj	eral director, p	niner must
ours after deat	in by the funk	nedicai exar
d within 2-mg	ompletely filled cremation	event, the n
ate be execute	ysician and co	traumatic
death certifica	attending phraine	iry, or other
uires that the	signed by the Health and M	ws any inju
: The law requ	rate has been	tem 23 sho
IG PHYSICIAN	ter this certification with the S	narked, or
OR ATTENDIN	DIRECTOR: After de	em 28 is r
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospits	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached has each within 20 hours after death with the State Deat of Health and Mental Hyriene prior to burial, cremation or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
5	2	3

												,		21000	
	FOR 1 . STATE		STATE OF I							MENT/	AL HYGIEN	E			
_	REGISTRAR				CERTIF	ICATI	E OF	DEA	TH		REG. NO.				
	1. DECEDENT'S NAME (First								2. DATE OF DEATH MONTH DAY			YEAR	3. TIME OF DEATH		
	Matte Matie Clyde						ills			7 27			90	10:40p M	
	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs.		MONTHS	DAYS	HOURS	MIN.	(Mor	E OF BIRTH oth, Day, Year)		Countr		
	238-16-357		1 M 2 XF	73	YRS.		155/11		7-7-		1.15,19			th Carolina	
~	8e. FACILITY NAME (If not in		al and and a			9b. CITY	r, TOWN C	R LOCATI	ON OF DE	EATH		9c. COUN	ITY OF D	EATH	
0	/585 Welb	rook R	Rd.			<u>L</u>	E	ssex				Р	alti	more County	
EC	10a. STATE	10b. COUNTY			10c. CI1	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY	
DIPECTOR	Md.	Е	Baltimore	2				Esse:	x					LIMITS?	
AL.	10e. STREET AND NUMBER							. ZIP COD				10g. CITI	ZEN OF V	VHAT COUNTRY?	
H	585 Welbr	ook Ro	oad						212	21.			USA		
FUNER	11. MARITAL STATUS		12. WAS DECEDEN						OF HISPAN	NIC ORIG	IN? (Specify Yes	or No-	14. BACE	- American Indian.	
	1 Never Merried 2			1 YES 2	ZNO				on, Mexica Specify		Rican, etc.)		Speci	c, White, atc.	
8	3 XWidowed 4 Divo	rced												White	
COMPLETED	15. DEC (Specify onl)	EDENT'S EDUC y highest grade	CATION completed)	16a.	Give kind of	Work done	during mo	ON ast of worki	ing	-18	Nb. KIND OF BU	SINESS/IND	USTRY		
<u>"</u>	Elementary/Secondary (0	)-12)	College (1-4 or 5	+)											
Σ	12th				Cafat	eria	wor					rtin'	S	,,,,	
응	17. FATHER'S NAME (First, M							16. MOT			, Middle, Maiden	Sumame)			
BE	Carlie		ian								Drake			· · · · · · · · · · · · · · · · · · ·	
2	190. INFORMANT'S NAME (1		.11								mber, City or Tow		,	1: - 07610	
			177	100001100						Rai				olina 27610	
	20e. METHOD OF DISPOSIT	on 3 🗆 Remo	Removal from State    20b. PLACE OF DISPOSITION (Name of cametery, cremetory or other place)   20c. LOCATION — City or Town, State   20c. LOCATION — City or Town, State   ROSSVILLE   Md.												
	4 Donation 8 Other 21. SIGNATURE OF FUNERA		FNSEF		aruen				ESS OF FA		R	05571	тте	Ma.	
	Connelly Funeral Home 300MAceAve. 21221														
	Connel	ly to	unita	1 Hos	me									ave. ZIZZI	
	23. PART I. Enter the d ahock, or h	isables, or c	complications the	at caused the	death. Do	not ente	r the mo	de of dy	ing, auc	ch aa ca	irdiac or reap	iratory arr	eat,	Approximate Interval Between	
	IMMEDIATE CAUSE (Final														
	disease or condition ————————————————————————————————————														
	DUE TO (OR AS A CONSEQUENCE OF):														
2	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):														
RTIFICATION	If any, leading to immediate cause. Enter UNDERLYING														
걸	CAUSE (Disease or Injury C. Dur W. C. Dur W. C. Dur W. C. Dur W. Dur W. Dur W. C														
Ē	that initiated events resulting in death) LAST														
핑			d												
A	PART II. Other algnifica	ent condition	s contributing to	o death but n	ot resulting	In the u	nderlyin	g ceuse	given in	Part I.	24a, WAS AN PERFO		24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
MEDICA											1 X YES	NO 🗌 S		COMPLETION DF CAUSE OF DEATH?	
뿔											-			1 XYES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED 1 EXAMINER?	TO MEDICAL	HOSPITAL:			OTHE		LACE OF	DEATH (C)	heck only	one)				
<u>s</u>	1 XYES 2 NO		1 Inpetient 2			4 🗆 Nu	raing Hon		Reeldence		her (Specify)				
H	27. MANNER OF DEATH	Pending		Day, Year)	26b. TI	ME OF	W	JURY AT DRK?			EŞCRIBE HOW				
B	1 Netural 5 2 Accident	Investigation		7/90		М	1 🗆		K ND					stairs	
	3 Suicide 6 4 Homicide	Could not be determined	28e. PLACE building	OF INJURY A g, atc. (Specify)	M home, farm,	street, fa	ctory, offic	00		C	OCATION (Street ity or Town, State	)			
<b>E</b> I		Geterrimied		ba	semen	<u>t</u>		_		585	Welbr	ook F	Rd., E	Balto.Co.Md.	
립	goodly only		ICIAN: To the best of												
COMPLET	2 X MEC	HCAL EXAMINE	R: On the basia of	examination en	d/or investigat	ion, In my	opinion,	death occi	ured at the	e time, de	ate end place, e	nd due to ti	ne cause(	e) end menner as stated.	
ш	296. SIGNATURE AND TITLE	E OF CERTIFIE	R					29c. LIC	CENSE NU	IMBER		29d. DAT	E SIGNED	(Month, Day, Year)	
0 8	( X	m							00	ME			7/	28/90	
۴Į	30. NAME AND ADDRESS.O	PERSON WH	O COMPLETED CAL	USE OF DEATH	(ITEM 27) (Typ										
												Md. 21201			
ļ			, M.D.		111 F	enn	St.			В	altımor	ce, Mo	d. 2	1201	
	James A.  31. DATE FILED (Month, Day,  AUG () 1 10		32 DEGISTE	PAR SOMATION	NA COLUMN	enn	St.			В	altımor	ce, Mo	d. 2	1201	

DHMH-18 Rev 1/89



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending to the RUMENAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

BALTIMORE, MARYLAND 21203-314

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

		ı
	once.	
	7	l
	notified	
	2	ı
	must	l
	Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
DA TELLINAS	medical	Ì
5	the	۱
, citilian	event, 1	l
welltal riggreine prior to burial, cremation, or re	umatic	١
516	E	ı
Siene I	other	l
5	0	Į
MEINA	njury,	١
A PER	'n	l
Call	99	ı
5	how	l
5	63	ı
3	2	ı
ordice Dept.	tem	I

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
C. - SKATHAM 299 Frederick Rd Balt,

32. REGISTRAR'S SIGNATURE

1	0-1 (										0 2	1036				
_	1 - STATE REGISTRAR	STATE OF N			ICATE				MENTAL HYGIEN REG. NO							
	1. DECEDENT'S NAME (First, Middle, Last)	SIDNEY 2	TNDER						2. DATE OF OEATH MONTH DULY 28,	1990	EAR	:45 p. M				
	4. SOCIAL SECURITY NUMBER	S. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER		IF UNDER		7. OATE OF BIRTH (Month, Day, Year)	8.		(State or Foreign				
		M 2 □ F	72	YRS.	MONTHS	DAYS	HOURS	MIN.	2/1/18			RYLAND				
œ		9s. FACILITY NAME (If not institution, give street and number)							ATH	9c. COUNTY	OF OEATH					
5	IRVINGTON KNOLL	S NURSIN	NG HOME			BALT.	IMORI	<u> </u>								
FUNERAL DIRECTOR	10e. STATE 10b. COUNTY MARYLAND	BALTIMO	ORE	10c. CIT	BA	LTIM					NSIDE CITY LIMITS? YES 2 XNO					
MA	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN											OUNTRY?				
	1102 BAKER AVE.							2120			USA					
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	T EVER IN U.S. AR YES 2 1 N AR OR DATES - ARMY	MED IO		If yes, spe		n, Mexica	IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	s or No— 14.	14. RACE — American Indian, Black, White, etc. Specify: WHTTF.					
E	15. OECEDENT'S EDUCA (Specify only highest grade of	DUCATION 164, DECEDENT'S USUAL OCCUPATION 165, KIND OF BUSINESS/INDUSTRY									ТЯҮ					
COMPLETED		College (1-4 or 6														
MO	17. FATHER'S NAME (First, Middle, Last)	MATERIAL SPECIALIST U.S. COAST (  18. MOTHER'S NAME (First, Middle, Melden Surname)								T GUA	RD					
	SAMUEL ZINDER															
3 BE	19a. INFORMANT'S NAME (Type/Print)		194	. MAILING	ADDRES	S (Street a	nd Number	or Rural I	al Route Number, City or Town, State, Zip Code)							
5	MRS. DOLORES ZI															
	20a. METHOD OF DISPOSITION  Buriel 2 Cremation 3 Remov  Tild Donation 5 Other (Specify)	al from State	20b. PLACE other pla LOUD	100)		ame of cen	netery, crem	etory or	20c. LC	BALTIM	-11-37/1-1-4					
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE			22.		D ADDRES		ON &BROS.							
	Jan Z	un							STOWN RD.		)., MD	21215				
	23. PART I. Enter the diseases, or applications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, interval Between Onset and Death Onset and Death Onset and Death Onset and Death Out To Consulting in death)  a. Variable Technology (Particle Of):  Out To (OR AS A CONSEQUENCE OF):  Out To Consultative Carling results Onser															
	disease or condition resulting in death) a.	Vante	ula	lack	can	lea	re	am	et			resules				
		akers	QUENCE C	ran	P	0										
O.	Sequentially list conditions, if any, leading to immediate	NSE	**C	1												
CAT	cause. Enter UNDERLYING CAUSE (Disesse or injury	use. Enter UNDERLYING USE (Disease or Injury														
ERTIFICATION	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	DUENCE (	NF):											
CER	d.															
PHYSICIAN: MEDICAL	PART II. Other algorificant conditiona	PERFORMED? MAILABLE														
N. M										1 ☐ YES 2 MO						
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF D	EATH (Ch	eck only one)							
ΙλS	1 YES 2 NO	1 Department 2 ER/Outpatient 3 DOA 4 Rursing Home 5 Residence 5 Other (Specify)  28a. DATE OF INJURY 26b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED								DED.						
	1 Natural 5 Pending	(Month, f			M	WO	RK?	] NO	200. DESCRIBE NOW	INSURT OCCU	NED					
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE ( building.	OF INJURY — At he, etc. (Specify)	ome, ferm,	street, fac	tory, office	•		28f. LOCATION (Street City or Town, State	and Number or	Rural Route 1	lumber,				
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSICION 2 MEDICAL EXAMINER	The second second second										menner as stated.				
	29b. SIGNATURE AND TITLE OF CERTIFIER						40.00	ENSE NU			IGNED (Mont	h, Day, Year)				
TO BE	Clark While I ro	COMPLETED CALL	IEE OE DE ATH MTE	M an /t-	on Ordert)		0	247	8/	▶ 7/	7/30/90					

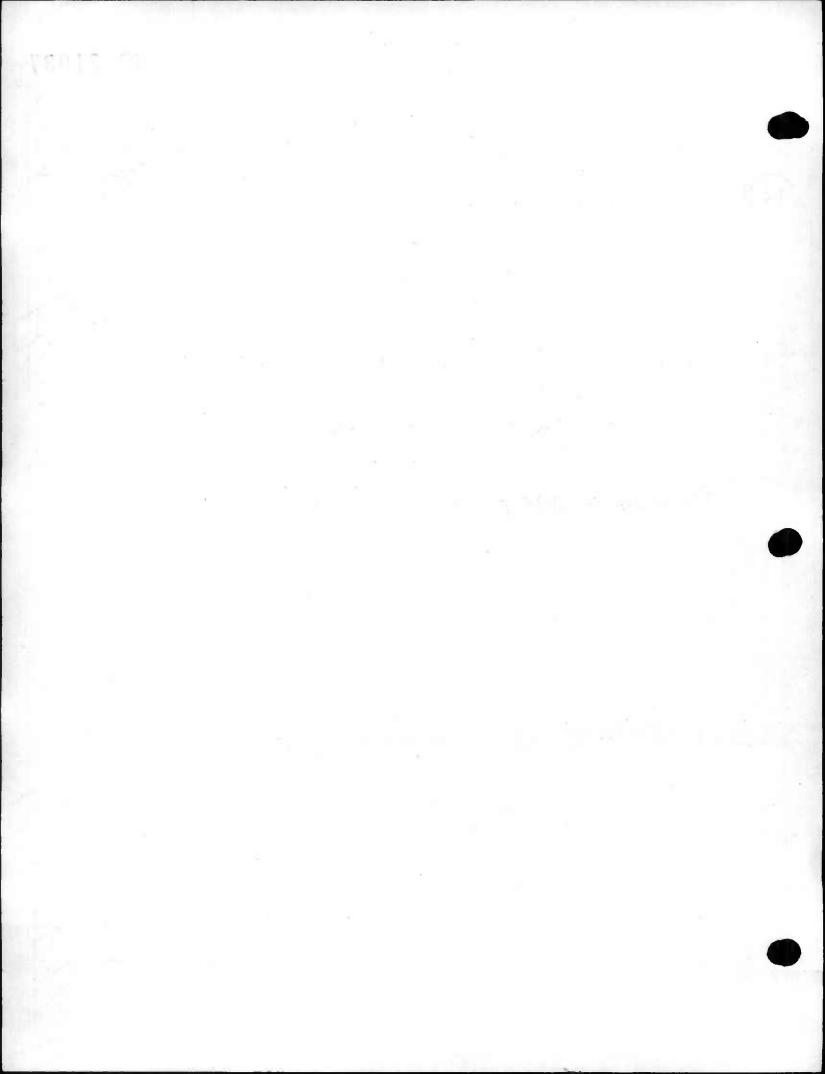
2122 4

DHMH-15 Rev 1/89

11 11/11

the law te has te te Dept	ing PHYSICIAN: 1 After this certificat leath with the Sta marked, or ite	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-riours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the best with the State ham of Health and Mental Mohine minn to build. Cremation, or removal.	IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	ING PHYSICIAN: The law After this certificate has bleath with the State Dept. marked, or Item 23	requires that the death cer	een signed by the attending	shows any injury, or o

1. DECEDENT'S NAME (First, Middle, Last,	FRANCES	ZL	OTKOW	VSKI				2. DATE OF		AY 9	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX	6, AGE (In	yrs. lest birthe		IF UNDER 1 YEAR IF UNDER 24 HRS.			7. DATE OF	BIRTH		8. BIRTH	HPLACE (State or Foreig
212-10-5193A	1 🗆 M 2 💢 F		89 YF	RS. MONTHS	DAYS	HOURS	MIN.	8-6-01 Country) POLAND				
9a. FACILITY NAME (If not institution, give	street and number)			9b. CIT	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH					HTAS		
313 S. COLLING	TON AVE	NUE		BAI	LTIN	10RE						
10s. STATE 10b. COUN	TY		10c	CITY, TOWN	OR LOCA	TION						10d. INSIDE CITY
MARYLAND	BALTI	MORE							LIMITS?			
10e. STREET AND NUMBER								IZEN OF	WHAT COUNTRY?			
313 S. COLLING	TON AVE	NUE			2	123	1			US	Α	
11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 22 NO IF YES GIVE MAR OR DATES					13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or N If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1  YES 2 NO Specify:					a or No—	Sono	E — American Indian, ik, Whita, etc.
3 🕅 Widowed 4 🗌 Divorced											WHI	ITE
15. DECEDENT'S ED (Specify only highest grad	UCATION tie completed)		16a. DECEDE (Give kin	NT'S USUAL ( of of work done OT use retired.)	OCCUPATION OF THE	ON ost of work	dng	16b. H	IND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (0-12) 5 th	College (1-4 or 5	+)	PRES		,			TA	ILOF	RING		
17. FATHER'S NAME (First, Middle, Last)						18. MOT	THER'S NA	AME (First, Mic				
ANTHONY STRYJE	WSKI											
19a. INFORMANT'S NAME (Type/Print)			19b. MAI	ILING ADDRES	SS (Street	and Numbe	er or Rural	Route Number	, City or Tox	vn, State, Z	ip Code)	
MR. EDWARD ZLO	TKOWSKI		313	3 S. (	COLL	ING	TON	AVE.	BAL	.TO.	MD.	21231
204, METHOD OF DISPOSITION		20h	PLACE OF DI	ISPOSITION (A	Vame of ce	metery, cre	emetory or		20c. L0	CATION -	- City or To	own, Stata
4 [X Burdel 2   Commelles 2   Da	mount from Ctota	200	other placel									
1 Meurial 2 Cremation 3 Re 4 Donation 5 Other (Specify)  1 JI	ICENSEE COMPILE TO THE PROPERTY OF THE PROPERT	HOI	LY RC	K / 2 !	ACZC 525	FLE	SKI ET S		RAL T BA	HOMI	E MC	MD.  2 1 2 2 4  Approximate interval Betwoen and D
1 Neurisi 2 Cremation 3 Re 4 Donation 5 Other (Specify)  1 IGNATURE OF FUNERAL SERVICE I  23. PART I. Enter the diseases, Diahock, Dr heart failure	complications the List only one ca	at coused tuse on ee	the deeth.	Z K Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	ACZC 525	ROW FLE	SKI ET S	STREE	RAL T BA	HOMI	E MC	21224 Approximate Interval Betv
1 Neurisi 2 Cremation 3 Re 4 Donation 5 Other (Specify)  1 IGNATURE OF FUNERAL SERVICE I  23. ART I. Enter the diseases, Diahock, Dr heart failure IMMEDIATE CAUSE (Finel disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	e. CO TO DUE TO	at coused nuse on ee	the deeth.	Do not ente	ACZC 525	ROW FLE	SKI ET S	STREE	RAL T BA	HOMI	E MC	21224 Approximate Interval Betv
1 Neural 2 Cremation 3 Re 4 Donation 5 Other (Specify)  Thignature of Funeral Service is about, or heart failure immediate Cause (Fine disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury)	e. CO TO DUE TO	at coused nuse on ee	the deeth. sch line.  CONSEQUENCE	Do not ente	ACZC 525	ROW FLE	SKI ET S	STREE	RAL T BA	HOMI	E MC	21224 Approximate Interval Betv
1 Duriel 2 Cremation 3 Re 4 Donation 5 Other (Specify) Thignature of Funeral Service I Thignature of I Thignat	complications the List only one can be DUE TO DUE D	at ceused huse on ee	the deeth. ch line. CONSEQUEN  CONSEQUEN  CONSEQUEN  CONSEQUEN	Do not ente	ACZC 525  For the me	ND ADDRIVE OF LE	ESS OF F/SKI SKI ET S ying, auc	STREE  Ch as cerdic	RAL T BF	HOMIAL TO DIratory & RE	E . M.D.	21224 Approximate Interval Betv
2 Cremation 3 Re 4 Donation 5 Other (Specify)  The JONATURE OF FUNERAL SERVICE I  23. JART I. Enter the diseases, of ahock, or heart failure IMMEDIATE CAUSE (Finel disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent conditions of the conditions of the conditions of the conditions of the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	e. CO four To DUE TO d. DUE TO DUE	at ceused ruse on ee	the deeth. ch line. CONSEQUEN  CONSEQUEN  CONSEQUEN  CONSEQUEN	Do not enter  E CE OF):  CE OF):  ting in the L  Rena	ACZC 525  For the mo	ND ADDRIVE NO ADDRIVE	ESS OF FINE SKI	STREE  Ch as cerdic	RAL T BA BBC OF FEED TLV  24a. WAS AI PERFO 1   YES	HOMIAL TO DIratory & RE	E . M.D.	D. 21224 Approximate interval Bety Onset and D Onset and D AMILABLE PRIOR TO COMPLETION DF CAU OF DEATH?
1 Duriel 2 Cremation 3 Re 4 Donation 5 Other (Specify)  1 INTERMINED OF FUNERAL SERVICE INTERMINED OF FUNERAL SERVICE INTERMINED OF FUNERAL SERVICE INTERMINED OF THE INTERMIN	complications the List only one can be DUE TO DUE D	at ceused ruse on ee	the deeth. the deeth. sch line.  CONSEQUENT CONSEQUENT CONSEQUENT UT NOT RESULT	Do not ente  E CE OF):  CE OF):  ting in the L  RCM	L. NAME A CZC 525  For the modern	IND ADDRIVE OF THE SUPERING COURSE	SKI SKI ET S ying, auc	STREE  Ch an cordio  CA  SEAS	RAL T BA BBC OF FEED TLV  E  24a. WAS AI PERFO 1   YES	HOMIAL TO DIratory & RE	E . M.D.	D. 21224 Approximate interval Bety Onset and D Onset and D AMILABLE PRIOR TO COMPLETION DF CAU OF DEATH?
Donation   2   Cremation   3   Red   4   Donation   5   Other (Specify)	e. CO OUE TO OUE CONTRIBUTION TO OUE TO O	at ceused ruse on ee	the deeth. the deeth. sch line.  CONSEQUEN  CONSEQUEN  CONSEQUEN  A  CONSEQUEN  CONSEQUE	Do not ente  E CE OF):  CE OF):  ting in the L  RCM	L. NAME A CZC 525  By the modern of the mode	IND ADDRIVE OF THE SUPERING COURSE	SKI SKI ET S ying, auc  given in  DEATH CO  Mealdence	STREE  Ch as cerdid  SEAS  1 Part I.  I Part	RAL T BA BBC OF FEED TLV  E  24a. WAS AI PERFO 1   YES	HOM LTO biratory e	E MD	D. 21224 Approximate interval Bety Onset and D Onset and D AMILABLE PRIOR TO COMPLETION DF CAU OF DEATH?
2 Cremation 3 Re 4 Donation 5 Other (Specify)  II. Ignature of Funeral Service I  23. PART I. Enter the diseases, of ahock, or heart failure IMMEDIATE CAUSE (Fine) disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent conditions of the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART III. Other aignificent conditions of the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	e. Complications the List only one can be out to ou	at ceused suse on ee of the control	the deeth. sch line.  CONSEQUEN  CONSEQUEN  CONSEQUEN  CONSEQUEN  At home, f	Do not ente	26. PER: ursing Hoi III	IND ADDRIVATION OF THE STATE OF	SKI SKI ET S ying, auc  given in  DEATH CO  Mealdence	STREE  Ch as cerdid  CA  SEAS  1 Part I.  Inteck only one 1 28d, DESC  281, LOCA	CRAL T BA BE OF FEED TLU  24a. WAS AIA PERFO 1 U YES  (Specify) CRIBE HOW	HOMALTO  INJURY O	E MC	D. 21224 Approximate interval Bety Onset and D Onset and D AMILABLE PRIOR TO COMPLETION DF CAU OF DEATH?
Aburlai 2   Cremation 3   Red	e. Complications the complications the complications the court in the	at ceused ruse on ee o (or as a o	the deeth. ch line. CONSEQUEN  CONSEQUEN  CONSEQUEN  CONSEQUEN  At home, f	Do not enter  E CE OF):  CE OF	anderlying to the more than th	IND ADDRIVE OF THE STATE OF THE	SKI SKI ET S ying, aud  given in  DEATH CO Fleetdence	STREE  Ch as cerdid  SEAS  SEAS  Part I.  Acrey  theck only one  6  Other  28d. DESC  28f. LOCA  City one	CRAL T BA BE OF FEEF  1 L V  24a. WAS AI PERFO 1 L YES  (Specify) RIBE HOW  TION (Street Fown, State	HOMILTO Intratory e  RE  NAUTOPSY PRIMED? 2 NO  INJURY O	E MD	D. 21224 Approximate interval Betwonset and D AMAILABLE PRIOR TO COMPLETION OF CALLOT PRIOR TO COMPLETION OF CALLOT PARTIES 2 NO

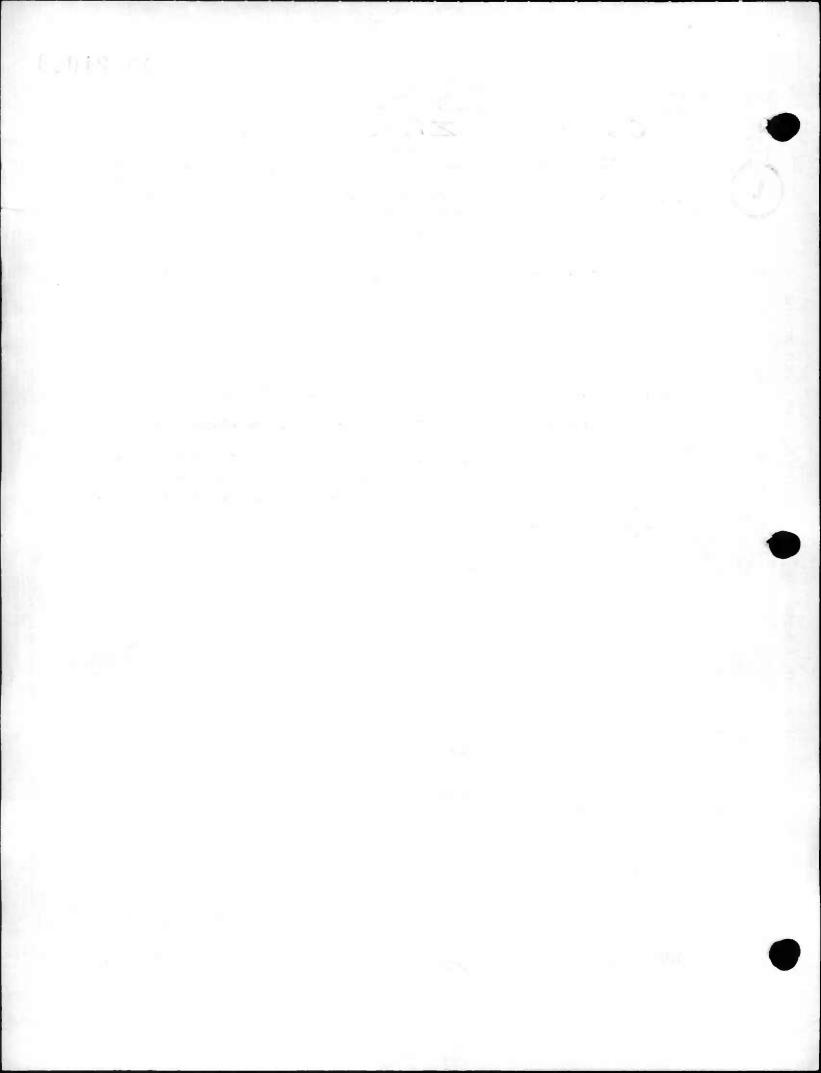


		2番	=
46,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely to filed within 72 hours after death with the State Dept. of Health and Mental Hygiere prior to burial, cramatic	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, th
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	esecute	and co	matic
Ö	ate be	ysician prior t	r traut
. E	ertific	ing ph	othe
Р.	eath c	attend ntal Hy	y, or
28,	the d	y the	Infi
OR	s that	alth ar	any
EC	equire	of He	how
1	WE SW	has be Dept.	23
M	N: Th	State State	Hem
7	SICIA	th the	d, 0
0	IG PH	ter this	narke
000	ENDIA	DR: Af	B is r
Š	DR ATT	OURS at	lem 2
	M	N N	#
	HOSPI	FUNEF	TANT
	THE	THE fled	POR
	12	23	=

•	1	(	)	
(		2.3 ments		
BALTIMORE, MARYLAND 21203-3146	hat the death certificate be executed with ours after death. Page 6 may be retained by the hospital or attending physician.	1 by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pruge 1	ion, or removal.	intury or other traumatic event; the medical examiner must be notified at once
RDS, P.O. BOX 13146,	he death certificate be executed with	the attending physician and completely i	and Mental Hygiene prior to burial, cremation, or removal.	nines or other traumatic event. It
2	hat t	1 0	and	7

STATE OF MARYLAND / DEPARTMENT OF HEALTH A	AND MENTAL HYGIENE
CERTIFICATE OF DEATI	H REG. NO.

FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTN CERTIFIC			IENTAL HYGIEN REG. NO			
1. DECEDENT'S NAME (First, Middle, Last)	/	Zip	DER			, 1990	YEAR 3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER 050-05-8738 9e. FACILITY NAME (If not institution, give	1 🖳 M 2 🗆 F	93 YRS.	NTHS DAYS	F UNDER 24 HRS. HOURS MIN. R LOCATION OF DEJ		8,188	B. BIRTHPLACE (State or Fore Country) 7 Russia TY OF DEATH	
Hebrew Home o	f Greater	Washingto	on Roc		Mon	tgomery		
10a. STATE 10b. COUNT	tgomery		OWH OR LOCATION	NO		10d. INSIDE CITY LIMITS?  1 YES 2 NO		
10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZI	EN OF WHAT COUNTRY?	
6121 Montrose	Rd.			0852		U.S.		
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes, spec		C ORIGIN? (Specify Ye , Puerto Rican, etc.)		14. RACE — American Indian Black, Whita, etc. Specify: White	
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5+)	ille. Do NOT use n	done during most tired.)	t of working	Priva	te		
1. FATHER'S NAME (First, Middle, Lest)		Insura	nce Ag			Fir	m	
Isaac Mandel				Bina Z	NE (First, Middle, Malder ipper	sumame)		
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	ORESS (Street an		oute Number, City or Tox	vn, State, Zip (	Code)	
Bernice Blume	nthal	13901	Dowla	is Dr.F	ockville	e,MD.	20853	
20e. METHOD OF DISPOSITION 1 (ABurlet 2   Cremetion 3   Rer 4   Donation 5   Other (Specify)	noval from State	other place) eth E1-Ce					S, N.J.	
21. SIGNATURE OF PUREMAL SERVICE L	CENSEE /				Funera Blvd.Ar			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. ANG INC	B A CONSEQUENCE OF):  A CONSEQUENCE OF):  B A CONSEQUENCE OF):						
PART II. Other significant condition	d	but not resulting in	the underlying	cause given in		RMED?	24b. WERE AUTOPSY FIN AMALABLE PRIOR TI COMPLETION OF CA OF DEATH?	
						7	1 VES 2 N	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Che	ck only one)			
1 - YES 2 NO	HOSPITAL: 1   Inpetient 2   ER/O		THER:	6 Rasidence	6 Other (Specify)			
27. MANNER OF DEATH  1. Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJUR (Month, Day, Year		PF 28c. INJU WOF M 1 V	9107	26d. DESCRIBE HOW	INJURY OCC	URED	
3 Suicide a Could not be 4 Homicide determined	26e. PLACE OF INJU building, etc. (S	RY — At home, ferm, stre pecify)	et, factory, office		281. LOCATION (Street City or Town, State	t and Number ( e)	or Rural Route Number,	
one) 2 MEDICAL EXAMIN	SICIAN: To the best of my kn			eath occured at the	time, data and place, a	and dua to the	a cause(a) and menner as sta	
29b. SIGNATURE AND TITLE OF CEATIFI	MMD	DEATH GYEN OF CO.	doch	P36, LICENSE NUN	797	29d. DATE	SIGNED (Month), Day, Year)	
A SACE MA	WOMPLETED CAUSE OF			11 11	7.11	1	1 -0	
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI		The,	North	Bethe	SOZ	MD 708	



THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the law that he law requires that the death certificate be executed within the law that he law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be	6	20	age	pe
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Cours after death. Page 6 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral direct be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner mi		may.	or, p	ısı
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Cours after death. Pay TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral of be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examines	5	9e 6	rect	E
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate has been signed by the attending physician and completely filled in by the funer be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examination.	2	Pag	al di	iner
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Advis after de TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate has been signed by the attending physician and completely filled in by the foe filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical ex	3	ath.	nue	E S
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within count of the HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate has been signed by the attending physician and completely filled in by be filed within 72 hours after death with the State Dept, of Health and Mental Hyghene prior to burial, cremation, or remo iMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical	N N	er de	the f	l ex
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within count TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate has been signed by the attending physician and completely filled in be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or r IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the mee		s aft	by emo	dica
TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be seed within TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled be filled within 72 hours after death with the State Dept. of Health and Mental Hyghene prior to burial, cremation, IMPORTANT; If item 28 is marked, or item 23 shows any injury, or other traumatic event, the	_	- Di	d in	me
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate has been signed by the attending physician and completely be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremat IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, item 24 is marked.			ion,	the
DIVISION OF VITAL RECORDS, F.O. BOX 13149, TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed with TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and comple be filed within 72 hours after death with the State Dept. of Health and Mental Hyghene prior to burial, cre IMPORTANT; If item 28 is marked, or item 23 shows any injury, or other traumatic ever		di di	etely	11, 1
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cobe filed within 72 hours after death with the State Degt, of Health and Mental Hyglene prior to burial IMPORTANT: If Hem 28 is marked, or item 23 shows any injury, or other traumatic or	ō.	JW E	mpk.	3Ve
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exe TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exe TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician an be flied within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to be IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other trauma	2	cute	d co	lic
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior IMPORTANT: If Hem 28 is marked, or item 23 shows any injury, or other trau	ŕ	exe	to b	E
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificat TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate that been signed by the attending phys be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene p IMPORTANT: If Hem 28 is marked, or item 23 shows any injury, or other	5	200	nor	Tan l
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certimater TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certimater that been signed by the attending be flied within 72 hours after death with the State Dept. of Health and Mental Hygie IMPORTANT: If Hem 28 is marked, or item 23 shows any injury, or old	Ď	ficat	phy ne p	her
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death TO THE FUNERAL DIRECTOR: After this certificate has been signed by the atten be flied within 72 hours after death with the State Dept. of Health and Mental I IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or	5	certi	ding	to.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the de TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the de TO THE FUNERAL DIRECTOR: After this certificate has been signed by the abe flied within 72 hours after death with the State Dept. of Health and Men IMPORTANT: If Hem 28 is marked, or item 23 shows any injury		ath	tal F	10 %
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the TOTHE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the TOTHE FUNERAL DIRECTOR: After this certificate has been signed by the filed within 72 hours after death with the State Dept. of Health and IMPORTANT: If Hem 28 is marked, or item 23 shows any in	ń	e de	Men	=
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires the TO THE FUNERAL DIRECTOR: After this certificate has been signed be flied within 72 hours after death with the State Dept. of Health IMPORTANT: If Hem 28 is marked, or item 23 shows an	Ë	at th	and by	y in
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law require TO THE FUNERAL DIRECTOR: After this certificate has been signe filed within 72 hours after death with the State Dept. of Heimmortann: If Hem 28 is marked, or Hem 23 shown	5	S th	at the	3
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law re TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law re De flied within 72 hours after death with the State Dept. of IMPORTANT: If Hem 28 is marked, or item 23 sh	S	quire	I He	OW
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The fan TO THE FUNERAL DIRECTOR: After this certificate has be flied within 72 hours after death with the State Deg IMPORTANT: If Hem 28 is marked, or item 23	Ï	V re	f. of	Sh
TO THE HOSPITAL OR ATTENDING PHYSICIAN: Th TO THE FUNERAL DIRECTOR: After this certificate be filed within 72 hours after death with the State IMPORTANT: If Hem 28 is marked, or Hen	4	e la	has	1 23
TO THE HOSPITAL OR ATTENDING PHYSICIAN TO THE HOSPITAL OR ATTENDING PHYSICIAN TO THE FUNERAL DIRECTOR: After this certific be filed within 72 hours after death with the S IMPORTANT; If Hem 28 is marked, or	<u> </u>	Ę.	cate	iten
TO THE HOSPITAL OR ATTENDING PHYSIN TO THE FUNERAL DIRECTOR: After this of be flied within 72 hours after death with 1 IMPORTANT; If Item 28 is marked,	>	CIAN	the S	6
TO THE HOSPITAL OR ATTENDING PA TO THE FUNERAL DIRECTOR: After the be flied within 72 hours after death w IMPORTANT: If Item 28 is mark	-	NSII.	is ce	ed,
TO THE HOSPITAL OR ATTENDING TO THE FUNERAL DIRECTOR; Afte be filed within 72 hours after deal IMPORTANT; If Item 28 is m	2	4	中中	ark
TO THE HOSPITAL OR ATTEN TO THE FUNERAL DIRECTOR: be filed within 72 hours after IMPORTANT; If Item 28 is	5	DIN	Afte	E
TO THE HOSPITAL OR AT TO THE FUNERAL DIRECT be filed within 72 hours at IMPORTANT; If Item 3	מ	TEN	TOR:	28
TO THE HOSPITAL O TO THE FUNERAL DI be filed within 72 ho IMPORTANT: If ite	>	R AT	REC urs	E
TO THE HOSPITA TO THE FUNERA be filed within 72 IMPORTANT: II		IL O	1 D	f He
TO THE HOS TO THE FUN be filed with		PITA	ERA	T. H
TO THE be filed im POR		HOS	MIT WITH	TAN
P P 3 X		포	王是	POR
		2	23	Ξ

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART				YGIENE REG. NO.		20 510
	1. DECEDENT'S NAME (First, Middle, Lest) JOHN HUG	H ATKINSON SI	R.			2. DATE OF MONTH	DEATH DAY	ŠE 90	3. TIME OF DEATH 3: 10P M
	4. SOCIAL SECURITY NUMBER	1.00	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF I		8. E	BIRTHPLACE (State or Foreign Country)
	218-10-9706	1 XXM 2 □ F 7:	1 YRS.			5-3-	19	V:	irginia
~	9a. FACILITY NAME (If not institution, give s	- contract of the contract of		OR LOCATION OF DE	EATH	.9	c. COUNTY		
5	304 Aigburth Roa	d		Tows	on			Ba	ltimore
DIRECTOR	10a. STATE 10b. COUNT		10c. CITY,	TOWN OR LOCAT	TION				10d. INSIDE CITY
	Maryland Bal	timore		Towson					1 YES 2XX NO
AL	10e. STREET AND NUMBER			101	. ZIP CODE		-1	0g. CITIZEN	OF WNAT COUNTRY?
FUNERAL	304 Aigburth Road				21204				SA
5	11. MARITAL STATUS  1 ☐ Never Merried   12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES XXXXNO				ENDENT OF HISPAN ecify Cuben, Mexica	n, Puerto Rica			RACE — American Indian, Black, White, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	1 TYES	XXXNO Specify	y:			Specify: White	
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  18e. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed)  18e. DECEDENT'S USUAL OCCUPATION (Silve kind of work done during most of working									
4	Elementary/Secondary (0-12)	ork done during mo retired.)	st or working						
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  Corporate Management  17. FATHER'S NAME (First, Middle, Last)  18. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refired.)  Corporate Management  18. MOTHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Maiden Sumame)							ent		
00	17. FATHER'S NAME (First, Middle, Last)	16. MOTHER'S NA		,	,				
BE	Hugh Prince Atk	inson	404 444 11 11 10 1			ie Lou			
2	Virginia F. Atk	incon			and Number or Rural I Road Tow				
	20e. METHOD OF DISPOSITION		b. PLACE OF DISPOSI	<u> </u>		Son, m			or Town, State
	XX Burial 2 Cremetion 3 Ren 4 Donation 5 Other (Specify)	noval from State	Forest L	MP/Est.					Virginia
	21. SIGNATURE OF FUNERAL SERVICE LI	oghises 1. An	- Q:	22. NAME A	ND ADDRESS OF FA	CILITY			
	Dennis Steph	prony	apen	Mitch	ell-Wied	efeld	Home	6500	York Rd 21212
	23. PART I. Enter the diseesee, or	complications that cause							
	ahock, or heert fellure.  IMMEDIATE CAUSE (Finel	List only one ceuee on e	ech ilne.						Interval Between Onset and Deeth
	disease or condition	Luna	Cerm	CON					2 Means
	DUE TO (OR AS CONSEQUENCE OF):							8	
N	Sequentially list conditions,	b							
CERTIFICATION	if eny, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	A CONSEQUENCE OF)	*					
임	CAUSE (Disease or injury that initieted events	DUE TO (OR AS	A CONSEQUENCE OF						
E	resulting in deeth) LAST	d							
	PART II. Other eignificent conditio	ne contributing to death (	but not resulting in	the underlyin	a ceuse alven in	Part I 24	a. WAS AN AU	maev	24b. WERE AUTOPSY FINDINGS
MEDICAL	TART II. GIRLS GIGHTOOM CONDITION		out not resulting it	i ilio ulloctiyili	g couse given in	45.	PERFORME	ED?	AVAILABLE PRIDE TO COMPLETION DF CAUSE
ED						-   1	□ YES 2	LNO	OF DEATH?
						-			1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			28. P	LACE OF DEATH (Ch	neck only one)			L
SIC	EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Out		OTHER:	ne 5 Hasidence	8 Other (S	(peclfy)		
Ή	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. IN.	JURY AT		IBE HOW INJ	URY OCCUR	ED
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, real)	11100		YES 2 NO				
	3 Suicide 8 Could not be	28a. PLACE OF INJURY building, atc. (Spe	Y At home, farm, at	reat, factory, offic	a	281. LOCATION City or 1	ON (Street and fown, State)	Number or F	Rural Route Number,
ETE	4 Homicide determined								
COMPLETED	Corrock Gray	SICIAN: To the best of my know							
SON	one) 2 MEDICAL EXAMIN	ER: On the basis of examination	on and/or investigation	, in my opinion,	death occured at the	time, data an	d place, and o	dua to the co	ause(s) and menner as stated.
BE (	29b. SIGNATURE AND TITLE OF CERTIFIE	A P	0 0		29c. LICENSE NUI	_	_	ed. DATE SI	IGNEO (Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON W	HO COMPILETED STITES	EATH OTTER AT THE	my	0 48	312	,	-/1	20190
	HOWARD S.	POTO A ACT	(1) EM 27) (1)/pe,	rumi					
	31. DATE FILED (Month, Day, Year)	32. RESISTRAR'S SIG	MATURE						
	AMB 0 2 1990	guia Davidson-A	angle						

CHOIS CE

DHMH-18 Rev 1/89

tach		8
e de		10
Q P		8 9
hou		E e
5		ᅙ
age		è
0.		Tige Tige
lirect		E
Te o		a e
fune		Mex
1	Nal.	100
3	EM	9
U Pa	6	E
1	tion.	the
eteh	еша	m,
duc	2	eve
9	uria	He
T an	to th	E
sicial	rior	Ta
phys	d at	ě
ing	ge	듐
lend	Ī	9
e at	ent	Ę
y th	20	Ξ
Q Pa	th ar	any
sign	leath	2
uee uee	6	sho
as b	Sept.	23
ite h	ate	E
tifica	e St	= 20
93 5	th th	Ď,
this	P W	arke
Afte	deat	E
IERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detact	fter	IT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ones.
TECT.	ES 3	7 2
ā	hoe	je
RAL	72	=
w	-5	

	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		NENTAL HYGIEN	E			
	1. OECEOENT'S NAME (First, Middle, Last) John	n Charles		Byers		2. DATE OF OEATH DATE OF OEATH OF OF OEATH				
				IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) JAN 26, 1		BIRTHPLACE (State or Foreign Country) MARY LAND		
	9a. FACILITY NAME (# not institution, give street Springfield State	ALC: NO PERSON NAMED IN COLUMN		9b. CITY, TOWN O	R LOCATION OF DE SYL	ATH COCYZIIIO	9c. COUNTY	of DEATH		
DIRECTOR	RESIDENCE OF DECEDENT  100. STATE  10b. COUNTY	= nospitai	Lane CITY	TOWN OR LOCAT		/	Callo	10d. INSIDE CITY		
- 1	MARYLAND BALTIMORE				NDA LK			1 TYES AND		
HAL	100. STREET AND NUMBER 255 TRAPPE ROAD				2122	2	10g. CITIZEN	OF WHAT COUNTRY?		
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	If yes, spi	ENDENT OF HISPAN	IC ORIGIN? (Specify Yes		RACE — American Indian, Black, White, etc. Specify: WHITE				
	15. DECEDENT'S EDUCA (Specify only highest grade or	JSUAL OCCUPATIO	N It of working	18b. KIND OF BUS	BINESS/INDUST					
COMPLETED		College (1-4 or 5+) N/A	ilte. Do NOT use Bl	RICKLAYE	R					
CO	17. FATHER'S NAME (First, Middle, Lest)					AE (First, Middle, Malden				
BE	JOHN BYERS  19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a		C. FOEHRK(		de)		
2	ANNE C. BAUER	l			<del></del>	LTIMORE, I		D 21222 or Town, State		
	1 Buriel 2 Cremation 3 Remov	rel from State	other place) CRED HEAT	RT OF JE	SUS CEM.	8-1-90 BA	ALTIMOR	RE, MARYLAND		
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE				NERAL HOMI ENUE DUNI		INDALK, INC. AD 21222		
	I Enter the disease, or co ahock, or heart fellure. Li IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Arterioscle	each line.	rdiovas			Iretory arrest	Approximate Interval Between Onset and Death		
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	):								
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  d.									
PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given the conditions of the conditions contributing to death but not resulting in the underlying cause given the conditions of						PERFORMED?  YXXES 2 NO  246. WAS AN AUTOPSY PERFORMED?  AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?  XES 2 NO				
CIA		HOSPITAL:		OTHER:	ACE OF OEATH (Ch	eck only one)				
HYS	YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year)	28b, TIM	E OF 28c, IN.		Other (Specify)  28d. DESCRIBE HOW		Hospital RED		
BY	Xi   Migrana   5   Pending   2   Accident   Investigation   3   Suicide   8   Could not be	28g. PLACE OF INJUR		M 1 🗆	YES 2 NO	281, LOCATION (Street	end Number or	Rural Route Number.		
TED	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Spe	scify)	100000000000000000000000000000000000000		City or Town, State				
COMPLETED	CONTROL ONLY	IAN: To the bast of my know: On the basis of examination						cause(s) and manner as stated.		
TO BE C	29b. SIGNATURE AND TITLE OF CENTREEN	2			29c. LICENSE NUI	MBER	29d. DATE S	7-30-90		
	30. NAM AND ADDRESS OF FERSON WHO	COMPLETED CAUSE OF D			ceet,Balt	imore,MD	21201	VC		
	AUG 2 1990 Ju	32. BEGISTRAR'S SIG	NATURE under							

1 - STATE REGISTRAR		SIAIE UF I	MAKTL			ICATE				MEN	REG. N				
1. DECEDENT'S NAME (First,	T'S NAME (First, Middle, Last) Madeline V. Carlson  MADELINE V. CARLSON								2. DATE OF DEATH MONTH DAY			YEAR 90	3. TIME OF DEAT	PM	
4. SOCIAL SECURITY NUMB		6. SEX	8. AGE (I	In yrs. last		IF UNDER 1	YEAR DAYS	# UNDER	24 HRS. MIN.		ATE OF BIRTH fonth, Day, Year)	,	8. BIRT Coun	HPLACE (State or Fo	reign
	2436	1 M 2 F		90	YRS.					т,	3/24/	00	NE	BRASKA	
90. FACILITY NAME (If not in:		os PITAL					-	OR LOCATION		EATH			DUNTY OF	MORE	
RESIDENCE OF DEC	EDENT						-					VI	4011		
10e. STATE						Y, TOWN OR								10d, INSIDE CITY	
Maryland 10e. STREET AND NUMBER					RC	dger'	-	rorge				10a. C	ITIZEN OF	1 TYES 2 X	NO
200 Hopkins Road							21 21 2	2			'	U.S			
11. MARITAL STATUS		12. WAS DECEDER									IIGIN? (Specify )	es or No-	14. RAC	CE — American Indi	en,
1 Never Merried 2 3 Widowed 4 Divo		IF YES, GIVE						S 2 🔀 NO					0.15-7	White	
(Specify only	EDENT'S EDU highest grade			16a. DEC	TEDENT'S	work done du se retired.)	UPAT	ION lost of workin	ng		16b. KIND OF B	USINESS/	NDUSTRY		
Elemantery/Secondery (0	-12)	College (1-4 or 5	+)			emaker									
17. FATHER'S NAME (First, Middle, Lest)				1101110	3110,110,1		16. MOTI	HER'S NA	ME (F	irst, Middle, Meide	on Surname	)			
			Au	gust	son			Sc	phie	e P	etersor	ı			
Rodney Carl											Number, City or T			21 21 2	
20e. METHOD OF DISPOSITI	ION	and draw Oast	20b		OF DISPO	SITION (Nam								Town, State	
1 Donetion 5 Other	(Specify)		_ G	reen	Mou	int Ce						altin	ore,	Marylan	d
21. SIGNATURE OF FUNERA		tohu	22.	Rech	7	l N	lit		-Wie	ede	feld H				
John G.		. //		_/	oth Da									yland 21	
	eart feliura.	List Dnly one cs	use on e	ech ilne.				•					•	Interval B Onset sno	letween
disease or condition resulting in death)  • RIGHT STATION PRIMARY  Sequentially list conditions,  The first one as a consequence of:															
Sequentially list condit		b. META	OR AS A	CONSEC	DUENCE O	A. (	1	4	NKA	104	UN	PRI	MAR	24	
If sny, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or inju	ING	c													
thet initieted events resulting in desth) LAS		DUE TO	OR AS A	CONSEC	DUENCE C	PF):									
		d					_							<u> </u>	
PART II. Other eignifice	nt conditio	ne contributing to	death b	out not n	eculting	In the und	lerlyi	ng ceuse	given in	Part	i. 24e. WAS PERF	AN AUTOP:	SY 24	No. WERE AUTOPSY F AVAILABLE PRIOR COMPLETION OF	TO
i										_	1 🗌 YES	2   NO		OF DEATH?	
-								. —						1   YES 2	МО
25. WAS CASE REFERRED T	O MEDICAL							PLACE OF E	DEATH (C	heck or	nty one)				
1 YES 2 NO		HOSPITAL:	☐ ER/Out	patient 3	□ DOA	4 - Nursi		me 5 🗆 R	eeldence	6 🗆	Other (Specify)				
27. MANNER OF DEATH  1 Netural 5  2 Accident	Pending Investigation	28a. DATE O (Month,	F INJURY Day, Year)		28b. TII	ME OF JURY M	٧	NJURY AT VORK? YES 2 [	_ NO	28d	. DEȘCRIBE HO	W INJURY	OCCURED		
0 0 0 0 0 0 0 0	Could not be determined	28e. PLACE building	OF INJURY I, etc. (Spe	/ — At ho	me, term,	street, fecto	ry, of	lice		28t.	LOCATION (Stre City or Town, Sta	et end Nun ite)	ber of Rura	l Route Number,	
290. CERTIFIER 1 CERT	TIFYING PHYS	SICIAN: To the best of	of my know	rledge, de	ath occur	red at the tir	ne, da	ite and place	e, and du	e to th	e cause(e) end i	nanner ss	stated.		
	ICAL EXAMIN	ER: On the basis of	examinatio	on end/or I	inventigati	lon, in my op	olnion,	death occu	red at the	e time,	date and plece,	end due t	o the ceuse	e(e) end menner ee	stated.
290. SIGNATURE AND PITLE	OF CENTRAL	n //	1	//	/			1000	BASE NU	2/	5	29d. (	T /	11 / 90 21 / 90	Ņ.
30. NAME AND ADDRESS O	F PERSON V	HO COMPLETED CA	UBE OF DE	ATH (ITE	भ रग (५०	e, Print)		1110	20				1/3	770	
AUG 0 2 199		dia Davidon	A-Man	是是	•										
AUG U & 193	0 1		,												

BALTIMORE, MARYLAND 21203 TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use all be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. urs after death. Page 6 may be retained by the hospital or atter-

iff permit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

	6	FOR 1 - STA
		1. DECEDE
	BY FUNERAL DIRECTOR	4. SOCIAL 2.19- 9e. FACILI TH RESIDE 10e. STATE 30. 11. MARIT. 1 Neve 3 Ukide
	LETED	Elemen
t once.	COMP	17, FATHE
solitied a	TO BE	19e. INFO

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIF	ICATE OF	DEATH	REG.	NO.			
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEAT	TH DAY	YEAR	3. TIME OF DEATH	
	ROY A. CLIFT	ON			JÜLY 3	0, 199	O TEAR	12:33A M	
	4. SOCIAL SECURITY NUMBER  2.19-74-2262-01 1 M 2 F 6. AGE (1)	yrs. lest birthdey) Yrs.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTI (Month, Day, Ye 7/30/	н	8. BIRT Coun	HPLACE (State or Foreign iny)	
	9e. FACILITY NAME (If not institution, give street and number) THE JOHNS HOPKINS HOSPITAL			TIMORE	ATH		I.TTM	ORE CITY	
8	RESIDENCE OF DECEDENT								
DIRECTOR	106. STATE 106. COUNTY Maryland		v, town on Locati altimor					10d, INSIDE CITY LIMITS? 1 YES 2 NO	
	10e. STREET AND NUMBER 3012 Chealsea Terrace			101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? USA					
BY FUNERAL	11. MARITAL STATUS . 12. WAS DECEDENT EVER IN FORCES? 1 ☐ YES. 11 ☐ YES. IF YES, GIVE WAR OR DI	2 NO	13. WAS DECE	NDENT OF HISPAN	n, Puerto Ricen, et		14. RAC Black Spe	E — American Indien, ck, White, atc.	
	3 Widowed 4 Divorced							Black	
밀	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16e. DECEDENT'S (Give kind of v	USUAL OCCUPATIO work done during mos to retired.)	N t of working	16b. KIND O	F BUSINESS/IN	DUSTRY		
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT us B	aker		1	Bakery	7		
COM	17. FATHER'S NAME (First, Middle, Last) Jimmy Clifton			16. MOTHER'S NA	Luc 111	e Hoo	je		
TO BE	190. INFORMANT'S NAME (Type/Print) Alice Clifton	19b. MAILING	12 Rodg	nd Number or Aural F	Poute Number, City of	or Yown, State, 2	ip Code)		
	20c. METHOD OF DISPOSITION  1   Burlel 2   Cremetion 3   Removal from State  20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) Metro Crematory  20c. LOCATION - City or found State of Disposition (Name of cemetery, cremetory or Cations VIIIe Md								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Low	Ja	D ADDRESS OF FA	rton F	unera	L Hn	1	
	Vangen Ce	1 was	190	1 Laur	ens St	. Bo	Ho.	, Md. 21217	
	23. PART J. Enter the dise of s, or complications that caused shock, or hand allure. List only one cause on a IMMEDIATE CAUSE (Finel disease or condition resulting in death)		nadi	de of dying, such	h as cardiac or	De A	ov	Approximate interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury								
ERTIF	that initiated events resulting in death) LAST  d								
DICAL	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I.  PER 1  YES						24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
Σ					_			1 TYES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL		26. PL	ACE OF OEATH (Ch	eck only one)				
SIC	EXAMINER?  1 X YES 2 NO  1 X Inpatient 2 ER/Out	patient 3 DOA	OTHER:	e 5 🗆 Reeldence		lu)			
PHYSICIAN: ME	27. MANNER OF DEATH  1 Netural 5 Pending  28e. DATE OF INJURY (Month, Day, Year)	28b. TIN	IE OF 28c. INJ		28d. OEŞCRIBE		CCUREO		
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined 28e. PLACE OF INJUM building, stc. (Spe	Y — At home, ferm, scily)			281. LOCATION ( City or Town,		er or Rura	I Route Number,	
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINED On the best of my know								
8	Z MEDICAL EXAMINER: On the basis of examination	on without impostigation	on, in my opinion, d					eremin verteveren	
BE	296. SIGNATURE AND TITLE OF CERTIFIER  (ATALIA)	da)		A 4 21	MBER	29d. D/	TE SIGNI	ED (Month, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type	e, Print)		1		,,,	1111	
	31. DATE FILEO (Month, Day, Year) -	HARPE P AND						<u>:</u>	
	31. DATE FILEO (Month, Day, Year) - ALIG 0 2 1990	-Mondellie							

AND 21203-3146

BALTIMORE, MA

۰	4	1	2
	ğ	306	9
	may	ď.	15
	9	ecto	Ē
	Pag	5	Je.
	ë.	Je ra	Ē
	dea	ž .	exa
	ther	Was the	19
	53	n th	ğ
	5	Pa o	E
	Ċ.	y fill	ŧ
	草	ema	Ħ,
	≱ P	J. C.	2
	cute	d ci	ţic
	8	to t	E
	20	sicia	Ē
	ficat	phys and an	9
	erti	Si-Bi	=
	ŧ	tend H Is	0
	dea	e at	Š
	中	A P	三
	that	4 4	any.
	83	igne	2
	edni	en s	100
	W	P. P.	63
	he to	Page 1	1 2
	F	Cate	=
	CIA	the	6
	IS.	iso	ed.
	100	##	ark Are
	DIN	Affe	E
	TEN	der DR:	00
	A	ECT IS a	E
	9	Dog	<u>e</u>
	TO THE HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 2x-cours after death, Page 6 may be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page and entering the filed in by the funeral director, page within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be not
	SS	This is	3
	十二	田 3	F
	王	工事	4
	P	12	: ≤

	FOR	STATE OF B	MARYLAND /	DEPAR	RTMENT	OF H	FAITH	AND	MENTA	I HYGIEN	IF.	0 0	21040
	1 - STATE REGISTRAR	OTATE OF T			ICATE					REG. NO			
1	1. DECEDENT'S NAME (First, Middle, Last)		~ 1						2. DATI	e of DEATN	ĄY	\$50°	3. TIME OF DEATN
	Douglas  4. SOCIAL SECURITY NUMBER	8. SEX	Coles	6 feet -d1		WEAR			7 047	OF BIRTN			6:34 P
	4. SOCIAL SECURITY NUMBER	1 M 2 □ F	6. AGE (In yrs. last	YRS.	MONTHS 1	DAYS	HOURS	MIN.		th, Dey Your	7	Count	NPLACE (State or Foreign
	9a. FACILITY NAME (If not institution, give str	FACILITY NAME (If not institution, give street and number)			9b. CITY,	TOWN (	R LOCAT	ION OF DE	ATH	7/3	9c. COUP	NTY OF E	DEATN
Œ.	Johns Hopkins Hospital							e Ci					
6	RESIDENCE OF DECEDENT	SIDENCE OF DECEDENT											
DIRECTOR	10e. STATE 10b. COUNTY	10b. COUNTY				LOCK	LION						10d. INSIDE CITY
	10a, STREET AND NUMBER					<u> </u>	. ZIP COE	\F			100 OITI	TEN OF I	1 N YES 2 NO
RA	1216 AISA	With .	<+:			10	7/-	2 1	7		11	, T	A.
FUNERAL	11. MARITAL STATUS		IT EVER IN U.S. ARI	MED	13. W	AS DEC	ENDENT	OF NISPAI	NIC ORIG	IN? (Specify Ye	o or No—	14. RAC	E — American Indian,
	Never Merried 2 Married	FORCES?	MAR OR DATES				2 NO			Ricen, etc.)		Spec	k, While, etc.
ВУ	3 Widowed 4 Divorced												DLACK
TE	15. DECEDENT'S EDUC (Specify only highest grade		(G/	ive kind of	Work done diese retifes()	CUPATION IN COLUMN IN COLU	ON ost of work	ing	16	b. KIND OF BL	ISINESS/INC	DUSTRY	·
PE	Elementary/Secondary (0-12)	College (1-4 or 5	+)	<i>p</i>	7								
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				/		18. MOT	NER'S NA	ME (First,	Middle, Malder	Sumame)_		
BE C	FREd Co	Les					B	AR	bA.	RA	I	RIV	INS
TO B	19a, INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Fural Route Number, City or Town, State, Zip Code)												
	20s. METNOD OF DISPOSITION  20s. METNOD OF DISPOSITION  20s. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)  20s. LOCATION — Only of Town State												
	4 Donation 8 Other (Specify) // / / / / / / / / / / / / / / / / /												
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	/		22. P	AME A	ND ADDR						,
	Joseph K	. Loc	Rs J	r.	d	00	Ks	FUN	VEI	RAL	Hom	E1	30471.ta
	23. PART i. Enter the diseases, or o				not entar	the mo	de of d						Approximate
									Onset and Daar				
1	disease or condition	ınd t	o Abd	dome	en ar	nd Ri	ght	Thigh					
	DUE TO (OR AS A CONSEQUENCE OF):												
ON	Sequentially liet conditions,  Due to (or as a consequence of):												
¥	If any, leading to immediate cause. Enter UNDERLYING								ļ				
Ĕ.	that initiated events						#F):						
CERTIFICATION	resulting in death) LAST	resulting in death) LAST											
LC	PART ii. Other significent condition	a contributing to	o death but not r	reaulting	In the un	derlyln	g cause	given in	Part i.	24e. WAS A		24	b. WERE AUTOPSY FINDING
S										PERFO	2 NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
AE										100	- 11		TY YES 2 NO
ä													
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		LACE OF	OEATH (C	heck only	one)			
YSi	TX YES 2 NO	1 Inpatient 2	XER/Outpatient 3	_	4 🗆 Nuri	ing Ho		Residence	-	her (Specify)			
H	27. MANNER OF DEATN  1 Netural 5 Pending	28e. DATE O (Month,	Day, Year)		JURY	W	JURY AT ORK?	E 110		ESCRIBE NOW			
BY	2 Accident Investigation	2 Accident Investigation 1/2//90 4 • •				1 🗌		NO D		bject ocation (Stree			Route Number
E	3 Suicide 8 Could not be 4 M Homicide datermined	building	on st			J. J., J. II.			CI	ty or Town, Stell	9)		St.,Balto
9	29e. CERTIFIER 1 CERTIFYING PNYS	ICIAN: To the best of				me, det	e and nie	ce, and du					City, M
COMPLET	CONDON ONLY												(e) end manner ee stated.
	296. SIGNATURE AND TITLE OF CERTIFIE	A 1			Î			CENSE NU	3.07.12.0				D (Month, Day, Year)
BE	Kyrio F.	YANK	Sh	. 1	d				CME		•		28/90
5	30. NAME AND ADDRESS OF PERSON WN	O COMPLETED CA	USE OF DEATH (ITE	M 27) (Ty)	Se, Print)			_					
	Mario F. Golee	, Jr., M	1.D.	4	111 1	Peni	n St	•		Balt	imore	, Mo	d. 21201
	31. DATE FILED (Month, Day, Year)		AR'S CHARGE	5									

DHMH-18 Rev 1/89

D. 11

- wall from

ed for use as the burist-transit permit. Pages 1, 2, 3 should

	E	Wil.	not
	N A	B.	2
	9	N.	100
	age.	offe	9
	th.	neral	E
	r dea	he fu	exa
	afte	by the	lical
ľ	Sur	E PO	E
	4	y fille	the
	vithir	plete	ent,
	ted \	comi	8
	Daxe	and	nati
	20	ician ior fr	nan
	Scate	physical property	-
,	certif	ding	8
	eath	atten	0,
ì	he d	Mer	- Je
	hat t	d by	IĄ.
	res	igne	50
	requi	neen s	shov
	3W	d Spil	23
	The	ate t	E
	CIAN	ertific the S	-
	HYS	his c	ced,
	NG P	ter t	шап
	ENDI	R. A	- 59
	ATT	ECTO	n 28
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mours after death. Page 6 may be men	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 at the control of temporal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be not
	PITA	ERAL	1
	SS.	FUN	TAN
	出	里	POR
	2	22	3

	FOR 1 - STATE REGISTRAR		STATE OF M	IARYLAND /	DEPAF ERTIF	RTMENT	OF H	EALTH AND DEATH	MENT	AL HYGIEN REG. NO					
	1. DECEDENT'S NAME (First	Middle, Lest)	Richar	d	JR				2. DAT	TE OF DEATH		3. TIME OF DEATH	М		
	4. SOCIAL SECURITY NUME  239°-52-	1353	5. SEX 1 2 M 2 - F	6. AGE (In yrs. let	YRS.	IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mo	e OF BIRTH rith, Day, Year)	4	BIRTHPLACE (State or Foreign Country)			
TOR	90. FACILITY NAME (II not institution, give street and number)  WERSITY HOSPITAL  RESIDENCE OF DECEMENT				9b. CITY,		BA LA	DEATH	9c. COUNTY OF DEATH						
DIRECTOR	100. STATE  MD	fob. COUNTY			10c. CI1	TY, TOWN O	R LOCAT	b	-			10d. INSIDE CITY LIMITS? 1 VES 2 \( \text{NO}\)			
FUNERAL	100. STREET AND NUMBER 3433 PA	PK	Hieghts	HUE			10f	2/2/3			100	N OF WHAT COUNTRY?			
₽¥		11. MARITAL STATUS  1 Never Merried 2 Metried  3 Wildowed 4 Officed  12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES					yes, spe	ENDENT OF HISP ecify Cuban, Mex 2 11-NO Spe	ican, Puert		e or No— 14	Black, White, atc.  Specify: BLACK	_		
MPLETED	(Specify on	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)			live kind of a. Do NOT u	work done of see retired.)	luring mo	16b. KIND OF BUSINESS/INDUSTRY  THUCK DRIVER							
B	17. FATHER'S NAME (First, N Richard	TOAUT	IS SR	L				18. MOTHER'S	NAME (Firs	t, Middle, Maiden	Surname)				
TO B					b. MAILING	-	(Street o		al Route No	oute Number, City or Town, State, Zip Code)  OF BALF MD. 2/205					
	20a. METHOD OF DISPOSIT	TION on 3 - Rem	oval from State	20b. PLACE	OF OISPO	OSITION (No.	me of cer	netery, cremetory of	or	20c. LC		y or Town, State			
	21. SIGNATURE OF FUNERAL BETT	AL SERVICE LI	CENSEE -Un C.M.A.	/ 1	lom-		NAME AN	9 No	FACILITY	140/:	7 < 3				
	23. PART i. Enter the deshock, or he immediate Cause (Fi disease or condition resulting in deeth)	eart fallure.	List only one cau	diac	a. A1	re	the mo	de of dying, s	uch ss c	ardiac or resp	viratory srres	Approximate Interval Betwee Onset and De			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):														
PHYSICIAN: MEDICAL C	PART II. Other signific	ent condition	ns contributing to	daeth but not	resulting	in the un	derlyin	g cause given	in Part I.	24a. WAS AF PERFO 1 YES	RMED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?  1  YES 2 NO			
CIA	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:			OTHER		ACE OF DEATH	(Check only	one)		-			
HYS	1 TYES 2 NO		1 Inpatient 2 26e, DATE OF	ER/Outpatient	3 DOA 26b. TI			e 6 Reelden	-	ther (Specify)	INJURY OCCU	REO	_		
		Pending Investigation	(Month, D	Pay, Year)	115	IJURY M	1	YES 2 NO		2-110002-200					
TED BY	2 Accident 3 Suicide 6 4 Homicide	Could not be determined	26e. PLACE Obuilding,	OF INJURY — At he etc. (Specify)	ome, term.	, street, fact	lory, offic	•		OCATION (Street lity or Town, State		r Rural Route Number,			
COMPLET	Constant only		IICIAN: To the best of ER: On the beels of e									f. couse(a) and manner as stated	i.		
BE	29b. SIGNATURE AND TITL	e of certifie	s Reic	1, MO			. (0)	29c. LICENSE	NUMBER		29d. DATE	SIGNED (Morah, Day, Year)			
5	30. NAME AND ADDRESS (	Loris	s Reid		EM 27) (7)7	oe, Print)					· · · · · · · · · · · · · · · · · · ·				
31. DATE FILEO (MONTH, Day War) Julia Day Cook Day Cook Day Cook Day Cook															

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	REGISTRA
1	1. DECEDENT'S
ı	
ĺ	4. SOCIAL SECU
ł	166-20
	90. FACILITY NA THE

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

1 - STATE REGISTRAR	SIAIL OF MANT	CERTIFIC	CATE OF		MENTA	REG. NO.	_		10 10
1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH			3. TIME OF DEATH
	THERESA D.	EIMER			07		90	RASY	5:30 pm M
		(in yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH		8. BIRTH Countr	PLACE (State or Foreign
166-20-0206	□ M 2 XF 63		ONTHS DAYS	HOURS MIN.	Sep		1926		nnsulvania
99. FACILITY NAME (If not institution, give stree			b. CITY, TOWN	OR LOCATION OF DI	EATH		9c. COUN	TY OF D	EATH
	THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY								
RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY		10c CITY	TOWN OR LOCA	TION					10d. INSIDE CITY
	LIMITS?								
Maryland  100. STREET AND NUMBER									
	5010 Anthony Avenue 21206 U.S.A.								
	2 WAS DECEDENT EVED	IN II S ARMED		CENDENT OF HISPAI	NIC OBIGIN	12 (Specify Ves			— American Indian,
1 Never Merried 2V Married	FORCES? 1 YES	B XXNO	It yes, s	pecify Cuban, Mexico	an, Puerto		01110	Black	t, White, etc.
3 🗌 Widowed 4 🗎 Divorced	IF TES, GIVE WAN ON	DATES	'   '	S 2/TV NO Specif	ıy.			Speci	white.
15. DECEDENT'S EDUCAT (Specify only highest grade col	TION (TOO)	16a. DECEDENT'S US (Give kind of wor			16b	KIND OF BUS	SINESS/IND	USTRY	WILLE
	College (1-4 or 5+)	Me. Do NOT use	retired.)	out or working					
12	4	Nurse		FC 45	£	lealth			
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	AME (First,	Middle, Melden	Sumame)		
Dominick Fiorenza						Domin			
19e. INFORMANT'S NAME (Type/Print)				end Number or Rural					
Thomas Eimer				y Avenue					
20a METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Remove	al from State	other place)					CATION —		
4 Donation 5 Other (Specify)		St. Edward	s Cem.	8-2-1990	0	Sho	moki	и <b>,</b> Р	A
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Duda—Ruck Funeral Home of Dundalk, Inc.									
Brian T. Chisholm 7922 Wise Ave. Balto. MD 21222									
23. PART I. Entar the disesses, or cor									Approximate
ahock, or haart failura. Lis iMMEDIATE CAUSE (Final									Intarval Batween Onset and Daath
disease or condition	CARDIORE	SPIRATORY	FAIWI	RE					30 MIN
reaulting in death)	DUE TO (OR AS	A CONSEQUENCE OF):	:						
	POSSIBLE	PULMONAR	Y EMB	30405					40 MIN
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):							
CAUSE (Disease or Injury									
that initiated events resulting in death) LAST	OUE TO (OR AS	A CONSEQUENCE OF):	:						
d.									
PART ii. Other aignificant conditions	contributing to death	but not resulting in	tha undarlyi	ng cause givan in	n Part i.	24a. WAS AN		24b	. WERE AUTOPSY FINDINGS
						PERFOI	1 1		AMILABLE PRIOR TO COMPLETION OF CAUSE
						1 123	34 110		OF DEATH?
	-								10 100
25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF OEATH (C	heck only o	ne)			
	HOSPITAL:		OTHER:	me 5 🗆 Rasidenca	6 □ Oth	er (Snecthy)			
27. MANNER OF GEATH	26e. DATE OF INJUR	Y 26b. TIME	OF 28c, II	JURY AT		SCRIBE HOW	INJURY OC	CURED	
1 Netural 5 Pending	(Month, Day, Year	) INJU		ORK? YES 2 NO					
2 Accident Investigation 3 Suicide 6 Could not be		RY — At home, ferm, str	reet, factory, off	Ice		CATION (Street		or Rural	Route Number,
4 Homicide determined	building, atc. (S	pecify)			City	or Town, State,	)		
290. CERTIFIER 1 CERTIFYING PHYSICIA	AN: To the best of my kn	owledge, death occurred	at the time de	ta and place, and de-	in to the co	nuse(s) and me	Oner es etc	led.	
(Critical Crity									s) and manner as stated.
2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, data end piace, and due to the cause(s) and manner as stated.  29b. SIGNAŢURE AND TIŢLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Dev. Year)									) (Month, Day, Year)
							LANG. DAG		r creativity was, rest;
D ( ( - 14)							▶ -	7/20	1-
S Florey MD  30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, I	Print)			11	<b>&gt;</b>	7/30	/90
RS Flaney MD		DEATH (ITEM 27) (Type, I		BRUNHARE	E MO	2(205	<b>&gt;</b>	7/30	1-

spits	Pe	-
100	tach	ç e
1	ž-	4
C	24	1
Œ	虲	海
Ø,	20	10
B.	£-	-
Tay.	pa	22
9	co	ñ
age	dire	-
4	20	듣
leat	Pull Pull	хэц
Jer C	the	-
23	A E	G
MOUL	P 20	E
E	9 E	Pe
ē	nati	1,
N.	cre	le l
ted	To la	9
Gecu	P. d	at
9	an r	5
te b	Sici	tra
ifica	E 8	her
cert	Sing	6
E ST	Ten K	0
de	ferrit	Ę
the	the St	E
that	D 20	T Y
Se	igne	18
adrii	SHE	how
W L	P. De	3 8
9	has	12
E	cate	ter
CIA	he di	6
S	SOS	Do.
Y	53	ark
NING	Afte	E
ENC	JR.	20
AT	E	77
OR O	DIRE	tem
A	AL	=
SPIT	VER.	Ë
오	F	M
里	里	OR
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mounts after death. Page 6 may by continued to hospital the hospital control of the control of	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pages or what a second completely filled in by the funeral director, pages or what he State Dear of Health and Mental Hyrine prior to burial, cremation or removal.	IMPORTANT: If I lem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at fines.
	, -	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

•	1 - STATE OF MAR	YLAND / DEPART	MENT OF H		IENTAL HYGIENE	E			
	1. OECEDENT'S NAME (First, Middle, Last) BRUCHES FANNIE	90			2. DATE OF DEATH MONTH DAY	Y YEAI			
	163-18-9042 1□ M 2 1 F	92 YRS.	F UNDER 1 YEAR KONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		.898 R	RTHPLACE (State or Foreign unitry)		
TOR	9a. FACILITY NAME (# not institution, give street and number) Baltimore County General Ho RESIDENCE OF DECEMENT		Randall	S town	ATH	Baltin			
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY Maryland Baltimore		town on Locat	ON		10d. INSIDE CITILIMITS? 1 YES 2			
ERAL	3520 Langrehr Rd.	•	101.	101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? USA					
ĕ I	11. MARITAL STATUS  1 Never Merried 2 Married  3 Wildowed 4 Divorced  12. WAS OCCEDENT EV FORCES? 1 IF YES, GIVE WAR O	YES 2 NO	If yes, spe		C ORIGIN? (Specify Yes , Puerto Rican, etc.)	В	ACE — American Indian, lack, Whita, atc. pocify: White		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)	16a. DECEDENT'S U. (Give kind of wo life. Do NOT use  Housewi	rk done during mos retired.)	N It of working	166. KIND OF BUS		Y		
N	17. FATHER'S NAME (First, Middle, Last)	1 Housewa	.10	16. MOTHER'S NAM	ME (First, Middle, Melden				
	Harry Bernstein			Bessie	Unkno	พท			
BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAJLING A	ADDRESS (Street a		oute Number, City or Town		)		
임	Betty G. Thompson	3520 L	angrehr	Rd., Bal	ltimore, M	D 21207	7		
	20a. METHOD OF DISPOSITION    Burial 2   Cremation 3   Removal from State	20b. PLACE OF DISPOSIT	TION (Name of cen	etery, crematory or	20c. LO	CATION — City o	r Town, Stata		
	4 Donation 5 Other (Specify)	Mt. Lebano				lingdal	e. Penna		
)	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			o address of fac W Memoria	al Funeral	Home.	Inc.		
	muhaix V. marziello				town Rd, B				
	23. PART I. Enter the diseases, or complicatione that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  a. Congulare Search failure.								
TION	DUE TO (OR AS A CONSEQUENCE OF):  Sequentielly list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	CAUSE (Disease or injury thet initiated events resulting in death) LAST	AS A CONSEQUENCE OF)	:						
AL	PART II. Other algnificent conditions contributing to dec	th but not resulting in	the underlying	cause given in i	Part I. 24a, WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
PHYSICIAN: MEDIC					1 TYES 2	,	COMPLETION OF CAUSE DF DEATH?		
AN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			ACE OF DEATH (Che	ock only one)				
SIC	EXAMINER?  1 YES 2 NO HOSPITAL:  1 Pinpetient 2 PER		OTHER: 4 - Nursing Hom	e 5 🗆 Residence	8 Other (Specify)				
BY PH	27. MANNER OF DEATH  1  Netural 5 Pending 2 Accident Investigation		RY WO	URY AT RK? 'ES 2 NO	28d. DESCRIBE HOW I				
	3 Suicide 8 Could not be determined 28e. PLACE OF IN building, etc.	JURY — At home, farm, at (Specify)	reet, factory, offic	·	281. LOCATION (Street a City or Town, State)	. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.								
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER Seila Kulleh, h			29c. LICENSE NUM	IBER		NED (Month, Day, Year)		
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE (	OF DEATH (ITEM 27) (Type, i	Print)						
	31. DATE FILED (Month, Day, Year) AUG 0 2 1990  June Davidson	Pandall				<del></del>			
	POR A 1990	-							

60 K HI - 3

Pages 1, 2, 3 should

HOSPITAL FUNERAL FUNERAL FAMILIA 72 h TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II

BE 2

THE H

29b. SIGNATURE AND TITLE OF CERTIFIER

RUTH E. KANTOR

31. OATE FILEO (Month, Day, Year) AUG 02 1990

30. NAME AND AODRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE
Ashia Davidson-Randara

¥		
detached		once.
ä	-	35
don 5 shop	1	be forming
R: After this certificate has been signed by the attending physician and completely filled in by the funeral director.		I is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner munifor
lled in by the	ter death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical ex
completely fil	ial, cremation	event, the
ysician and	prior to bur	traumatic
tending ph	al Hygiene	or other
by the at	and Ment	y Injury,
n signed	f Health	NOWS AN
s bee	pt.	3 8
te ha	te D	E S
rifica	ne Sta	or its
is cer	ith th	ed, (
ter th	ath w	mark
R: Af	er de	99

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY VEAR NANCY F<sub>0</sub>SS 07 24 1990 8:15P M 8. BIRTHPLACE (State or Foreign Country) 7. DATE OF BIRTH (Month, Dev. Year) 4 SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. HOURE 1 M 2 XF YRS. 477-34-5757 01/13/1935 MINNESOTA 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR GREATER BALTIMORE MEDICAL CENTER TOWSON BALTIMORE RESIDENCE OF DECEDENT INC. CITY TOWN OR LOCATION 10e STATE 10d. INSIDE CITY MARYLAND BALTIMORE BALTIMORE 1 TYES 2 NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? USA 1323 HIGHLAND DRIVE 21239 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indien, Black, White, etc. 1 Never Merried 2 Merried FORCES? 1 L YES ... If yes, specify Cuben, Mexican, Puerto Rican, etc.) Specify: White 1 TYES 2 X NO Specify: BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working (Give kind of work done life. Do NOT use retired.) ndary (0-12) College (1-4 or 5 +) choir church-Music organist/director 12 4 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Harvey V. Headen Evelyn Young BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) Richard A. Foss 1323 Highland Drive Bal.Md. 21239 20a, METHOD OF DISPOSITION

1 N Burlel 2 Cremetion 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State Acacia Park Mendota, Minnesota 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY
Mitchell-Wiedefeld Home, Inc. James F. Burnside, Jr. 6500 York Rd.Bal.Md. 21212 23. PART 1. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory strest, Approximeta shock, or heert feliure. List only one ceuse on each line. Onset end Death IMMEDIATE CAUSE (Fine) disease or condition MULTIORGANISM SEPSIS 1 MONTH resulting in death) DUE TO (OR AS A CONSEQUENCE OF) METASTATIC BREAST CA. 10 MONTHS CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated avents resulting in deeth) LAST PART ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 🗆 Nurs ne 5 - Residence 6 - Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED INJURY 1 Natural 5 Pending м 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined COMPLETED 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occur

29c LICENSE NUMBER

29d. DATE SIGNED (Month, Day, Year)

7771" " 



FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

	1 - STATE REGISTRAR	OIAIL OI MAI			F DEATH	REG. NO.				
,	1. DECEDENT'S NAME (First, Middle, Last) Harry J.	Guess				2. DATE OF DEATH DULL 31,	1990 YEAR	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 217-16-0392	1 💢 M 2 🗆 F	AGE (In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 03/23/22	8. BIF COL M	ATHPLACE (State or Foreign linity)  Maryland		
TOR	99. FACILITY NAME (If not institution, give a 4505 Frederick RESIDENCE OF DECEDENT			Balt:	MOTE	EATH	Baltin			
DIRECTOR		timore	10c. Cf7	Y, TOWN OR LO	lowne			10d. INSIDE CITY LIMITS? 1 - YES 2 - NO		
FUNERAL	100. SIRRET AND NUMBER 2419 ALMA ROAD				101. ZIP CODE 21227		10g. CITIZEN O	F WHAT COUNTRY?		
B	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	Merried 2 Married FORCES? 1 N YES 2 IF YES, GIVE WAR OR DATES			ECENDENT OF HISPAI specify Cuben, Mexics ES 2 NO Specif		Bi	ACE — American Indian, leck, While, atc. pecify: 701te		
COMPLETED	(Specify only highest grade completed) (G Elementary/Secondary (0-12) College (1-4 or 5 +)			nt's usual occupation d of work done during most of working Of use relied.)  TVISOT  Sales						
SO	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Meiden				
H	Frank Guess  190. INFORMANT'S NAME (Type/Print)		195 MAILIN	ADDRESS (Street		nie Schuthe				
2	Dorothy Rodemey	er Guess		Alma H		Lansdowne		id 21227		
	20e_METHOD OF DISPOSITION 1	oval from State	veterans	Cemete	ery Crowns	sville		ville, Md.		
	21. SIGNATURE OF FUNERAL SERVICE LIC	EMSE	J.S.			Spring Ro				
	23. PART I. Enter the diseases, or shock, or heart failure.			not antar tha	moda of dying, suc	h as cardiac or resp	iretory arrest,	Approximata Interval Between		
9	iMMEDIATE CAUSE (Final disease or condition resulting in death)	a	BO AS A CONSEQUENCE OF	£ 1 1	CA		Ŷ.	Onset and Daath		
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING  OUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
DICAL CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST									
DICAL C	PART II. Other aignificant condition	ath but not resulting	in the undari	the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED?  1 □ YES 2 ☑ 170			24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
N: MEI								1 TYES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	I/Outpatient 3 □ DOA	OTHER:	PLACE OF DEATH (C					
BY PHY	27. MANNER OF DEATH  1 Netural 5 Pending	28e. DATE OF INJ (Month, Day,	URY 28b. TI	ME OF 28c.	INJURY AT WORK?  YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURED	)		
	2 Accident Investigation 3 Suicida 6 Could not be 4 Homicide determined	26e. PLACE OF IN building, atc.	IJURY — At home, farm, (Specify)	street, factory, o	ffice	261. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	CONSTRUCTION CONTRACTOR CONTRACTO	ER: On the beelpyof exam						se(a) and menner ee stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	WO!	Die 4	u)	29c. LICENSE NU	31322	29d. DATE SIG	NEO (Morith, Day, Year)		
5	30. NAME AND ADDRESS OF PERSON WI	6 ARG	22-B	. Ma	dach	lane C	alair	ille fol		
	AUG OB 1990	FLIE DELTASSA	* Hankbelle			-,17		2/218		

GENT TO

ransit permit. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-years after death. Page 6 may be retained by the hospital or TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: It Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 2129

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		CE	RTIF	CATE	OF	DEAT	TH		REG. NO.				
į,	1. DECEDENT'S NAME (First, Middle, Last) PAUL M. GR	IBER							2. DATE O	OF DEATH	<u> </u>	90	3. TIME OF DEATH	
											2.1		10:47 P	М
ĺ	4, SOCIAL SECURITY NUMBER 216-20-8589	5. SEX 6	6. AGE (In yrs. lest	YRS.	IF UNDER	DAYS	HOURS	MIN.	7. DATE 0 (Month, 06-2	9-23		Ma	HPLACE (State or Foreign ryland	"
OR	99. FACILITY NAME (If not institution, give st GREATER BALTIMOR		CENTER		96. CITY, TOWN OR LOCATION OF DEATH  TOWSON  BALTI									
FUNERAL DIRECTOR		. STATE 10b. COUNTY										10d. INSIDE CITY LIMITS?		
٥	10e. STREET AND NUMBER	IFIORE				1 404	ZIP CODI				T 40 - 0/2	TEN OF	1 TYES 2 X 1/400	
IERAI	403 Dolling Oal	Drive	Roanoke	Dri	ve	101	2122					SA	WHAI COUNTRY?	
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? XIX IF YES, GIVE WAI	YES 2 N			If yes, sp		n, Mexice	n, Puerto R	? (Specify Yee licen, etc.)	or No—	Spec	E — American Indian, ik, White, etc. hite	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementery/Secondary (0-12)		(Gh		USUAL Of vork done retired.)			ng	1	KIND OF BUS	SINESS/IN	DUSTRY		
AP.	unkno	own	F	ΒI					F	BI.				
Ö	17. FATHER'S NAME (First, Middle, Lest)						25.00			fiddle, Maiden	Surname)			
BE (		Grib								nsky				
10	190. INFORMANT'S NAME (Type/Print)  Helen A. Gr	iber			ROL	1/1		1		er, City or Tow			228	
	20e. METHOD OF DISPOSITION	wal from State	20b. PLACE C	F DISPOS	SITION (Na	me of cer	netery, crer						own, State	
	Sepuritive   2   Cremetion 3   Removal from State   Carrison Forest   Baltimore,   Carrison Forest   Baltimore,   Carrison Forest   Carr													
	21. SIGNATURE OF FUNERAL SERVICE LIC	ensee Quald	0		S 7.	ter 36	Ling Edmo	ss of fa As nds	hton on A	Fun ve/B	eral alto	. Но . М	me, PA D 21228	
	23. PART I. Enter the diseases, or o				not enter	the mo	de of dy	ing, suc	h as card	liec or resp	iratory ar	rrest,	Approximate	
	shock, or heart fellure.  IMMEDIATE CAUSE (Final	Liet only one caus	e on each line.										Onset and De	
	disease or condition HEPATIC FAILURE													
	rooming in dooin,	DUE TO (	OR AS A CONSEC	UENCE O	F):									
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  b. DUE TO (OR AS A CONSEQUENCE OF):													
ERTI	resulting in deeth) LAST	d												_
MEDICAL C	PART II. Other significent condition MULTIPLE MYELON	_	leeth but not re	esulting	in the u	nderlyin	g ceuse	given in	Part I.	24s. WAS AN PERFO	RMED?	24	b. WERE AUTOPSY FINOI AVAILABLE PRIOR TO COMPLETION OF CAUS	
ED	GRAM NEGATIVE S	CEDCIC							- 1	1 TYES	2 🗌 NO		OF DEATH?	
	GRAM NEGATIVE	DEL 212							- 1				1 TYES 2 NO	
IAN	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF C	DEATH (Ch	heck only on	10)				
Sic	EXAMINER?  1  YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE		10 5 🗆 R	esidence	6 🗆 Othe	r (Specify)				
PHYSICIAN:	27. MANNER OF DEATH  1 Netural 5 Pending Investigation	28e. DATE OF I (Month, Day		28b. Tilk	E OF JURY M	W	URY AT ORK? YES 2	□ NO	28d. DES	SCRIBE HOW	INJURY O	CCURED		
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide datermined	INJURY — At horace. (Specify)							261. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	29e. CERTIFIER (Check only one) 1 XCERTIFYING PHYSI One) 2 MEDICAL EXAMINE												(e) end manner as state	d.
BE CO	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and piece, and due to the cause(e) and manner as stated.  29c. UCENSE NUMBER  29d. DATE SIGNEO (Month, Day, Year)													
2	30. NAME AND AODRESS OF PERSON WH	O COMPLETED CAUSE	E OF DEATH (ITE	M 27) /7m	n. Print)		P	0-	) - 1	,	1 ,	1	( )	$\dashv$
	DR. NATHAN ROSENE		L N CHAI				GBI	MC						
- 1	31. DATE FILEO (Month_Dey, Year)	32, REGISTRAL	NO CIONIATURE											_

AUG 0 2 1990 July Denton Roday

1 edel ". \* 5 IN 

BALTIMORE, MARY

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

ununding physician. 203-3146

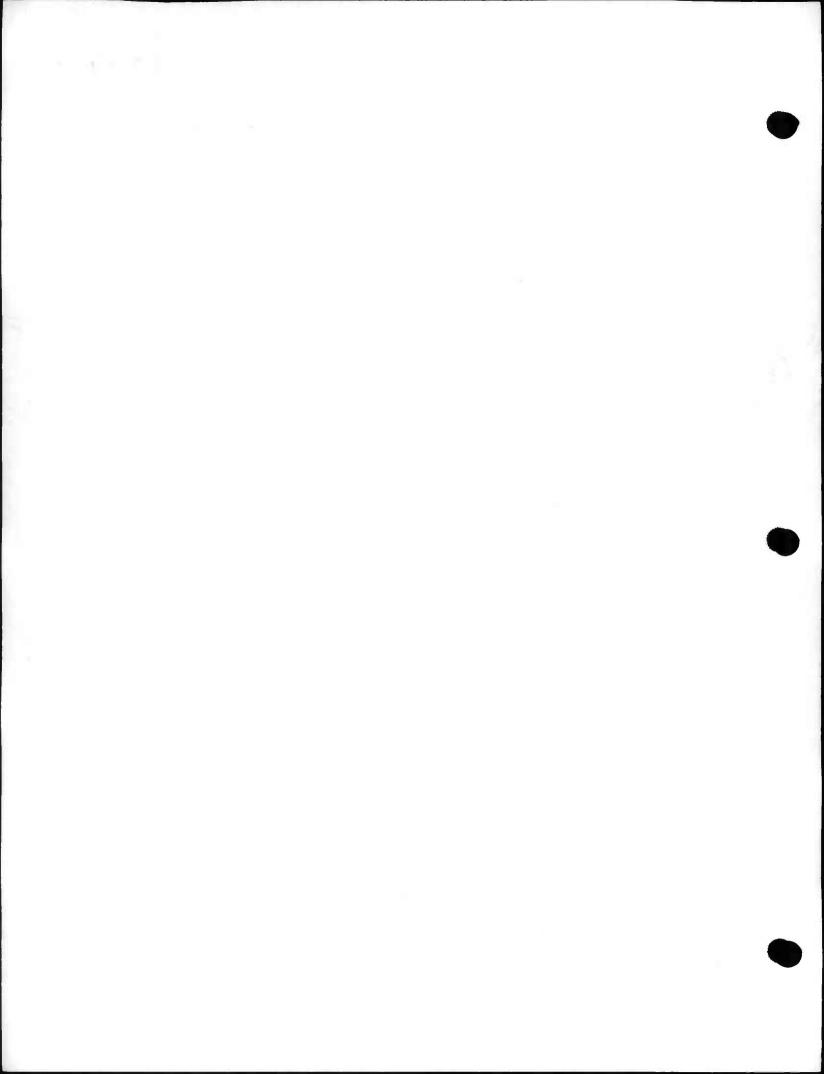
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	FOR STATE REGISTRAR		STATE OF
	1. DECEDENT'S NAME (First	, Middle, Lest)	
	4. SOCIAL SECURITY NUMBER	TVOO N	iong (
	227-10-235		
E G	9a. FACILITY NAME (# not in Church Hos	pital	
ត្ត	RESIDENCE OF DEC	10b. COUNTY	,
DIRI	Md.		
AL	10e. STREET AND NUMBER		
NER	2048 F. Pr	eston	ST 12. WAS DECED
BY FUNERAL DIRECTOR	1 Never Married 2 3 Widowed 4 Dive	FORCES? IF YES, GIVI	
		EDENT'S EDUC y highest grade	
APLE	Elementary/Secondary (4	0-12)	College (1-4 or
BE COMPLETED	17. FATHER'S NAME (First, A	fiddle, Lest) HARRI	SON
2	19a. INFORMANT'S NAME ( HANNAH	HARRI	SON
	20s. METHOD OF DISPOSIT  1  Burlet 2  Cremete 4  Donation 8  Other	on 3 🗆 Ram	oval from State
	21. SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE
	P. \$2	die	. w
	23. PART I. Enter the d		complications t

MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG NO.

NEGIGTRAN							NEG. NO.				
1. DECEDENT'S NAME (First, Middle, Last)	done Co	llins	Har	riso	n s	SR.	2. DATE OF DEATH DA	90	YEAR	3. TIME OF DEATH  645p M	
4. SOCIAL SECURITY NUMBER AND				F UNDER 1 YE		R 24 HRS.	7, DATE OF BIRTH		8. BIRTHP	LACE (State or Foreign	
227-10-2352	1 💢 🛚 2 🗀 F	79	YRS.	ONTHS DA		MIN.	(Month, Day, Year) 05 - 18 - 1		Country)	VA	
9a. FACILITY NAME (If not institution, give st					WN OR LOCAT			9c. COUN	ITY OF DE	HTA	
Church Hospital					Balti	more	e City				
10a. STATE 10b. COUNTY	,		10c. CITY,	TOWN OR LO	OCATION					10d. INSIDE CITY	
Md.			ВА	LTIM	ORE,	CIT	Υ			LIMITS?	
10e. STREET AND NUMBER					101. ZIP COO			177	ISA	HAT COUNTRY?	
2048 E. Preston											
11. MARITAL STATUS X 1 Never Married 2 Married	12. WAS DECEDENT I FORCES? 1						IIC ORIGIN? (Specify Yea n, Puerto Rican, atc.)	or No-	14. RACE Black,	- American Indian, Whita, atc.	
3 Widowed 4 Divorced	IF YES, GIVE WAS	R OR DATES		1 🗆	YES 2 TYNO	Specify	<i>t</i> :		Specify	BLACK	
15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	(G	CEDENT'S U	rk done durin	PATION g most of work	ing	16b. KIND OF BUS	INESS/IND	USTRY		
Elementary/Secondary (0-12) 6 t h	College (1-4 or 8 +)	l/le	Do NOT use	retired.)			CALVER	T Di	ттэт	LIEDV	
17. FATHER'S NAME (First, Middle, Last)			_		18. MO	THER'S NA	ME (First, Middle, Maiden		1311	LLFRY	
MATTHEW HARRI	SON				MA	GIE	DRUMGOL	D			
19a. INFORMANT'S NAME (Type/Print) HANNAH HARRI	NO2	1 1					Route Number, City or Town				
200. METHOD OF DISPOSITION	2011				RESTO		TBALTIM	ORE.		21213	
1 Buriel 2 Cremetion 3 Rame 4 Donation 8 Other (Specify)	oval from State	WO O	DLAW		EMETE			DLAW		MD.	
21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE			22. NAN	E AND ADDR	ESS OF FA				•	
> Gladin	w w	nen	)	WM	.C. M	ARCH	f F.H. 11	01 E	. N	ORTH AVE.	
shock, or heart failure.  IMMEDIATE CAUSE (Final disesse or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events	23. PART I. Enter the disesses, of complications that caused the death. Do not anter the mode of dying, such as cardiac or reapiratory errest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disesse or condition resulting in death)  DUE TO (OR AS A CONSCOUENCE OF):										
PART II. Other significant condition	d	aeth but not	resulting in	the under	1ying cause	given in	Part I. 24a. WAS AN PERFOR	IMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
										1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	ED/Outs-Nort		OTHER:	8. PLACE OF		,,				
27. MANNER OF DEATH	1 Inpatient 2 I	NJURY	26b. TIME	OF 286	. INJURY AT	Rasidence	8 Other (Specify) 28d. DESCRIBE HOW II	NJURY OC	CURED		
1 Natural 5 Pending 2 Accident Investigation	(Month, Day	; rear)	INJU		WORK?	□ NO					
3 Suicide 8 Could not be 4 Homicide detarmined	26a. PLACE OF building, et	INJURY At he ic. (Specify)	ome, farm, st	reet, factory,	office		28f. LOCATION (Street a City or Town, State)	and Number	or Rural R	oute Number,	
CONSUM ONLY	The second						time, date and place, an			and manner as stated.	
29b. SIGNATURE AND TITLE OF CERTIFIE	Mer.	7	va p	bal	29c. LI	CENSE NU	MBER	29d. DAT	E SIGNED	(Month, Day, Year)	
30. NAME AND ADDRESS OF PERSON WHE	100 Br	OF DEATH (ITE	- 1000	urch	Hosp	ital				1-1	



	жаш
ELINATI.	dicai
5	E
ours after death with the State Dept. of nearth and mental hygiene prior to build, cremation, or removal.	em 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exam
5	eve
DOLLAR	atic
S IN	traum
auail	the
Ę	5
Mema	njury.
alle	2
T Heart	nows any inju
F. 0	38
Š	8
State	Hem
26	0
MILE I	rked,
Dear	Ē
affer (	28 is
Sing	E

be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF N		DEPAR					MENTAL HYG				
	1. DECEDENT'S NAME (First, Middle, Last)  DOROTHY MARGARE	T HINKLE		ţ					2. DATE OF DEA	TH DAY	- 19	PASY O	3. TIME OF DEATH 9:45 P.M. M
ł	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDE	1 YEAR	IF UNDER	24 HRS.				IPLACE (State or Foreign	
	234427566	1 🗆 M 2 🏋 F	66	YRS.	MONTHS	DAYS	HOURS	MIN.	NOV -7,		3	WV	y)
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY	r, TOWN C	R LOCATI	ON OF DE				NTY OF D	EATH
<u>بر</u>	SACRED HEART HO	SPITAL			Cui	mber.	land				ALL	EGAN	Y COUNTY
DIRECTOR	RESIDENCE OF DECEDENT												
ш	10a. STATE 10b. COUNT	Mineral		10c, CIT	Y, TOWN		ION						10d. INSIDE CITY LIMITS?
	WV		Key	_							1 YES 2 ND		
FUNERAL	Rt.4, Box 241						. ZIP CODI	2672	26			S.A.	VHAT COUNTRY?
В	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2 X	MED NO	13.	WAS DEC If yes, sp 1 [ YES	ENDENT Concily Cuba 2 ANO	of HISPAN In, Mexican Specify:	IC ORIGIN? (Speci i, Puerto Rican, et	lfy Yes o	or No—	14. RACE Black Speci	E — American Indian, k, Whita, etc. lly: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	ICATION completed)	16a. Dé	CEDENT'S	USUAL C	CCUPATIO	ON est of workin	207	18b. KIND O	F BUSI	NESS/INC	DUSTRY	
ᄪ	Elementary/Secondary (0-12)	College (1-4 or 5	+)	ive kind of . Do NOT u	se retired.)	ourny mo	at or more	~					
MPI	12th		H	omem	aker				Own	Но	me		
S	17. FATHER'S NAME (First, Middle, Last)								ME (First, Middle, M		urname)		
BE	Licurtis Didawic	K							e Cosner				
70	19a, INFORMANT'S NAME (Type/Print)								Number, City		State, Zk	Code)	
- 1	French J. Hinkle								WV 267				
1	20g METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Ram	noval from State	20b. PLACE other p				netery, cren	nutory or			ne,	City or To	own, Stata
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	- 1 1/11	ne c		- 4	ND ADDRE	SS OF FAC		VII	ne,	VVV	
i	- Tarold Des	n West	unae	1)	1	Mark	wood	McKe	enzie Fu				26726
	23. PART I. Enter the diseases, or	complications the	t caused the d	eath. Do									Approximata
	ehock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Ca of consequence or:									Interval Between Onset and Death			
CERTIFICATION	Sequentially list conditions, if erry, leading to immediate ceuse. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Due to	EQUENCE OF):  EQUENCE OF):  EQUENCE OF):  EQUENCE OF):										
	PART II. Other significant conditio	ne contribution to	death but not	regulting	In the u	nderhiln	0.00	ohen In	Dart I 24a W	AC AN A	WTOPSY	248	. WERE AUTOPSY FINDINGS
4: MEDICAL							P	YES 2	AED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
X	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						LACE OF E	DEATH (C/N	eck only one)				
Sic	1 YES 2 NO	HOSPITAL:	ER/Outpatient	3 🗆 DOA	4 Nu		10 5 A	esidence	6 Other (Specia	fy)			
Y PHYSICIAN:	27. MANNER OF DEATH  1 Natural 5 Pending Investigation	28a. DATE O	F INJURY Day, Year)	28b. TII	ME OF JURY M	W	JURY AT ORK? YES 2 [	□ NO	28d. DEŞCRIBE	HOW IN	JURY OC	CURED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE ( building	OF INJURY — At h , etc. (Specify)	ome, farm,	street, fa	ctory, offic	ee .		28f. LOCATION ( City or Town,		nd Numbe	or Rural	Route Number,
COMPLETED	Criedik Orliy	ER: On the basis of											s) and manner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIC 30. NAME AND ADDRESS OF PERSON W	hau	ua s	7 - 8	2		29c. LIC	ENSE NUA	1526		29d. DA	7 - 7	(Month, Day, Year)
	JOHN MEHANNA,		909-B			TITE .	CITY.	Marie	T AND :-		11-0		
- 1	21. DATE FILED (Month, Day, Mar)			N. N.	AKI	.VE	CU	MBEK	LAND, M	<u> </u>	2150	2	
	AUG 0 2 1990	gulia Daire	SEASON WHOLE	C.			,						

DHMH-16 Rev 1/89

antending physician.

BALTIMORE, MARYLAND 27803-3146

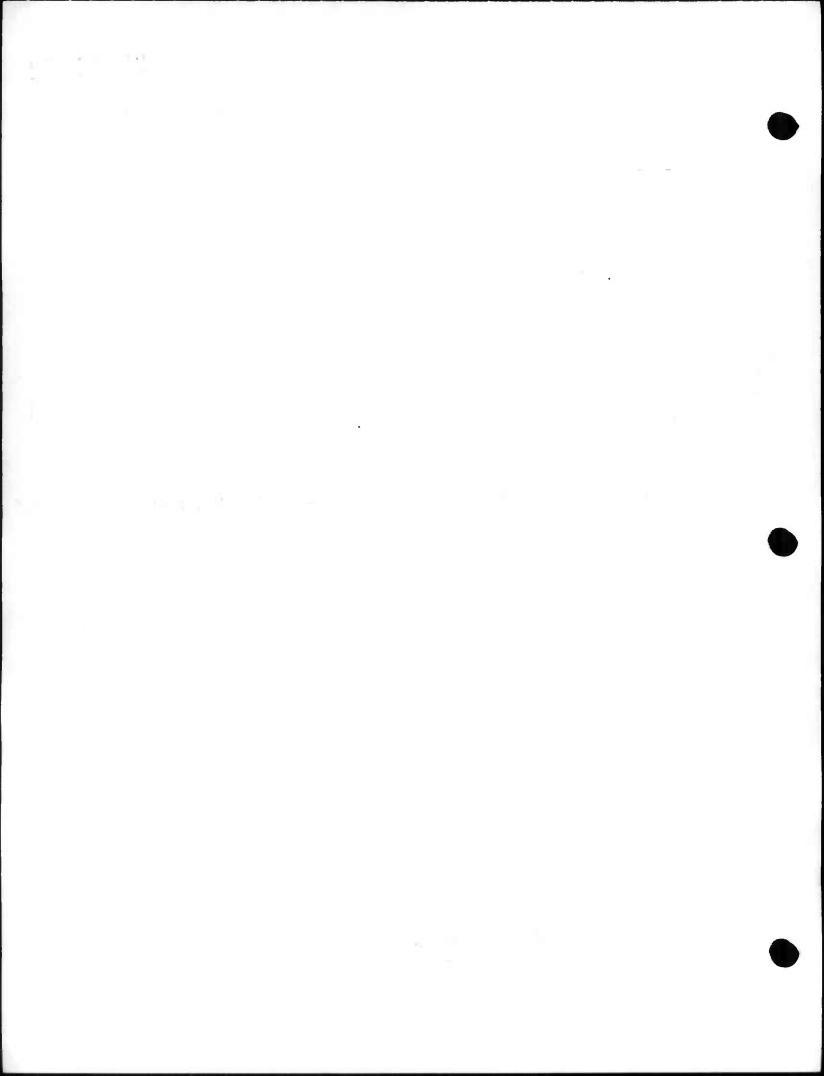
urs after death. Page 6 may be retained by TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fill be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial. cremation IMPORTANT: If Item 28 is marked, or item 23 shows any Injury. or other traumante event the

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	_	•
Ž,	-	×
should		otified
3		=
pag		be
firector,		r mus
funeral (	ifter death with the State Dept, of Health and Merital Hygiene prior to burial. cremation, or removal.	28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at
the	Mal	=
2	оша.	dica
5	00	P
<u>=</u>	lon,	he
le y	nat	3
Tiple	e G	Ven
8	jaj.	43
and	2	nati
듦	r tr	5
Sic		프
E	9	Je.
0	9	등
90	£	0
릁	ᄪ	3
the th	Š	흪
8	P	=
2	\$	3
6	ea	\$
Dee	jo	sho
as b	ept.	23
2	9	E
ficat	Stat	==
Certi	帮	
this	With	rked
Mer	eath	E
4	0 1	69
Ö	ŧ	00

	FOR 1 - STATE REGISTRAR	STATE OF MA	ARYLAND /	DEPAR ERTIF	TMENT	OF H	EALTH DEA	AND I	MENTAI	HYGIEN			100	-
	1. DECEDENT'S NAME (First, Middle, Last)		_							OF DEATH	AV	VEAD	3. TIME OF DEATH	
	Florence	Chapr	nan		Joh	nso	n		MONTH	28	3"	90"	5:43 P	M
	4. SOCIAL SECURITY NUMBER	5. SEX 6	. AGE (In yrs. las	t birthday)	IF UNDER		IF UNDER		7. DATE	OF BIRTH , Day, Year)			IPLACE (State or Foreign	
	227-62-9069	1 🗆 M 2 🖵 F	45	YRS.	MONTHS	DAYS	HOURS	MIN.	12	9	44	Vin	ginia	
_	90. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY	TOWN 0	R LOCATI	ON OF DE	EATH		9c; COUN			
TOR	Francis Scott Me	edical Cer	nter			Bal	timo	re C	ity					
DIRECTOR	Va 106. COUNTY				r, town o								10d. INSIDE CITY LIMITS? 1 YES 2 NO	
	10e. STREET AND NUMBER					101	. ZtP COD	E			10g. CITI	ZEN OF \	WNAT COUNTRY?	Т
FUNERAL	416 A S Dung	op Street	o t			2	380	3			us	SA		
3	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AR			WAS DEC	ENDENT (	OF HISPAN		? (Specify Ye		14. RACI	E American Indian, k, White, etc.	
	1 Never Merried 2 Merried	FORCES? 1 [		yo			2 X NO		n, Puerto I y:	Rican, etc.)		Spec	Hy:	
BY	3 Widowed 4 Divorced												Black	
茰	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	18e. DE	CEDENT'S live kind of a Do NOT us	VOIK done	CCUPATIO	N at of world	ng	16b.	KIND OF BU	ISINESS/IND	USTRY		
9	Elementary/Secondary (0-12)	College (1-4 or 5+)		. Do NOT U										
₽ N			Joen	enu		eun	<i>Lny</i>							
COMPLETED	17. FATHER'S NAME (First, Middle, Last) Henry Chapman									Viddle, Melder Dots (				
BE														
2	19a. INFORMANT'S NAME (Type/Print) William Johnso				ADDRESS	(Street a	nd Numbe	r or Rural I	Route Numi	ber, City or Tox	vn, State, Zip	Code)	11-02	0
F	WELLELAM JOHNSO	<u>n</u>	4	16	4 5	• 0	unx	op s	sire	er re	exers	bur	ıg, Va 23	8
	20e. METHOD OF DISPOSITION 1 Darial 2 Cremation 3 Remarks	oval from State	20b. PLACE other pl	OF DISPO	SITION (Na	me of cen	netery, crei	matory or		20c. L0	OCATION —	City or To	own, State	
	4 🖺 Donetion 5 🗆 Other (Specify)		Rock	u B						Ctm.	Suth	rerl	Land Va	
ì	21. SIGNATURE OF FUNERAL SERVICE LIC		,					SS OF FA			1 - 0 -			
	· serry	Hurr	6		Ch	a + 100	~	11		** ***	701	Mc(	ulloh St	.2
	23. PART I. Enter the diseases, or o	complications that	caused the de	ath. Do	not enter	the mo	da of dy	ing, suc	th as care	lac or real	piratory ar	bat.	Approximata	2
	ahock, or heart failure.	Liet only one caus	e on each line	ð.			,						Interval Between	
1	IMMEDIATE CAUSE (Final disease or condition		-				n1	24					Onset and Dear	(In
	reaulting in death)	B	DR AS A CONSE	tra-		ıaı .	RTee	aing					-	_
		) 01 300	JA AS A CONSE	OUENCE U	T):									
CERTIFICATION	Sequentially list conditions,	b	OR AS A CONSE	OUENCE O	E.									_
F	If any, leading to immediate cause. Enter UNDERLYING	302 10 (		4021102 0	. ,.								į	
윤	CAUSE (Disease or Injury thet initiated events	c. DUE TO (C	OR AS A CONSE	OUENCE O	F);								<u> </u>	_
Ē	resulting in death) LAST													
핑		d												_
ا بـ	PART II. Other algnificant condition	a contributing to d	leath but not	reaulting	In the u	nderiyin	g ceuee	given in	Part I.	24a. WAS A	N AUTOPSY	24	b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO	18
									_ 1	1 TYES			COMPLETION OF CAUSE OF GEATH?	
¥													1 XYES 2 NO	
ÿ									_					
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL					26. PI	ACE OF I	DEATH (Ch	neck only or	10)				
SIC	EXAMINER?  1	HOSPITAL: 1 ☐ Inpatient 2 😾	ER/Outpatient 3	DOA	OTHE		ne 5 □ R	eeldence	8 🗆 Othe	r (Specify)				
Ŧ	27. MANNER OF OEATH	28e. DATE OF II (Month, Day		28b. TIA		28c. INJ	_		_	SCRIBE HOW	INJURY OC	CURED		_
	1 Natural 5 Pending Investigation	(MONIN, Day	, rour	1 17	M		YES 2	_ NO						
Э ВУ	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF	INJURY — At he	ome, farm,	atreet, fac	tory, offic	0					r or Rural	Route Number,	_
Ĕ	4 Homicide determined	bunding, a	tc. (Specify)						City	or Town, State	9)			
COMPLETED	290. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of n	nu konwledne di	adh acour	and at the	les dete	and plan	a and due	a to the co			44	-	
₽ B	one)												(e) end manner as stated.	
8		00		- July gall	1					- Piace,				_
H	296) SIGNATURE AND TITLE OF CERTIFIE	" UNIII	1	)	. 1		29c. LIC	ENSE NU	MBER ME		29d, DAT		D (Month, Day, Year)	
5	,	ZHO( V		1	7/			~	1.117			112		
-	30. NAME AND ADDRESS OF PERSON WH Mario F. Golle,	/		1	11 R	onn	St			Ral+i	nore	MA	21201	
						CIHI	UL.				HOLC,	1.101.0	21201	_
	AUG 0 2 1990	guia David	S SIGNATURE	1.00	- ,									
	1000	4	Malanhall	7642										

DHMH-18 Rev 1/89



TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1. DECEDENT'S NAME (First,	Middle, Last)									2. DATE OF DE	EATH		YEAR	3. TIME OF DEATH
MAR	RGARET	MARY		KELI	_Y					7-31	-199	90	TEAH	9:45 A.M
4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (I	n yrs. les	t birthday)	IF UNDE	(Month Day Year) Country)					HPLACE (State or Foreign		
215-18-7743		1 🗆 M 2 💢 F	7	3	YRS.	MONTHS	DATS	новна	MITS.	10-9	-191	16		yland
9a. FACILITY NAME (If not institution, give street and number)						9b. CIT	Y, TOWN	OR LOCATI	ON OF DE	EATH		9c. COL	INTY OF C	DEATH
St. Joseph	's Hos	pital				T	OWS	on				Ba	lto.	
RESIDENCE OF DEC	10b. COUNT	Υ			10c CIT	Y, TOWN	OBLOC	ATION						10d. INSIDE CITY
Maryland	Ralt	imore				vson								LIMITS?
10e. STREET AND NUMBER	Dare	Tillor e			100	W 2011		of, ZIP COD	E			10a, CIT	IZEN OF	WHAT COUNTRY?
1111 Timber	Trail	Rd						2120	Λ			U.S		
11. MARITAL STATUS	11 411	12. WAS DECEDEN				13.	. WAS DE			NIC ORIGIN? (Spe	ocify Yes	_	14. RAC	E — American Indian,
1 Never Married 2		FORCES? 1			10		If yes, s		ın, Mexica	n, Puarto Rican,			Spec	k, Whita, atc.
3 💢 Widowed 4 🗌 Divo	rced							×					Whi	
15. DEC (Specify only	EDENT'S EDU y highest grade	JCATION e completed)		(G	CEDENT'S	vork done	during n	TION nost of worki	ng	100000000000000000000000000000000000000		SINESS/IN		
Elementary/Secondary (0	1-12)	College (1-4 or 5	+)		Do NOT us		)							lth and
12 Yrs.			-	Sup	<u>ervi</u>	sor						vaiene	5	
17. FATHER'S NAME (First, M								_		ME (First, Middle,				
John 198. INFORMANT'S NAME (7)		iser		140	A & A 44 14 14	ADDDD	20 /0:		ora		<u>elm</u>		- 0	
Margaret M.				191						Route Number, Cit				0
20a. METHOD OF DISPOSIT			1 201	DIACE				ernetary, cres		. Balto				own, State
1 M Buriel 2 Crematic	n 3 🗆 Ram	noval from Stata		other pla	on Pa	rk	Cem.	8-	3-90			lto.		
21. SIGNATURE OF FUNERA	Cather	CENSEE				22	. NAME	AND ADDRE	SS OF FA	CILITY				
	4. Ca	other)				Le	eonar	d J. R	uck,I	nc.,5305	Har	ford 1	Rd.,B	alto., Md. 21214
23. PART I. Enter the d	iseases, or eert failura.	complications the	t ceused	the de	eth. Do i	not ente	r the m	node of dy	ing, auc	h aa cardiac d	or reepi	iratory e	rrest,	Approximete interval Between
IMMEDIATE CAUSE (Fir							,		- 1					Onset and Death
diseese or condition	$\rightarrow$	a. 14:	rsec	760	7	AN	201	Ny.	u					
		DUE TO	(OR AS A	CONS	DUENCE O	F):								
Sequentially list condit		b. OUE TO	(OR AS A	CONSE	BUENCE O	FI-				·				
if sny, lesding to imme cause. Enter UNDERLY		202 10	(0117071	COMOL	302.102.0	. ,.								j
CAUSE (Disease or Injuthat Initiated events	ary	C. DUE TO	(OR AS A	CONSE	DUENCE O	F):								
resulting in death) LAS	T .	d.												
DART II Other simulian	ant considition		4							- I				
PART II. Other significa					//	7 .		ing ceuse	given in	Part I. 24a.	PERFOR	AUTOPSY	24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
- 103317		Myocare	MAC	_	11071	nes	ICAL			1□	YES 2	NO		OF DEATH?
	pluny	<i>y</i>												1 YES 2 NO
25. WAS CASE REFERRED T	D MEDIONI	1						BI 407 25						
EXAMINER?	O MEDICAL	HOSPITAL:				ОТНЕ	ER:			neck only one)				
1 YES 2 NO		1 Inpetient 20		etient 3	26b. TIN		7	ome 6 A R	lasidence	6 Other (Spe 28d, DESCRIB		INJURY O	CCUREO	
1 Natural 5	Pending	(Month, I	Day, Year)			JURY	٧	WORK?	□ NO	Sea. DEGONIO			TATIEN	
2 Accident 3 Suicide	Investigation	26s. PLACE (	OF INJURY	— At he	ome, ferm,	street, fa				26f. LOCATION			er or Rural	Route Number,
4 Homicide	Could not be determined	building	, atc. (Spec	orly)						City or Tow	vn, State,	)		
anal and		SICIALI: To the best of												(s) and manner as stated.
			A THE THE TOTAL PARTY OF	ii miidzof	vwa(iga(i	on, in my	ориноп.	-			piace, at			THE CONTRACTOR OF THE CONTRACT
296. SIGNATURE AND TITLE	296. SIGNATURE AND TITLE OF CAMPUTER  296. LICENSE NUMBER  296. LICENSE NUMBER  297. LICENSE NUMBER  298. DATE SIGNED (Month, Day, Year)													
30. NAME AND ADDRESS O	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  TINOTHY SELECTION OF STOSETH C. D.													
1 Mes a	y 1	JESLER	71	0		7	1	100	sthe	en	D			
31. DATE FILED (Month, Day)		Julia Da	Mary aron	-Nan	delle									

s the burial-transit permit. Pages 1, 2, 3 should

F	ü		
6	Į	1	N
hospita	À		).
he	48		8
3	2		to
TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 2000 after death. Page 6 may be retained by the hospital or aft	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be dimensionally the distribution of the complete of the funeral director, page 5 should be distributed by the attending to the funeral director, page 5 should be distributed by the attending to the funeral director, page 5 should be distributed by the attending to the funeral director of the funeral direc		IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at our
e	8		9
nay.	ba .		#
9	cto		Ě
age	dire		-
leath. P	funeral		хатіп
ter	the	oval.	100
Sa	9	rem	dic.
20	20	6	Ĕ
In 2	sly fille	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the
WITH	nplete	Crem	vent
oted	8	mal,	9 3
2000	and	2	nati
9	ian	D 10	aur
ate	Sign	B	r tr
iği E	D D	iene	the
ee L	ndin		0 10
1eat	arte	utal	2,
the (	the	Me	를
hat	d by	and	M
es t	gne	alth	60
qui	S	Ĭ	₩0.
W FE	pee	Pt.	3 8
<b>Je</b> la	has	200	n 2
Ë	icate	State	ie
ICIA	ertit	the	0
HYS	Nis c	A ST	bed.
6 P	ler th	ath	пап
ŝ	Af	de	59
TE	HOT.	afte	28
RA	REC	UrS	E
07	L D	2 h	f It
PIT	ERA	in 7.	H
왕	F	With	TAN
光	포	Pa	POR
0	10	30 fi	M
, -		_	

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 0 7-5 ELIZABETH LAND SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 24 86 MONTHS DAYS HOURS -9-0 1 M 2 X F 9b. CITY, TOWN OF LOCATION OF DEATH 9c. COUNTY OF DEATH SCOH rancis DIRECTOR ei RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10b. COUNTY Md YES 2 | NO FUNERAL 10a. STREET AND NUMBER 101. ZIP CODE WHAT COUNTRY? 331 2120 Koag 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. 11. MARITAL STATUS If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 Married IF YES, GIVE WAR OR DATES BY Slack 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade con Elementary/Secondary (0-12) College (1-4 or 5+) 17, FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) BE INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Stre State, Zip Code) 2 Rosetta MOMas Ho 1201 METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (No Burlal 2 Cremation 3 Re ☐ Donation 5 ☐ Other (Specify) SERVICE LICENSEE as 300 1 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximate** shock, or heart failure. List only one cause on each line. interval Between **Onset and Death IMMEDIATE CAUSE (Finel** disease or condition\_ resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO PHYSICIAN: MEDICAL COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? aa 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER:
4 Mursing Home 6 Realdence 6 Other (Specify)

2 Accident Investigation 3 Suicide 8 Could not be detarmined	28e. PLACE OF INJURY — At home, farm, street, fact building, etc. (Specify)	tory, office	28f. LOCATION (Street a City or Town, State)	and Number or Rural Route Number,
one)	E: To the best of my knowledge, death occurred at the t in the bests of axamination and/or investigation, in my o			
29b. SIGNATUPE AND TITLE OF CERTIFIER	- ollo	29c. LICENSE NUI	MBER 2 1 /	29d. DAYE SIGNED (Month, Day, Year)

28b, TIME OF

SK

28c. INJURY AT WORK?

1 YES 2 NO

26d. DEŞCRIBE HOW INJURY OCCURED

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

28a. DATE OF INJURY (Month, Day, Year)

+	N	1CA	NE	
AUG 021	990"	Julia	Date Black	APPENDE

1 TES 2 NO 27. MANNER OF DEATH

5 Pending

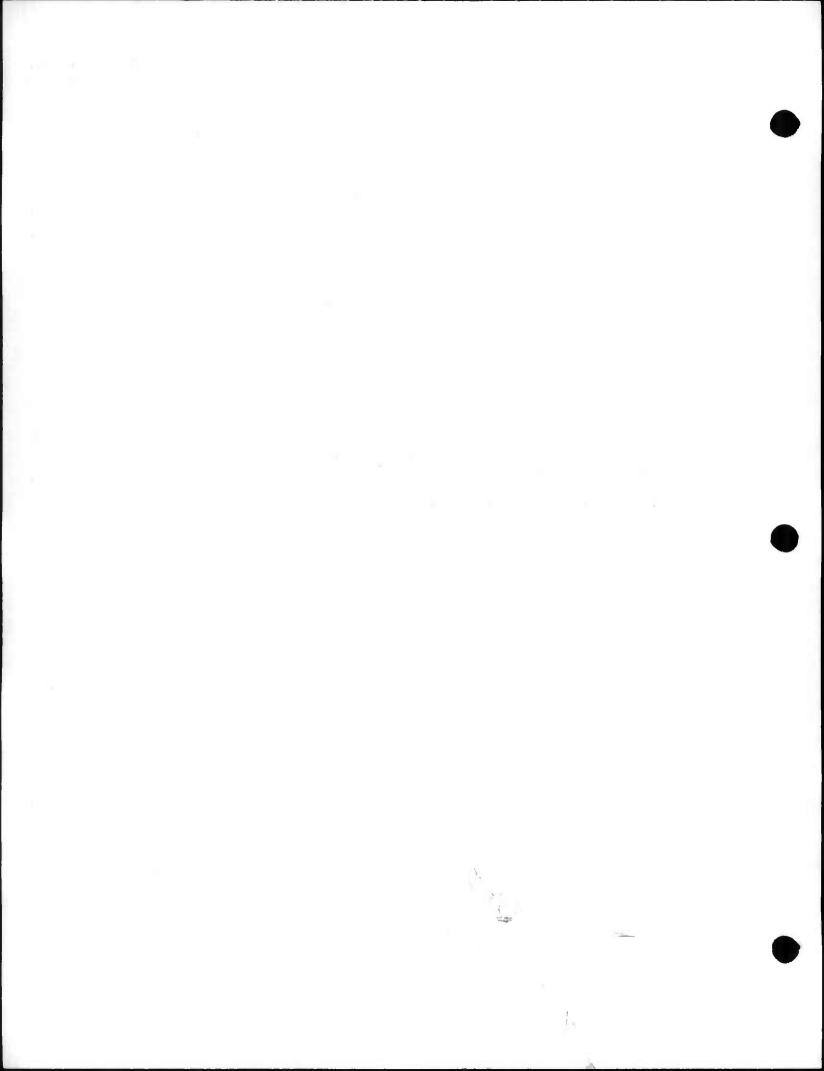
1 Natural

BY

COMPLETED

2

21 BE



once.

must

examiner

after	y the	nova	ea
nus	ē	ren	led
1 -	Filled	0,0	9
Jin Z	tely	natio	±. ≠.
Will	mple	Crei	ven
optn:	9	ırial,	2
exe exe	an an	to b	mat
e De	siciar	rior	trau
ficat	P	ne p	her
certi	ding	lygie	10 L
eath	atten	rtal 1	0 %
be de	the	Men	U I
at th	à	and	N I
es ti	gned	ealth	60
equir	en s	of H	how
J WE	s be	ept.	23 8
The	e ha	te D	E
AN	ifical	Sta	F
SICI	Cert	th the	d. 0
돔	#is	I Will	분
DING	After	death	Ē
TEN	OH:	fter	00
A AI	PECT.	Irs a	E 2
10	Ö	hot	==
PITA	ERA	in 72	11.11
HOS	FE	with	TAN
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 27-mours after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remova	IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical
2	2	2	Σ

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

	FOR 1 STATE		STATE OF N							MENTAL	HYGIENI	E			
_	REGISTRAR				ERTIF	ICAT	E OF	DEA	ГН		REG. NO.				
	1. DECEDENT'S NAME (First,									2. DATE OF MONTH	DEATH	Y	YEAR	3. TIME OF	DEATH
	CLEVELAND	A. LII	NKSWILER							07 -	27 -	199	0	6:47	P.M.
	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs.	last birthday)		ER 1 YEAR	IF UNDER		7. DATE OF	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPL Country)		e or Foreign
	216056169		1 XM 2 - F	79	YRS.	MONTHS	DAYS	HOURE	MIH.	Dec.		,1910 Md.			
	9a. FACILITY NAME (If not in	stitution, give st	reet and number)		9b. CITY, TOWN O				OR LOCATION OF DEATH			9c. COUNTY OF DEATH			
<u>ج</u>	SACRED HEA	RT HOS	SPITAL			Cu	mber	lan	d. 1	Md.		ALL	LEGANY COUNTY		
CTOR	RESIDENCE OF DECEDENT														
	10a. STATE	A T T	egany				OR LOCAT						- 1	10d. INSID	
	Md.	ALIC	egany		W	est	ernp	OIL						1X YES	2 NO
4	10e. STREET AND NUMBER						101	ZIP COD	_					HAT COUN	TRY?
E		200 P	ark St.					215	62			U	IS		
	11. MARITAL STATUS		12. WAS DECEDEN			13	. WAS DEC	ENDENT C	F HISPAN	IC ORIGIN?	Specify Yes	or No-		- America	
BY	1 Never Merried 2 😾		IF YES, GIVE V		If yes, specify Cuban, Mexican, 1 TYES 2 NO Specify:										
8	3 Wildowed 4 Divorced				l l						<u> </u>	*****			
Ш		15. DECEDENT'S EDUCATION (Specify only highest grade completed)				16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working				18b, K	IND OF BUS	INESS/IN	DUSTRY		
	Elementary/Secondary (0	-12)	College (1-4 or 5	+)	Mechanic				Danar				Industry		
OMPL	Unknown				meci	lanı		Paper							
<u> </u>	17. FATHER'S NAME (First, M	iddle, Last)						18. MOT		ME (First, Mid					
w	Jai	mes D	Links	wiler					Ma	ggie	Reev	ves			
1	19a. INFORMANT'S NAME (7	iype/Print)			19b. MAILIN	ADDRE	SS (Street a	nd Numbe	or Rural i	Route Number,	City or Town	. State, Zi	p Code)		
	Lois Lin	kswil	er		200	Par	k S	t.							
	20a. METHOD OF DISPOSIT	ION			CE OF DISPO	SITION (	Name of cer	netery, crer	natory or		20c. LO	CATION -	City or To	wn, State	
ŀ	4 Donation 5 Other		oval from Stala	_ Other	Plece) Pl	nilo	os C	emet	ery		W	este	ernp	ort,	Md.
	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE			22	2. NAME A	ID ADDRE	SS OF FA	CILITY	-				
	> Way	ne /	Bool	M		Į.	Boal Vest	-War	nic	k Fur	nera	1 Ho	ome		
23. PART I. Enter the diseases, or complications that caused the shock, or heart fellure. List only one cause on each						not ente	er the mo	de of dy	ing, suc	h aa cerdie	c or reepi	ratory ar	rreat,	Inte	roximate rvei Between
	IMMEDIATE CAUSE (Fir disease or condition	nel	Con	+ 1	Myocardial Infaction						Ons	et and Death			
ļ	resulting in death)	<b>→</b>	· Ulcu	ue Y	Myc	COV	rac	ملك	A	was	che	ME		عا	gate
			OUE TO	(OR AS A CON	SECUENCE (	DF):				C					1

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST

DUE TO (OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF):

PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. acute Respiratory anemia

24s. WAS AN AUTOPSY 1 TES 2 NO

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?

1 YES 2 NO

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 TES 2 NO

27. MANNER OF DEATH

Natural
Accident
Suicide

4 Homicide

HOSPITAL:
1 Sinpatient 2 ER/Outpatient 3 DOA OTHER:

4 Nursing Home 5 Residence 8 Other (Specify)

26. PLACE OF DEATH (Check only one)

28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED

28a. DATE OF INJURY (Month, Day, Year) 1 YES 2 NO 28s. PLACE OF INJURY — Al home, farm, atreet, factory, office building, etc. (Specify)

28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

296. SIGNATURE AND TITLE OF CERTIFIE A

29c. LICENSE NUMBER

29d. DATE SIGNED (Month, Day, Year) OE

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MILES: JR M.D L.R.

5 Pending Investigation

8 Could not be

SACRED HEART HOSP

AUG 0 2 1990

12. REGISTRAR'S SIGNATURE

3 should

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

216-10-4863

W.B. Daniels, 31. DATE FILED (Month, Day, Year)
AUG 0 2 1990

9a. FACILITY NAME (If not institution, give street and number)

625 HUBNER STREET

	1-7	fille
5	within	pletely
	ecuted	nd con
	90	an a
	cate t	hysici
;	certifi	ding
	death	aften
	the	the
	that	A D
	ulres	Signe
1	Per	need
	a law	has
	Ē	ate
	SICIAN	certific
5	¥	this
5	DING	Affer
2	ATTEN	-CIOR-
5	B	DIR
	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2	FINERAL DIRECTOR: After this certificate has been stoned by the attending physician and completely fille

8	625 HUBNER		EET				BALTIMORE		_		
5	10a. STATE 10	DENT b. COUNTY			10c. CITY, TOV	WW OR LO	CATION			10	d. INSIDE CITY
DIRECTOR	MARYLAND	a. 0001111									LIMITS?
	10e, STREET AND NUMBER					-	MORE 101. ZIP CODE		I 100 CITI	IZEN OF WHA	
FUNERAL	PROPERTY CONTRACTOR		CED DDD						log. om		
빌	11, MARITAL STATU\$	UBNEF	STREET  12. WAS DECEDENT EVER II	U II C ADA	450	12 WAS F	21211 DECEMBENT OF HISPANIC OF	DIGIN2 (Specify Ve	or No	USA	American India
BY FU	1 Never Married 2 Mail 3 Widowed 4 Divorces		FORCES? 1 X YES IF YES, GIVE WAR OR D.	2 N	0	If yes,	apacify Cuban, Maxican, Profes 2 NO Specify:		or No-	Black, W Specify:	
ED	15. DECEDE	NT'S EDUC			CEDENT'S USUA	L OCCUP	ATION	16b. KIND OF BU	SINESS/INC	DUSTRY	WILLAND
	(Specify only hig Elementary/Secondary (0-12)		completed) College (1-4 or 5+)	(Gh life.	ve kind of work d Do NOT use retir	one during ed.)	most of working	42.0			
COMPL	8TH		3011090 (1-4 01 0 1 )	7	TRUCK D	RIVE	R				
8	17. FATHER'S NAME (First, Middle	e, Last)					16. MOTHER'S NAME	First, Middle, Maiden	Sumame)		
	JAMES H	. LIV	INGSTON, SR.				MAMIE	A. JOHNS	ON		
BE	19a. INFORMANT'S NAME (Type		,		. MAILING ADD	RESS (Stre	et and Number or Rural Route			p Code)	
2	HELEN L. WA	LTER		8	3937 WA	Т.ТНА	M WOODS WAY	BAT.TO	MD	2123	4
	20a. METHOD OF DISPOSITION		200	. PLACE	OF DISPOSITION		cemetery, crematory or			City or Town,	
	1 Donation 5 Other (Sp		oval from Stata MI	other pla		TERA	NS CEMETERY	GAR	RTSO	N FORE	ST, MD
	21. SIGNATURE OF FUNERAL S			0	1		AND ADDRESS OF FACILI		ICE DOI	N TOKE	or, m
	. 6.1	0	1+1	1		Α.	ALAN SEITZ,	JR. FUN	ERAL	HOME	
	23. PART I. Enter the dise	kar	- sling y	7			5-19 CHESTN				MD 2
CERTIFICATION	Sequentielly list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	te	DUE TO (OR AS A	A CONSEC	DUENCE OF):	0	- PIAN	<u></u>			O / M
	PART II. Other eignificent	Condition	Leading to death to	Put not r	eaulting in the	neu	ying couse given in Par		RMED?	CC OI	ERE AUTOPSY F MILABLE PRIOR OMPLETION DF F DEATH?  YES 2
SICIAN:	25. WAS CASE REFERRED TO N EXAMINER? 1 YES 2 NO	MEDICAL	HOSPITAL: 1   Inpatient 2   ER/Out	nation 3		HER:	L PLACE OF DEATH  Check	only one)  Other (Specify)			
PHY	27. MANNER OF DEATH		28a, DATE OF INJURY	patroni	28b. TIME OF		INJURY AT 20	d. DESCRIBE HOW	INJURY O	CCURED	
	Natural 5 Per	nding estigation	(Month, Day, Year)		INJURY	M 1	WORK?				
ED BY	3 Suicide 8 Co	uld not be armined	28a. PLACE OF INJUR building, etc. (Spe	Y — At ho	me, farm, street	, factory, o	office 26	of. LOCATION (Street City or Town, State		er or Rural Rou	te Number,
COMPLET	(Critick Orly)		CIAN: To the best of my know								nd menner as t
BE CO	29b. SIGNATURE AND VITLE OF			1	Ph	$\overline{)}$	29c LICENSE NUMBE				Ignith, Day, Year)
0	111111	W	new	YI	11/1		2000	(2)		3/1/	70

JOSEPH D. LIVINGSTON

6. AGE (In yrs. last birthday)

71

5. SEX

1 🔀 M 2 🗌 F

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 

IF UNDER 1 YEAR

DAYS

MONTHS

YRS.

IF UNDER 24 HRS.

HOURS

9b. CITY, TOWN OR LOCATION OF DEATH

2. DATE OF DEATH

7. DATE OF BIRTH (Month, Day, Year) 07 23

3. TIME OF DEATH 3:00 P.

8. BIRTHPLACE (State or Foreign

MARYLAND

10d. INSIDE CITY LIMITS? TYPES 2 - NO

14. RACE — American Indian, Black, White, etc.

Approximata Interval Between **Onset and Death** 

24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?

1 YES 2 NO

21211

9c. COUNTY OF DEATH

DHMH-18 Rev 1/89

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	CALE OF L	JEAIH	REG. NO.		
,	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	VEAD	3. TIME OF DEATH
,	ANNIE	RUTH		MERC	ER	MONTH DAY	YEAR	O M
	4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIR	THPLACE (State or Foreign
	Market College College				HOURS MIN.	(Month, Day, Year) 2-3-16	Cou	N.C.
l l	238-40-5720		14					
_	9a. FACILITY NAME (If not institution, give a	,		9b. CITY, TOWN OR			9c. COUNTY OF	DEATH
FUNERAL DIRECTOR	1832 EAST 28t	h STREET		BALTIM	ORE CI	TY		
입	10s. STATE 10b. COUNT	Υ	10c. CITY,	TOWN OR LOCATIO	N			10d. INSIDE CITY LIMITS?
<b>E</b>	147)		BAT	TIMORE	CTTV			OF ICH YES 2 NO
51	MD 10e, STREET AND NUMBER		[DAD.		CIP CODE		10a CITIZEN O	F WHAT COUNTRY?
RA		.1. amperm		100	1218	†	USA	WILL COUNTY
Z	1832 EAST 28t	42 WAS DECEDENT EVE	O IN II S ADMED			C ORIGIN? (Specify Yes		ICE — American Indian,
5	1 Never Married 2 Merried	FORCES? 1 Y	ES 2 JNQ.			, Puerto Rican, etc.)	BI	ack, White, etc.
B	3 Wildowed 4 Divorced	IF YES, GIVE WAR OF	DATES CO	1 🗌 YES 2	NO Specify:		Sp	BLACK
	4. 000000000000000000000000000000000000	I I I I I I I I I I I I I I I I I I I	40. 00000000000	1	-	Las vino or otto		
핃	15. DECEDENT'S EDU (Specify only highest grade	completed)	16a. DECEDENT'S U	ork done during most retired.)	of working	16b. KIND OF BUSI	NESS/INDUS I KI	
Ш	Elementary/Secondary (0-12)	College (1-4 or 5+)				1		
4	8th Grade		MILLER	CHEMIC	AL CO.			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	IE (First, Middle, Maiden S	Surname)	
	BILLY BUCK W	ITT.T.TAMS			LENA		JO	HNSON
#	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street and		oute Number, City or Town,	State. Zip Code)	
2	14 T 24 37 T 77	711 T (II T)				ET/BALTII		MD 21218
	MTNNTE A	VHTTE	20b. PLACE OF DISPOSI				ATION — City or	
- 1	Burial 2 Cremetion 3 - Ren		other place)		,			
	4 Donather 5 Other (Specify)		BALTIMO				ALTIMO	RE, MD
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		) 22. NAME AND	ADDRESS OF FAC	ILITY		
	Joonne	4.11	) main	WM C	MARCH	F H 11	01 E.	NORTH AVE.
	23. PART I. Enter the diseases, or	complications that cau	sed the death. Do no					Approximate
- 1	0.10	List only one cause of	n each line.					Interval Between Onset and Deeth
	iMMEDIATE CAUSE (Finel disease or condition	11		1-		1		Oliset and Deeth
	resulting in death)	a. CORO	NATRY	MRTL	ery_	DISEA	SE	
Z	Sequentially list conditions,	b. HUIS	ERTEI	USION				
Ĕ	il ally, leading to miniediate	DUE/TO (OR A	S A CONSEQUENCE OF	):				i l
3	CAUSE (Disease or injury	c. DIABLE TO (OR )	ETES	MEL	41 TU.	5		
E	that initiated events	DUE TO (OR A	IS A CONSEQUENCE OF	):				i
CERTIFICATION	resulting in death) LAST	d						
			h. h			Part I. 24a, WAS AN		24b. WERE AUTOPSY FINDINGS
A	PART ii. Other aignificant condition					Part I. 24a, WAS AN PERFOR		AVAILABLE PRIOR TO
용	CHRONI	C REN	AL FA	TLUR	E	1 YES 2	DONO	COMPLETION OF CAUSE OF DEATH?
¥								1 TYES 2 NO
4: MEDICAL						_		1 TES 2 NO
IAN: ME	25. WAS CASE REFERREO TO MEDICAL			26. PL/	NCE OF DEATH (Che	ock only one)		1   YES 2   NO
SICIAN: ME	EXAMINER?	HOSPITAL:	Outputtant 2 7 004	OTHER:				1   YES 2   NO
IYSICIAN: ME	EXAMINER?  1 YES 2 NO	1 - Inpatient 2 - ERA		OTHER: 4   Nursing Home	5 - Residence	8 Other (Specify)	HIBN OCCUBE	
PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH		RY 28b. TIMI	OTHER: 4 Nursing Home E OF 28c. INJU	5 Residence		JURY OCCURED	
PHYSICIAN:	EXAMINER?  1 YES 2 NO	1 topatient 2 ERA  28a. DATE OF INJU (Month, Day, Ye	RY 28b. TIMI er) INJI	OTHER: 4  Nursing Home E OF 28c. INJU WOR M 1  Y	5 - Residence	8 Other (Specify) 28d. DESCRIBE HOW IF		
BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	28a. DATE OF INJU (Month, Dey, Ve	RY 28b. TIMI er) INJU	OTHER: 4  Nursing Home E OF 28c. INJU WOR M 1  Y	5 Residence	8 Other (Specify)		
ED BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJU (Month, Day, Ye	RY 28b. TIMI er) INJU	OTHER: 4  Nursing Home E OF 28c. INJU WOR M 1  Y	5 Residence	8 Other (Specify) 28d. DESCRIBE HOW IF 28f. LOCATION (Street a		
ED BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJU 28e. PLACE OF INJU building, etc. (	RY 28b. TiMi INJI URY — At home, farm, s Specify)	OTHER: 4   Nursing Home E OF   28c. INJU URY   WOR   1   YI Arreel, factory, office	5 Residence IRY AT IK? ES 2 NO	8 Other (Specify) 28d. DESCRIBE HOW II 28f. LOCATION (Street a City or Town, State)	nd Number or Ru	
ED BY PHYSICIAN:	EXAMINER?  1 YES 2 DSNO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only 1 CERTIFYING PHY)	28e. PLACE OF INJU (Month, Day, Ve 28e. PLACE OF INJU building, etc. (	RY 28b. TiMi INJI URY — At home, farm, a Specify)	OTHER: 4   Nursing Home E OF   28c. INJU URY   WOR 1   You wate, fectory, office	S G Residence HRY AT IK7 ES 2 NO	8 Other (Specify) 28d. DESCRIBE HOW II 28f. LOCATION (Street a City or Town, State) to the cause(s) end men	nd Number or Ru	
BY PHYSICIAN:	EXAMINER?  1 YES 2 DNO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only 000)  2 MEDICAL EXAMIN	28a. DATE OF INJU (Month, Day, Ye 28a. PLACE OF INJU building, etc. ( SICIAN: To the best of my k tER: On the basic of examin	RY 28b. TiMi INJI URY — At home, farm, a Specify)	OTHER: 4   Nursing Home E OF   28c. INJU URY   WOR 1   You wate, fectory, office	FIFY AT IKC? ES 2 NO	B Other (Specify) 28d. DESCRIBE HOW IN 28f. LOCATION (Street a City or Town, State) to the cause(s) end men time, date end place, en	nd Number or Ru ner as stated. d due to the ceu	ral Route Number, se(s) end manner as stated.
COMPLETED BY PHYSICIAN:	EXAMINER?  1 YES 2 DSNO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only 1 CERTIFYING PHY)	28a. DATE OF INJU (Month, Day, Ye 28a. PLACE OF INJU building, etc. ( SICIAN: To the best of my k tER: On the basic of examin	RY 28b. TiMi INJI URY — At home, farm, a Specify)	OTHER: 4   Nursing Home E OF   28c. INJU URY   WOR 1   You wate, fectory, office	FY AT KY? ES 2 NO and place, and due ath occured at the	8 Other (Specify) 28d. DESCRIBE HOW II 28f. LOCATION (Street a City or Town, State) to the cause(s) end men time, date end place, en	nd Number or Ru ner as stated. d due to the ceu	ral Route Number,
BE COMPLETED BY PHYSICIAN:	EXAMINER?  1 YES 2 DINO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	28e. DATE OF INJU (Month, Dey, 16 28e. PLACE OF INJU building, etc. ( SICIAN: To the best of my ker. On the basic of examin	RY 28b. TiMi INJI URY — At home, farm, s Specify)	OTHER: 4   Nursing Home 5   OF   28c. INJU URY   WOR 1   You work   OF   OF   OF   work   OF   OF   OF   work   work   OF   work   w	FRY AT IK? ES 2 NO	8 Other (Specify) 28d. DESCRIBE HOW II 28f. LOCATION (Street a City or Town, State) to the cause(s) end men time, date end place, en	nd Number or Ru ner as stated. d due to the ceu	ral Route Number, se(s) end manner as stated. NED (Mogith, Day, Year)
COMPLETED BY PHYSICIAN:	EXAMINER?  1 YES 2 DNO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only 000)  2 MEDICAL EXAMIN	28e. DATE OF INJU (Month, Dey, 16 28e. PLACE OF INJU building, etc. ( SICIAN: To the best of my ker. On the basic of examin	RY 28b. TiMi INJI URY — At home, farm, s Specify)	OTHER: 4   Nursing Home 5   OF   28c. INJU URY   WOR 1   You work   OF   OF   OF   work   OF   OF   OF   work   work   OF   work   w	FRY AT IK? ES 2 NO	8 Other (Specify) 28d. DESCRIBE HOW II 28f. LOCATION (Street a City or Town, State) to the cause(s) end men time, date end place, en	nd Number or Ru ner as stated. d due to the ceu	ral Route Number, se(s) end manner as stated. NED (Mogith, Day, Year)
BE COMPLETED BY PHYSICIAN:	EXAMINER?  1 YES 2 DINO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	28e. DATE OF INJU (Month, Dey, 16 28e. PLACE OF INJU building, etc. ( SICIAN: To the best of my ker. On the basic of examin	RY 28b. TiMi INJI URY — At home, farm, s Specify)	OTHER: 4   Nursing Home 5   OF   28c. INJU URY   WOR 1   You work   OF   OF   OF   work   OF   OF   OF   work   work   OF   work   w	FRY AT IK? ES 2 NO	8 Other (Specify) 28d. DESCRIBE HOW II 28f. LOCATION (Street a City or Town, State) to the cause(s) end men time, date end place, en	nd Number or Ru ner as stated. d due to the ceu	ral Route Number, se(s) end manner as stated.

be detached for use as the burial-transit permit. Pages 1, 2, 3 should by the hospital or attending physician. RYLAND 21203-3146 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mous after death. Page (was 10 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be BALTIMOR DIVISION OF VITAL RECORDS, P.O. BOX 13146,

notified at once.

9

guha Savidson-Randosse

DHMH-18 Rev 1/89

15 11 12

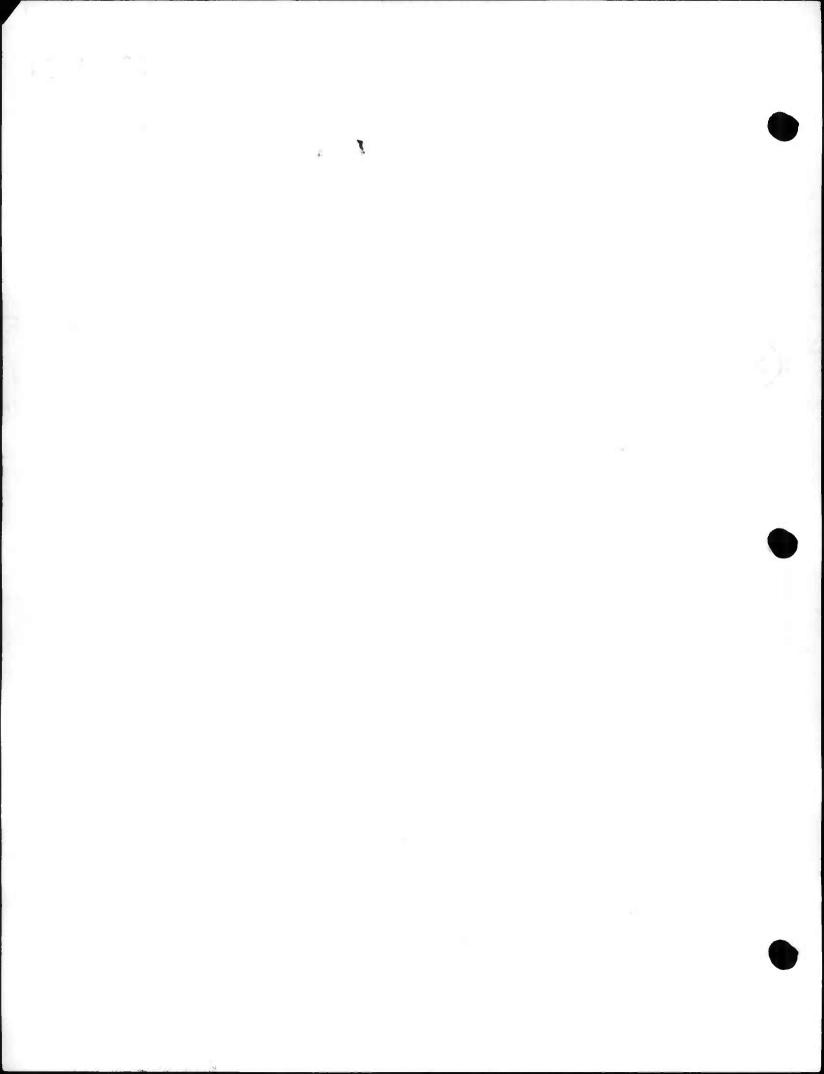
as the burial-transit permit. Pages 1, 2, 3 should mending physician. BALTIMORE, MARYLAND 21203-3146 IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CE	RTIF	CATE	OF	DEATH		REG. NO.				
,	1. DECEDENT'S NAME (First, Middle, Lest)								OF DEATH			3. TIME OF DEAT	гн
1	Virginia	a Mayo Per	rcv					MONT	uly 31	, 19	90	6:00 A	. м
1	4. SOCIAL SECURITY NUMBER	- V	. AGE (In yrs. last	birthday)	IF UNDER	YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH		6. BIRTI	IPLACE (State or Fo	preign
	217-52-0451	1 🗆 M 2 🂢 F	73	YRS.	MONTHS	DAYS	HOURS MIN.	May	14, 1	917	Ma	ryland	
1	9a. FACILITY NAME (If not institution, give str	eet and number)			9b. CITY,	TOWN O	R LOCATION OF D			9c. COU	NTY OF D		
DIRECTOR	1700 Meridene Dri	508			Bal	timore C	ity						
Ä	10a. STATE 10b. COUNTY			10c. CITY	, TOWN O		ION					10d. INSIDE CITY	,
ā	Maryland Dorche	ester			Vier	nna						1 TYES 2	NO
FUNERAL	The Woodlands						ZIP CODE 21869			1,1	SA	WNAT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 FYES, GIVE WAS	YES 2 N	MED IO	1	f yea, spe	ENDENT OF HISPA colfy Cuban, Maxico 2 NO Specific	an, Puerto		or No—	14. RAC Blac Spec	E — American Indi k, White, etc. #y: White	en,
0	15. DECEDENT'S EDUC (Specify only highest grade of	ATION	16a. DEC	CEDENT'S	USUAL OC	CUPATIO	N st of working	168	. KIND OF BU	SINESS/IN	DUSTRY	MIII LC.	
Щ	Flamentary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT us	e retired.)								
COMPLETED	12 Years	3 YeaRS		Regis	stere	ed N	urse	- 1	Medi	cal			
Ö	17. FATHER'S NAME (First, Middle, Lest)						16. MOTHER'S NA			Sumame)			
BE (	Elmer L. Mayo						Ruth M	lerri	CK				
TO	19a. INFORMANT'S NAME (Type/Print)						nd Number or Rural						
-	Carolyn C. Devill	)1SS					Ct., Gl		-				
	20a. METHOD OF DISPOSITION  1 [XBurial 2 ] Cremation 3 ] Ramo	val from State	other pis	ice)			netery, cremetory or					own, State	4.1
	4 Donation 6 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICE	-1105-21	Last	New	Mari	(et	Cemetery	/				arket, N	1a.
	21. SIGNATURE OF FUNERAL SERVICE LICE	Soul and	P. K.		22.	litc	nell-Wie	edefe	ld Hom	e, I	nc.		
	James F. Burns	side, Jr.	Car of	,			York Ro					21212	
	23. PART 1. Enter the diseeses, or cashock, or heart fellure. I				ot enter	the mo	de of dylng, su	ch as cer	disc or resp	Iratory e	rrest,	Approxim	
	IMMEDIATE CAUSE (Final	C .	A		1		*,					Onset an	
	disease or condition resulting in deeth)	, Coud	eda	Esu	she	201	M					Zive	eh
		DUE TO (C	OR AS A CONSEC	DUENCE OF	10		n. 1		0	n		1000	
NO	Sequentially list conditions,	DUE TO "	OR AS A CONSEC	QUUL	Jose	) le	ci un	10	n Pred	leus	our	15 70	sous
CERTIFICATION	If eny, leading to immediate cause. Enter UNDERLYING	Post	- Pol	LM	Sa	_ 1	LAUS					1040	0.4
	CAUSE (Diseese or Injury that Initiated events	DUE TO (C	OR AS A CONSEC	DUENCE OF	7:	1	20,000					1	200
E	resulting in deeth) LAST	Cal	lockon	n -								1541	eld
	DADT II Other elevisions condition		la adh hud a d	0		at a selection	1 1 1 1 1 1	- D1					
DICAL	PART II. Other significant conditions	contributing to a	0.					n Part I.	24a. WAS AP PERFO		24	b. WERE AUTOPSY I AVAILABLE PRIOF COMPLETION OF	OT F
ğ	- 1	U	course	an	ear	one	n ps		1 TES	2 NO		OF DEATH?	CAUSE
M	es of who	eus										1 YES 2	NO
A N	25. WAS CASE REFERRED TO MEDICAL								<u> </u>				
PHYSICIAN: ME	EXAMINER?	HOSPITAL:			OTHE	₹:	ACE OF DEATH (C						
14S	1 YES 2 470	1 Inpatient 2 I		28b. T/M		aing Horr 28c. INJ	ie 5 Haaldence	_	er (Specify)	INJURY O	CCURED		
	1 Natural 5 Pending	(Month, Day		INJ	URY M		PRK?		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		00011120		
BY	2 Accident Investigation 3 Suicide 8 Could not be		INJURY — At ho	me, ferm, :	street, fact				CATION (Street		er or Runal	Route Number,	
	4 Homicide 8 Could not be	building, a	tc. (Specify)					Ch	or Town, State	)			
9	29a. CERTIFIER 1 CERTIFYINO PHYSIC	CIAN: To the best of r	ny knowledne de	ath occur	ed at the I	Ime date	and place, and the	in to the co	wee/e) and me	oner se et	sted:		
COMPLETED	(Check only one) 2 MEDICAL EXAMINE											(a) and menner as	stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER						29c. LICENSE NU					D (Month, Day, Year	
8	9. H. a. 4)	Q- 1	mo				10	42	7	<b>D</b>	2.1	. QA	,
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE		M 27) (Type	, Print)		DIO	( 6	,		01	/ 0	
	E. Hunter Wilson	n, M.D.	104 W.	Univ		ty P	kwy. Sui	ite 4	, Balt	imor	e, M	ld. 212	18
	AUG 0 2 1990	TURN DEVICES	A STATULE	2									
				-									



LAND 21203-3146

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1 -

	N	*
†Q,	ed within	omoletely
2	execute	and c
<	8	Sian
DIVISION OF VITAL RECORDS, P.O. BOA 13149,	tificate	physic
j	93	ij
7.	death	aften
0	the	#
Ę	TE	3
Ş	ires th	pinned
Ĭ	ned /	haan
	No.	38
₹	The	a d
Ξ	S	FUE
	SICI	hay
5	PHY	thic
2	DING	Attor
7	E	ė
5	A	E
5	8	PIR
_	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z	TO THE FINERAL DIRECTOR. After this certificate has been stoned by the attending physician and completely f
	里	THE
	2	E

	1. DECEDENT'S NAME (First, Middle, Last	Richard				T1 10 100		3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER		n yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	27 4	D / O S CL M  BIRTHPLACE (State or Foreign		
	510186927	/	7 & YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 2-9-12		Country)		
ı	9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN	OR LOCATION OF DI	EATH	9c. COUNTY	17.		
e l	HARBOR MO	SPITAL CEN	TER	Bal	timore	e city Baltimore				
ECT	RESIDENCE OF DECEDENT  10a, STATE  10b, COUN			Y, TOWN OR LOC	ATION			10d. INSIDE CITY		
DIRECTOR	mD			Altir	nore			1 XYES 2 NO		
	10e. STREET AND NUMBER	0			of, ZIP COOE		10g. CITIZEN	OF WHAT COUNTRY?		
FUNERAL	2605 CAR	VER RUAD	)		212	25	US	A		
5	11. MARITAL STATUS  1. Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes, s	pecify Cutian, Mexica	NIC ORIGIN? (Specify ) in, Puerto Rican, etc.)	es or No 14.	RACE — American Indian, Black, White, atc.		
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES V	1 🗆 YE	S 2 NO Specif	y:		Specify B/ACK		
G	15. DECEDENT'S ED (Specify only highest gra-		16a, DECEDENT'S	USUAL OCCUPAT		16b. KIND OF B	USINESS/INDUST	TRY		
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT us	e retired.)	out or working					
MP	42 54745700 MANE 451-4 A41-4 1-4		DO IV	2776						
	17. FATHER'S NAME (First, Middle, Last)	DAUSIS			NOTHER'S NA	ME (First, Middle, Meide	mit	1		
BE	19a, INFORMANT'S NAME (Type(Rdnt)		19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, City or To		-27:1		
2	TYPONE DA	015	260	5 CA	PRIER	ROAD	BAH	more, mo		
	20 METHOD OF DISPOSITION 1 Burlel 2 Cremetton 3 Re	moval from State	PLACE OF DISPOS	SITION (Name of c	emetery, cremetory or	20c. I	2. 11	or Town, State		
ĺ	Donation 5 □ Other (Specify) □	Total Co	EDAR	1116	L (5-40)	etery &	SOUKI	YN, M		
	21. SIGNATURE OF UNITHAL SERVICE I	1/		22. NAME :	AND ADDRESS OF FA	//	ارديد	10/ Meceno.		
	gerry	Phuris		CHI	4 TMAX	J-HAM.	st.H.	BAIL MOR, MI		
	23. PART I. Effter the diseases, D ahock, or heart fallure	r complications that caused a. List only ona cause on a		not antar tha m	oda of dying, suc	ch as cardiac or res	piratory arreat	Intarval Batween		
	IMMEDIATE CAUSE (Final disease or condition	( T 5	2 1 - 1					Onset and Daath		
	resulting in death)	a. 9.4	CONSEQUENCE OF	P.						
- 1	1	DUE TO (OR AS A	COMOCAULITOR OF					1		
z				. ,.						
TION	Sequantially list conditions, if any, leading to immediate	. Hypote	CONSEQUENCE OF	F):						
-ICATION	If any, laading to Immadiata cause. Entar UNDERLYING CAUSE (Disease or Injury	b. Hypote Due to for AS A	MSION CONSEQUENCE OF	n: ardia	- arry	thmias				
RTIFICATION	If any, leading to Immediate cause. Enter UNDERLYING	b. Hypote Dueto (OR AS A DUE TO (OR AS A	CONSEQUENCE OF	n: ardiac	- arry	thmias				
CERTIFICATION	If any, leading to Immediate cause, Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	b. Hypote  DUE TO (OR AS A  C. Maly NO  DUE TO (OR AS A  d. Cerebro	CONSEQUENCE OF	n: ardiac n: ular	Acci	thmias				
	If any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	b. Hypote  DUE TO (OR AS A  C. Maly NO  DUE TO (OR AS A  d. Cerebro	CONSEQUENCE OF	n: ardiac n: ular	Acci	PERF	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE		
EDICAL	If any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions and the cause of the ca	b. Hypote  Due-to (on as a  c. Making no  Due to (on as a  d. Cerebro  ona contributing to death be	CONSEQUENCE OF	n: ardiac n: ular	Acci	Part I. 24a. WAS PERF	ORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
MEDICAL	If any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnificant conditions are conditionally in the condition of the cond	b. Hypote  DUE TO (OR AS A  C. Maly No  DUE TO (OR AS A  d. Cerebro  One contributing to death b	CONSEQUENCE OF CONSEQ	n: ardiac n: ular	Acci	PERF	ORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
MEDICAL	If any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions to the condition of the condi	b. Hypote  Due to (or as a  Corebro  d. Cerebro  One contributing to death b  Renal Fan  Heart F	CONSEQUENCE OF	P: ardiac P: where	Acci	PERF	ORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
MEDICAL	If any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnificant conditions to the condition of the condi	b. Hypote  DUE TO (OR AS A  C. Maly No  DUE TO (OR AS A  d. Cerebro  One contributing to death b	CONSEQUENCE OF CONSEQUENCE OF VALCE	P): (Ardia) (P): (Ardia) (P): (Ardia)	ng cause given in	PERF	ORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
EDICAL	If any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnificant conditions to the condition of the condi	b. Hypote  Due-to (OR AS A  Cerebro  Conscontributing to death be  Renal Far  Heart F	CONSEQUENCE OF CONSEQ	P):  Ardia  F):  In the underlyi  26.  OTHER: 4 □ Nursing Hole  EFOF 28c. II	ng cause given in	PERF 1 VES	ORMED? 2 (ZÍ-NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO		
MEDICAL	If any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnificant conditions of the condition of the condi	DUE TO (OR AS A  c. May M  DUE TO (OR AS A  d. Cerebro  d. Cerebro  Meant Fan  Heart F  HOSPITAL: 1 Dinpatient 2 = ER/Outp  288. DATE OF INJURY  (Month, Day, Year)	CONSEQUENCE OF CONSEQ	F):  Ardiac F):  Corners  26.  OTHER: All Discourses  OTHER: All Discourses  Mills OF Jury Mills OF	PLACE OF DEATH (C) OTHER 5   Residence NJURY AT YORK? YES 2   NO	PERF 1 YES  neck only one)  S Other (Specify)  28d. DESCRIBE HON	ORMED?  2 (2 NO  VINJURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO		
ED BY PHYSICIAN: MEDICAL	If any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnificant conditions of the condition of the condi	DUE TO (OR AS A  C. May and DUE TO (OR AS A  d. Cerebro  ona contributing to daeth be  Renal Fan  Heart F  HOSPITAL: 1 Dippetlant 2 ER/Outp  280. DATE OF INJURY (Month, Day, Year)	CONSEQUENCE OF CONSEQ	F):  Ardiac F):  Corners  26.  OTHER: All Discourses  OTHER: All Discourses  Mills OF Jury Mills OF	PLACE OF DEATH (C) OTHER 5   Residence NJURY AT YORK? YES 2   NO	PERF 1 VES  Theck only one)  S Other (Specify)	ORMED?  2 10-NO  V INJURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO		
ETED BY PHYSICIAN: MEDICAL	If any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnificant conditions of the condition of the condi	DUE-TO (OR AS A  C. May and DUE TO (OR AS A  d. Cerebro  ona contributing to death be  Renal Fan  Heart F  HOSPITAL: 1 D'Inpatient 2 ER/Outp  28a. DATE OF INJURY building, stc. (Spec	CONSEQUENCE OF CONSEQ	P):  Ardiac P):  In the underlyi  26.  OTHER: 4   Nursing He IE OF   26c. II  JURY M   1    ettreet, factory, of	ng cause given in	PERF 1 YES  1 YES  Other (Specify)  28d. DESCRIBE HON  City or Rown, Ste	ORMED?  2 100 NO  V INJURY OCCUR et and Number or	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO		
ETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions and the condition of the cond	DUE-TO (OR AS A  C. MCM (A MC DUE TO (OR AS A  d. Cerebro  ona contributing to death be  Renal For  Heart F  HOSPITAL: 1 Dinputent 2 ER/Outp  (Month, Day, Year)  28a. PLACE OF INJURY building, stc. (Spec	CONSEQUENCE OF CONSEQ	P):  Ardiac P):  In the underlyi  26.  OTHER: 4   Nursing H  IE OF  NURY M 1    street, factory, of	PLACE OF DEATH (CI	PERF 1 YES  Teck only one)  S Other (Specify)  28d. DESCRIBE HON  City or Rown, Ste  a to the cause(a) and re	ORMED?  2 10 NO  V INJURY OCCUR of and Number or te)	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO		
COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions and the condition of the cond	DUE TO (OR AS A  C. MANG M  DUE TO (OR AS A  C. PC D V  ONA  C. PC D V  ONA  DUE TO (OR AS A  C. PC D V  ONA  DUE TO (OR AS A  C. PC D V  ONA  DUE TO (OR AS A  C. PC D V  DUE TO (OR AS A  C. PC D V  DUE TO (OR AS A  C. PC D V  DUE TO (OR AS A  C. PC D V  DUE TO (OR AS A  DUE TO (OR AS A  C. PC D V  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  C. PC D V  DUE TO (OR AS A  C. PC D V  DUE TO (OR AS A  DUE TO (OR A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR	CONSEQUENCE OF CONSEQ	P):  Ardiac P):  In the underlyi  26.  OTHER: 4   Nursing H  IE OF  NURY M 1    street, factory, of	PLACE OF DEATH (CI	PERF 1 YES  Other (Specify)  28d. DESCRIBE HON  28f. LOCATION (Stre- City or Rown, Ste a to the cause(a) and re a lime, data and place,	ORMED?  2 NO  VINJURY OCCUR  et and Number or  te)  namer as stated.  and due to the c	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO		
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnificant conditions of the condition of the condi	DUE TO (OR AS A  C. MANG M  DUE TO (OR AS A  C. PC D V  ONA  C. PC D V  ONA  DUE TO (OR AS A  C. PC D V  ONA  DUE TO (OR AS A  C. PC D V  ONA  DUE TO (OR AS A  C. PC D V  DUE TO (OR AS A  C. PC D V  DUE TO (OR AS A  C. PC D V  DUE TO (OR AS A  C. PC D V  DUE TO (OR AS A  DUE TO (OR AS A  C. PC D V  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  C. PC D V  DUE TO (OR AS A  C. PC D V  DUE TO (OR AS A  DUE TO (OR A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR	CONSEQUENCE OF CONSEQ	F):  Ardiac F):  26.  OTHER: 4   Nursing H IE OF 28c. II JURY M 1   1   1   1   1   1   1   1   1   1	ng cause given in  PLACE OF DEATH (C)  The sign of the	PERF 1 YES  Other (Specify)  28d. DESCRIBE HON  28f. LOCATION (Stre- City or Rown, Ste a to the cause(a) and re a lime, data and place,	ORMED?  2 NO  VINJURY OCCUR  et and Number or  te)  namer as stated.  and due to the c	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2  NO  RED  Rural Route Number,		
COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnificant conditions of the condition of the condi	DUE-TO (OR AS A  C. M. M. M. M.  DUE TO (OR AS A  d. C.	CONSEQUENCE OF CONSEQ	Pi:  Ardiac  Fi:  Ardiac  Fi:  26.  OTHER: 4   Nursing He  BE OF 26c. If  Jury M 1    street, factory, of  ed at the Hime, de  on, in my opinion	PLACE OF DEATH (C)  The state of the state o	PERF 1 YES  Teck only one)  S Other (Specify)  28d. DESCRIBE HON  City or Town, Ste  a to the cause(a) and re illime, data and place,  MBER	V INJURY OCCUR of and Number or te)  and due to the c  29d. DATE S	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  RED  Rural Route Number,  suee(a) and manner as stated.  IGNED (Month, Day, Year)		
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnificant conditions of the condition of the condi	DUE-TO (OR AS A  C. M. M. M. M.  DUE TO (OR AS A  d. C.	CONSEQUENCE OF CONSEQ	Pi:  Ardiac  Fi:  Ardiac  Fi:  26.  OTHER: 4   Nursing He  BE OF 26c. If  Jury M 1    street, factory, of  ed at the Hime, de  on, in my opinion	ng cause given in  PLACE OF DEATH (C)  The sign of the	PERF 1 YES  Teck only one)  S Other (Specify)  28d. DESCRIBE HON  City or Town, Ste  a to the cause(a) and re illime, data and place,  MBER	V INJURY OCCUR of and Number or te)  and due to the c  29d. DATE S	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  RED  Rural Route Number,  ause(a) and manner as stated.		

103

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

DHMH-18 Rev 1/89

90 21059

95/10 11

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	AL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after the control of the retained by the attending physician and completely filled in by the number of should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should 2 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	MPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
NOISIAION	To the Mospital or Attending Phys To the Funeral Director: After this be filed within 72 hours after death with	IMPORTANT: If Item 28 is ma

,	1. DECEDENT'S NAME (First,	Middle, Last)		LAFran	ice Rai	ndle			2. DATE OF	DEATH	(	YEAR	3. TIME OF DEATH	
	SADIE		KAND	ole					8	2		90	0420	M
	4. SOCIAL SECURITY NUMB	17.00	5. SEX	6. AGE (In yrs. I		IF UNDER 1 YE		IDER 24 HRS.	7. DATE OF I			6. BIRTH Count	IPLACE (State or Foreign	7
ì	215-07-	4961	1 - M 2 F	75	YRS.	MONTHS DA	YS HOU	RS MIN.	6/2	1/10	5		MD.	
	9a. FACILITY NAME (If not in	stitution, give str	eet and number)			9b. CITY, TO	WN OR LOC	CATION OF DI	EATH		9c. COUN	TY OF D	EATH	
DIRECTOR	ST JOSE	ZPH	Hosp.	TAL		TOV	USO	U. M	0.		BA	1+:	more	
	10e. STATE	10b. COUNTY	T T		10c. CITY	TOWN OR L	CATION						IOd. INSIDE CITY LIMITS?	
5	Maryland	Balt:	imore Co	unty	Parl	kville	!						I TES 2 NO	
FUNERAL	10e. STREET AND NUMBER						101. ZIP (	ODE			log. CITIZ	EN OF	WHAT COUNTRY?	
H	1108 Halst	ead Roa	ad				212	34			U.S	S.A.		
5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. /	ARMED				NIC ORIGIN? (S		or No-	14. RAC	E — Americen Indien, k, White, atc.	
BY	I ☐ Never Merried 2 ☐ 3 🔀 Widowed 4 ☐ Divo		IF YES, GIVE W		INO			NO Specif		n, etc.)	ŀ	Spec		
			N-10.						-		- 1		wille	_
1	(Specify only	EDENT'S EDUC y highest grade o	ATION completed)		DECEDENT'S I (Give kind of w ife. Do NOT use	ork done durin		orking	16b. Kil	ND OF BUS	INESS/IND	USTRY		
וי	9 years	0-12)	College (1-4 or 5 +	.)	tail S		Ron		l D	epart	mont	Sto	ro	
COMPLEIED	17. FATHER'S NAME (First, M	(della ( ant)		I.e	:tall :	ales		40TUEDIO 111	ME (First, Midd			310	T.E	
	Grover Cle		Hendriv				- 1		ne Stoi		ourreme)			
BE	19e. INFORMANT'S NAME		**CHULTY		19h MAU INC	Annesse /~			Route Number,		State 71-	Corles		
2	Edmen R. T.		choen						rkvil]				21234	
	20a. METHOD OF DISPOSIT  1 Buriel 2 X Crematic  4 Donalion 5 Other	on 3 🗆 Remo	oval from State	other	en Mou						t imo		own, State Maryland	
	21. SIGNATURE OF FUNERA	, , , , , , , , , , , , , , , , , , , ,	ENSEE , D		10)				edefel					
	Taba C	Daite	toky	D-R	ach J									
	John G				/								land 2121	
	23. PART I. Enter the d ahock, or h	eart fellure. L	List only one cau	se on each li	geath. Do n ne.	ot entar the	mode of	ayıng, aud	n aa cardiad	or reapi	ratory arr	<b>0</b> 81,	Approximata Interval Between	een
	IMMEDIATE CAUSE (Fir disease or condition	nel	11/100	40 10 0	100		/	On a	1 Hos		41.0		Onaet and De	
- 1	resulting in death)	<b>→</b>	DUE TO	(OR AS A CONS	ECHENCE OF	1	en	714	7000	- Corr	me	ne	nueam	9
-4			A	100000	10	int	0 (	and	LOUT	101	1/4	, ,	Gleedon	
<u></u>	Sequentially list condit		DUE TO	(OR AS A CONS	-		-			70-0	000			
CERTIFICATION	cause. Entar UNDERLY	ING	H	when	tu	no	2							
	CAUSE (Disease or Injuthat initiated events	ury	DUE 10	ORFAS A CONS	SEQUENCE OF	):								
	reaulting in death) LAS	ST .	0											
	PART II. Other algolifica	ant condition	a contribution to	doeth but no	t requising I	n the under	dulma nos	on almost le	Boot I a	e. WAS AN	ALITODAY	1 00	L. WERE ALITORAY ENION	100
₹	PART II. Other aignines	ant condition	e contributing to	death but no	r resulting i	n the under	rying cau	ise Given in	Pairt I. 24	PERFOR		24	<ul> <li>WERE AUTOPSY FINDIP AVAILABLE PRIOR TO COMPLETION OF CAUS</li> </ul>	
EDICAL									— I 1	☐ YES 2	□ NO		OF DEATH?	ÞE
Ξ	***												1 YES 2 NO	
Ž														
흐	25. WAS CASE REFERRED T EXAMINER?	TO MEDICAL	HOSPITAL:			OTHER:	6. PLACE	OF DEATH (C	heck only one)					
PHYSICIAN:	I YES 2 NO		I Inpetient 2						8 Other (S					
	27. MANNER OF DEATH    Natural 8	Pending	28e. DATE OF (Month, E	lay, Year)	28b. TIM	URY	work?		28d. DESCR	IIBE HOW II	NJURY OC	CURED		
B	2 Accident	investigation	28a DI ACE (	F.INJURY — AI	home formit		YES	2   NO	204   00476	ON /Ptreat o	and Africanian	as Oursel	Route Number,	-
COMPLETED	3 Suicide 6 4 Homicide	Could not be determined		etc. (Specify)	none, tern, e	areet, rectory,	once		City or	Town, State)	ing Nomber	Or Abrei	riodis riginosi,	
	29e. CERTIFIER (Check only	TIFYING PHYSIC	CIAN: To the best of	my knowledge,	death occurre	d at the time	date and	place, end du	e to the cause	(e) end man	ner ee stat	ed.		
<u> </u>	one)	ICAL EXAMINE	R: On the basis of s	ouamination end/	or investigation	n, in my opin	lon, death	occured at Ih	e time, data en	d placa, en	d due to It	e ceuse	(e) end manner as state	id.
	29b. SIGNATURE AND ZITLE	E OF CERTIFIER	1				29c	LICENSE NU	MBER		29d, DAT	E SIGNE	D (Month, Day, Year)	_
BE	Mull	ani	un				1	12720	70		<b>&gt;</b> 0	11)	190	
2	30. NAME AND ADDRESS O	F PERSON WH	O COMPLETED CAU	SE OF DEATH (I	TEM 27) (Type.	Print)	14	21-3			, i	1	1	_
	ASHWANI	16.	RMST	CI			21	Mosp	1782	124	n m	in	s Ma	
			1-11324	AR'S SCHATUS		2 - 11	/	1 0 0	11010	100	10/10		7	

THE SHALL STATE OF

the bunal-transit permit. Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be determine the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at one

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI			MENTAL HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH		
	ROSE SAI	MASON				MONTH DI	90	OO: 30 AM		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. 9	BIRTHPLACE (State or Foreign		
	214 22 2911	1□M2XF 7	9 YRS.	ONTHS DAYS	HOURS MIH.	12-14-1		Md		
_	9e. FACILITY NAME (If not institution, give				R LOCATION OF DE		9c. COUNTY	OF DEATH		
DIRECTOR	UNIVERSITY OF MARYland Hospital Baltimore MD									
2	10e. STATE 10b. COUNT	·Y	10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY		
뚬	Mn		R	ALM	more			1 12 YES 2 NO		
	10e. STREET AND NUMBER		1 -	101.	ZIP CODE			OF WHAT COUNTRY?		
BY FUNERAL	501 6 PRESTI	ON ST. APT	t. 512		2120		15	4		
5	11, MARITAL STATUS  1 Never Merried 2 Married	12. WAS DECEDENT EVER IN U	J.S. ABMED	13. WAS DEC	ENDENT OF HISPAN	IC ORIGIN? (Specify Years, Puarto Rican, etc.)	or No- 14.	RACE — American Indian, Black, White, etc.		
₹	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE			NO Specify			Specify: BLACK.		
	15. DECEDENT'S EDU	JCATION 1	6a. DECEDENT'S US	SUAL OCCUPATION	IN .	16b, KIND OF BU	I SINESS/INDUST	TRY		
1	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of wor life. Do NOT use	rk done during mos retired.)	st of working					
£	4th		UNEMPL	OYED				-		
COMPSETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Melden	Sumame)			
BE	WILLIAM SAMP	SON				STEWAR				
2	190. INFORMANT'S NAME (Type/Print)  GRACE WILLI	5 M C	The second of the second	The state of the s		Route Number, City or Tow		010		
			501 PLACE OF DISPOSIT			-BALTIN	ORF,	MD 21202		
	20a. METHOD OF DISPOSITION  1 Burlel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	ESTERN	STAR (	FMFTFR			LLE, MD.		
	21, SIGNATURE OF FUNERAL SERVICE LI			-	D ADDRESS OF FA		014 3 4 1 1	LLL, MU.		
	D 0 0 0									
	23. PART I. Enter the diseases, or	Wance	he death Do es					NORTH AVE.		
		List only one ceuse on eed		k siller the mo	de of dying, suc	n ea cardiec or resp	iratory sirest	Interval Between		
	IMMEDIATE CAUSE (Final disease or condition	Q as -	مراجع المراجع	our re:	ST			Onset end Dasth		
	resulting in desth)	Besoir	CONSEQUENCE OF):					-		
z		b. Pleural DUE TO (OR AS A C				( 9				
J.	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A C	CONSEQUENCE OF):							
2	CAUSE (Disesse or Injury	· Congest	re hoart	faile	ue, p	neunou	a,			
CERTIFICATION	that initiated events resulting in deeth) LAST	BOE TO (ON AS A C	JONGEODENCE OF):					İ		
CE		d								
CAL	PART II. Other significant condition	ns contributing to dasth but	t not resulting in	the underlying	g ceuse given in	Part I. 24a. WAS AN PERFO		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
DIC	ANEMIA					1 YES :	NO 🦛	COMPLETION OF CAUSE OF DEATH?		
MEDIC	Diabetes					_		1 TYES 2 NO		
ä		-								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PL OTHER:	ACE OF DEATH (Ch	eck only one)				
ΥS	1 TYES 2 NO 27. MANNER OF DEATH	1  Inpatient 2 ☐ ER/Output 26a. DATE OF INJURY	tient 3 DOA 4			6 Other (Specify)	MILIEN COCKE	rn.		
	1 Netural 5 Pending	(Month, Day, Year)	INJUI	RY WO	PRK7	28d, DESCRIBE HOW	INJURY OCCUR	ieu		
BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY -	- At home, farm, str			281. LOCATION (Street	and Number or	Rural Route Number,		
Œ	4 Homicide 6 Could not be determined	building, etc. (Specif	y)			City or Town, State	)			
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my knowle	dge, death occurred	at the time, date	and place, end due	to the cause(e) end me	nner ee stated.			
MC	cond only	IER: On the beele of examination						euse(e) end menner ee stated.		
ECC	29b. SIGNATURE AND TITLE OF CERTIFI	ER			29c. LICENSE NU	MBER	29d. DATE S	IGNED (Month, Day, Year)		
00	Shaum	y. alm	gi.				D 7	-31-90		
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, F	Print)			•			
	31. AUG = 0 12 1990	Feller Description - House	TUBE -							

r amending physician.

TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYN DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22-mours after death, Page 6 may be retained in 10 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFIC			MENTAL HYGIE						
1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH		3. TIME OF DEATH				
E	11a M.	SCH	MIDTMA	N	August	2. 199	5:28a <sup>M</sup>				
		yrs. lest birthday) #	UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIRTH		BIRTHPLACE (State or Foreign				
220-48-6451	□ M 2 ∰ F 84	YRS. MO	NTHS DAYS	HOURS MIN.	Oct. 19	,1905	Maryland				
9a. FACILITY NAME (If not institution, give street		96	. CITY, TOWN O	R LOCATION OF DE		9c. COUNTY					
Franklin Square	e Hospital	ı l				Balt-	imore County				
RESIDENCE OF DECEDENT						TDULU.					
10a. STATE 10b. COUNTY			own on Locat				10d. INSIDE CITY LIMITS?				
10a. STREET AND NUMBER		Бе				T 40 - 0/7/75	1 🔀 YES 2 🗌 NO				
			101	ZIP CODE							
3521 E. Fayette	STIGET		T	21224	IIC ORIGIN? (Specify	U.S.	A				
1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, sp	cify Cuban, Maxica	n, Puarto Rican, atc.)	788 OF NO- 14	Black, White, atc.				
3: Widowed 4 Divorced	IF YES, GIVE WAR OR DAT	ES	1   YES	2 № NO Specify	<i>f:</i>		Specify: White				
15. DECEDENT'S EDUCATION	ON	16a. DECEDENT'S US	UAL OCCUPATION	ON .	16b. KIND OF	BUSINESS/INDUS	TRY				
(Specify only highest grade com	ollege (1-4 or 5+)	(Give kind of work life. Do NOT use n	done during mo etired.)	st of working							
12th	lh.	omemake	r		ho	me					
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maid	len Surname)					
Charles E. Ford				Ella	Mvers						
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AC	ORESS (Street a	nd Number or Rural I	Route Number, City or	Town, State, Zip Co	ode)				
Harrison F. Pind	ler	2352	Hamil	towne C	ircle.	Roseda	le 21237 Md				
20a. METHOD OF DISPOSITION	from State	PLACE OF DISPOSITI	ON (Name of cer	netery, crematory or	20c.	LOCATION - CIT					
1 Burial 2 Cremation 3 Removal 4 Donation 6 Other (Specify)		orraine				alto.	bM				
21. SIGNATURE OF FUNERAL SERVICE LICENS	EE .	$\cap$	JOSE1	oh N 7.	annino	במסמנים	1 IIoma				
Heefe 11. ga	mede,	<b>A</b> .	263	S. Conk	ling St	runera rest	T HOME				
23. PAIT I. Enter the diseases, or com							t, Approximata				
ahock, or heart failure. List IMMEDIATE CAUSE (Finel	only one cause on eac	ch ilne.					Intarvel Between Onset and Death				
diseese or condition	Sever Chi	ronic Of	struc	tive Di	11monart	Dises	989				
resulting in death) a		CONSEQUENCE OF):	J5 01 40	OIVC I	x I monar )	_DISC	156				
Sequentielly list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):									
cause. Enter UNDERLYING CAUSE (Disease or Injury											
that initiated events resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF):									
d											
PART II. Other significent conditions of	ontributing to death bu	it not resulting in	the underlyin	g ceuse given in		AN AUTOPSY	24b. WERE AUTOPSY FINDINGS				
_Hypothyroidis	m.					FORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE				
Chronic Atria		ation.				23	OF DEATH?				
Hyperkalemia.		NO LOIL			_						
25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (Ch	neck only one)						
	OSPITAL:		THER:	ne 5 🗆 Residence	6 Other (Specify)						
27. MANNER OF DEATH	28a. DATE OF INJURY	26b. TIME (	OF 28c. IN.	JURY AT	28d. DESCRIBE HO	W INJURY OCCU	RED				
1 X X atural 5 Pending Investigation	(Month, Day, Year)	INJUF		YES 2 NO	ļ						
2 Accident Investigation 3 Suicide 6 Could not be	26e. PLACE OF INJURY - building, atc. (Specif		et, factory, offic	:a	26t. LOCATION (Str. City or Town, St		Rural Route Number,				
4 Homicide determined	building, and Japanes	14)			City of lown, Si	eloj					
29a. CERTIFIER 1 CERTIFYING PHYSICIAL	N: To the best of my knowle	edge, death occurred	at the time, date	and place, and due	to the cause(s) and	menner as stated					
(Check only	_										
	one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated.										
296. SIGNATURE AND TITLE OF CERTIFIER	1 11			29c, LICENSF NII	MBEK	29d, 13ATP	SIGNED (Month: Day, Year)				
296. SIGNATURE AND TITLE OF CERTIFIER	ball	1.00	18001 6 4 1 00 100								
296. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type, P	rint)	N/A	MBEK	► 8	10 -100				
30. NAME AND ADDRESS OF PERSON WHO C				N/A	-W-1	<b>▶</b> 8	12/90				
30. NAME AND ADDRESS OF PERSON WHO C	D.O. 9000	) Frankl		N/A	-W-1	<b>▶</b> 8	10 -10 0				

Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE FUNEAGLY After this certificate has been signed by the attending objection and completely filled in by the funeral director, page 5 should be detached to be been signed by the attending objection and completely filled in by the funeral director, page 5 should be detached to be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	burial-transit perm	
OTHE FUNCIAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.		
In the most rule of a remain or instance, the are required to the attending physician and completely filled in by the funeral director, page 5 should be detached in the filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	-	
	OTHE FUNCIAL DIRECTOR, An arrangement of the attended of the attended of the following	

3 Suicide

4 Homicide

COMPLETED

BE

2

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 7:35PM Shorter Oscar E. 7-31-90 7. DATE OF BIRTH (Month, Day, Year) 7-17-1911 8. BIRTHPLACE (State or Foreign 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. DAY8 HOURS 1 M 2 - F 79 212-10-6582 YRS Md 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Baltimore City DIRECTOR 3705 Edgewood Road RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 10a. STATE 10b. COUNTY Md Baltimore 1 X YES 2 NO 10a. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10f. ZIP CODE 3705 Edgewood Road 21215 USA 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO 14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Mexican, Puarto Rican, etc.) 1 Never Married 2XX Married IF YES, GIVE WAR OR OATES Specify: Black 1 TYES 2XXNO Specify: BY 3 Widowed 4 Divorced COMPLETED 16b. KIND OF BUSINESS/INDUSTRY 15. DECEDENT'S EDUCATION 18a, DECEDENT'S USUAL OCCUPATION (Sp (Give kind of work done life. Do NOT use retired.) st of working Elementary/Secondary (0-12) Collega (1-4 or 5+) Post Office 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Oscar E. Shorter, Janie Henson BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21215 Elaine Shorter 3803 Fordleigh Road Baltimore, Md 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION — City or Town, Stata 1XXBurial 2 Cremetion 3 Removal from State Arbutus Memorial Park Arbutus, □ Donation 5 □ Other (Specify) 21. SIGNATURE OF FUNCTIAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY March F/H West 4300 Wabash Avenue 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, shock, or heert feliure. List only one ceuse on each line Interval Retween Onset and Death IMMEDIATE CAUSE (Finel disease or condition Hypertensive arteriosclerotic cardiovascular disease reaulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly ilst conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 TES TO NO 1 - YES 2 - NO INSPECTION PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one, HOSPITAL: OTHER: 1 YES 2 NO etiant 2 - ER/Outpatient 3 - DOA 4 🗌 Nurs me 5 Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 28b, TIME OF XXX Natural 5 Pending м 1 YES 2 NO BY Investigation 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify)

> 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and piece, end due to the cause(a) and manner as stated.

29d. DATE SIGNED (Month, Day, Year) SIGNATU? AND JITLE OF CERTIFIER 29¢ LICENSE NUMBER 8-1-90 OCME

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

JAMES KAPLAN, MD 111 Penn Street, Baltimore, MD 21201

Ton .

32 REGISTRAR'S SIGNATURE

8 Could not be determined

DHMH-18 Rev 1/89

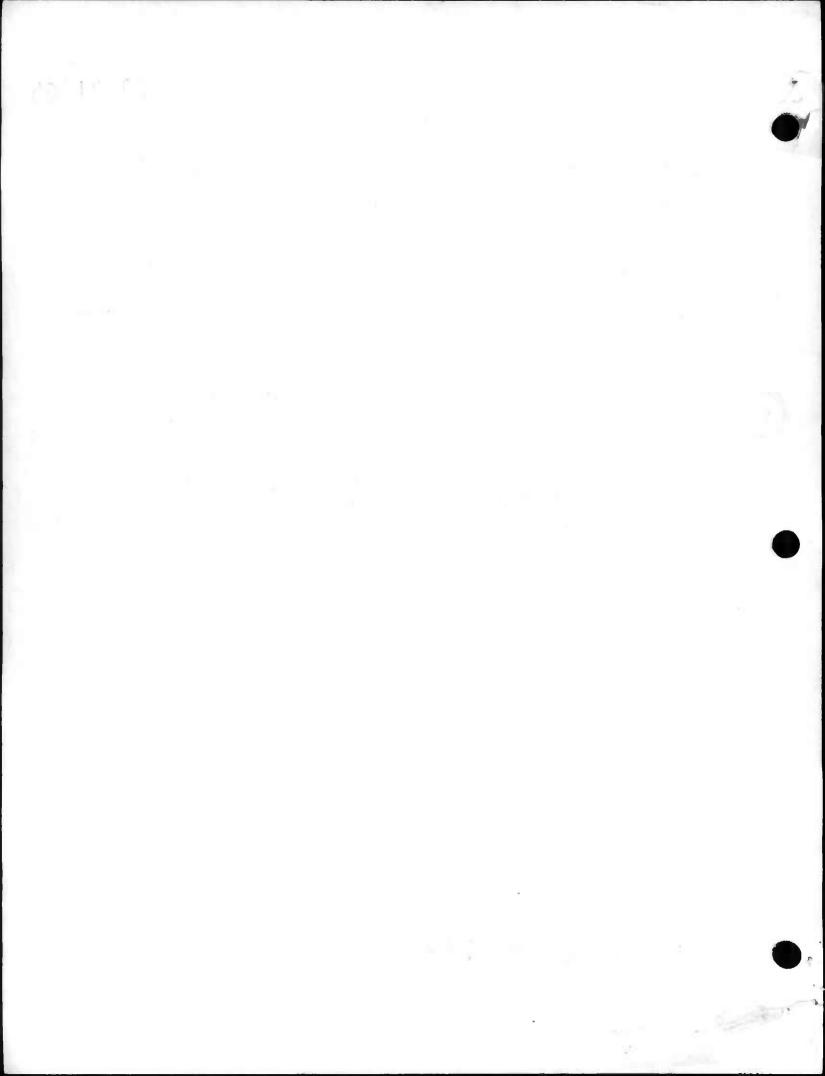
Calle Fi

	7	9	
	Spil	P	
	2	act	6
	A-	ě	. 5
ŗ,	d.	20	NE.
٢	B.	*	¥
	X	W.	4
L	19	10	Æ
3	٠,	4	1
1	3	Da	-
	E	tor,	2
	9	9	E
	Pag	6	9
	Ę.	673	富
	eat	\$	X
	50	al he	
	afte	NOT THE	2
	50	20	5
	9	00	E
	7	A P	9
	5	ety nati	-
	Ę	Jet L	E
	P	E .	3
	35	S.E	2
	ž	and b	at
	9	an r	3
	le l	Sici	E
	leal	phy se	9
	Ē	ng	등
	0	혈숙	-
	eath	atte	-
	0	Ne Ne	5
	€	N P	E
	hat	d b	5
	SS	afte	60
	uire	Sic a	. ₹
	red	99	-
	MP	D S	63
	96	5 5	2
	=	ate	9
	AN	Diffe.	-
	SIC	this certificate has been signed by the attending physician and completely filled in by the funeral director, page is subjust to direached to with the State Dent or Health and Mental Hyolene prior to burial, cremation, or removal.	riced, or item 23 shows any injury, or other traumatic event, the medical examiner must be matter at once.
	\$	Si	P
	4	53	+

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

90 21064

1 - FOR STATE REGISTRAR	STATE OF MARYLAN		NT OF HEALTH AND TE OF DEATH	MENTAI	REG. NO.		90 2106	
1. DECEDENT'S NAME (First, Middle, Last)	ARRIE SEWE	at f		2. DATE MONTH	OF DEATH		3. TIME OF DEATH  3. TIME OF DEATH	
214-01-97741	0 M 2 Ch 80	YRS. MONT		. (Month	OF BIRTH by Day, Year)	^ TE	BIRTHPLACE (State or Foreign Gountry)	
9a, FACILITY NAME (If not institution, give street  DIDC TOUC  RESIDENCE OF DECEDENT	h Case T	ouch [	CITY, TOWN OR LOCATION OF	DEATH	ماد	9c. COUNTY	OF DEATH	
10a. STATE 10b. COUNTY		10c. CITY, TO	MY OR LOCATION				10d. INSIDE CITY LIMITS? 1	
10e. STREET AND NUMBER		nui.	10f. ZIP CODE 2	2-3		us	7	
11. MARITAL STATUS 1 Newer Married 2 Married 3 Wildowed 4 Divorced	P. WAS DECEDENT EVER IN U FORCES? 1 TYES IF YES, GIVE WAR OR DATE	2 NO	13. WAS DECENDENT OF HIS If yes, specify Cuberi, Mer 1 YES 2 1 NO Sp	xican, Puerto I	f? (Specify Yes Rican, etc.)	or No 14.	RACE — American Indian, Black, White, atc. Specify: B ACK	
To be a specify:    The content of the complete of the complet								
17. FATHER'S NAME (First, Middle, Last)  T.	SEWELL		16. MOTHER'S	NAME (First, I	Middle, Maiden S SEWEI			
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	RESS (Street and Number or Ru	ral Aoute Numi	ber, City or Town	, State, Zip Coo	de)	
LEONA PERSON		1834 W.	FAYETTE STR	EET, E	BALTIMO	DRE, M	ARYLAND 2122	
20a. METHOD OF DISPOSITION  1 X Burial 2 Cremation 3 Remova  4 Donation S Other (Specify)	I from State		Name of cemetery, cremetory		20c. LOC	CATION — City	or Town, Stata MARYLAND	
21. SIGNATURE CONTINUE LICEN	SEE STATE		22. NAME AND ADDRESS OF ESTEP BROTHE 1300 EUTAW P	RS FUN	NERAL S	SERVIC	E, P. A.	
shock, Lef heart failure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death)	B	ae	Arryttin	is			Interval Between Onset and De	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A C							
PART II. Other algorificant conditions	contributing to death but	not resulting in th	e underlying cause given	in Part I.	24s. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION DF CAUS OF DEATH?	
- HITA	- Belle	17	ALM				1  YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		26. PLACE OF DEATH	(Check only or	ne)			
	☐ Inpatient 2 ☐ ER/Outpat		HER: <sup>I</sup> Nursing Home 5 □ Resider	nce 8 🗆 Othe	er (Specify)			
27. MANNER OF DEATH  1  Netural 8 Pending 2  Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b, TIME OF INJURY	28c. INJURY AT WORK?  M 1 YES 2 NO		SCRIBE HOW II	NJURY OCCUR	RED	
3 Suicide 8 Could not be detarmined	28e. PLACE OF INJURY — building, etc. (Specify	- At home, farm, street )	, factory, office	28f. LOC City	CATION (Street a or Town, State)	and Number or	Rural Route Number,	
(Crieck Offiny			the time, data and place, and my opinion, death occured at					
29b. SIGNATURE AND TITLE OF CERTIFIER	sper	m	2 29c. LICENSE	NUMBER 356	7	29d. DATE S	IGNED (Month, Day, Year)	
30. NAME AND ADDRESS OF PERSON WHO OF ADDRESS OF ADDRE	32 DEGISTRAR'S SIGNAT		)				77.4	



Maryland

10s. STREET AND NUMBER

DIRECTOR

1. DECEDENT'S NAME (First, Middle, Last)

9s. FACILITY NAME (If not institution, give

RESIDENCE OF DECEDENT

4. SOCIAL SECURITY NUMBER

214 18577

Marie

Good Samaritan Hospital

10b. COUNTY

MAMIE

1691

1 M 2 F

5. SEX

LILLIAN

84

6. AGE (In yrs. last birthday)

SIEGERT

MONTHE

10c. CITY, TOWN OR LOCATION

DAYS

Baltimore City

HOURS

101. ZIP CODE

permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21203-3 And after death. Page 6 may be retained by the hospital or attend to prove DIVISION OF VITAL RECORDS, P.O. BOX 13146, THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

11. MARITAL STATUS   12. WAS DECEDENT EVER IN U.S. ARMED   13. WAS DECENDENT OF HISPANIC ORIGINT (Specify Verify December 2   Married 3   Maritad 2   Married 3   Married 1   Married 3   Married 3   Married 1   Married 3   Married 1   Married 3   Married 2   Married 1   Married 2   Married 1   Married 3	ER/	1176 Washington B	Blvd.			21230		
Elementary/Secondary (0-12)  S Years  To Father's Name (First, Middle, Last) Harry Franklin Ripley  199. MAILING ADDRESS (Street and Number or Fural Pours Number, City or Tow other place)  199. MAILING ADDRESS (Street and Number or Fural Pours Number, City or Tow other place)  190. METHOD OF DISPOSITION 11/2 Burles 2 Cremation 3 Removal from State 10/4 Donastion 6 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSES  22. NAME AND APPRESS (Remettery)  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respond to the complete of the	ВУ	1 Never Merried 2 Married	FORCES? 1 YES	2 X NO	If yes, sp	ecity Cuben, Mexico	en, Puerto Ric	
Elementary/Secondary (0-12) 8 Years  Tr. FATHER'S NAME (First, Middle, Last) Harry Franklin Ripley  196. INFORMANT'S NAME (Type/Print) John F. Siegert, Jr.  206. METHOD OF DISPOSITION 10 Burles 2 Cremetion 3 Removal from State 4 Donation 6 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSE  22. MARE AND Appression Fractive eld Home Ashock, or heart failura. List only one cause on each line.  10 Burles 2 Cremetion on the final failura. List only one cause on each line.  11 Burles 2 Cremetic on the final failura. List only one cause on each line.  12 Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  18 MOTHER'S NAME (First, Middle, Meiden Rose Carvell Home Rose Carvell Rose Carv	ED			16a. DECEDENT'S	USUAL OCCUPATION	ON pet of working	16b. K	IND OF BU
Harry Frankin Ripley  19a. INFORMANT'S NAME (Type/Print)  John F. Siegert, Jr.  20a. METHOD OF DISPOSITION 10 Burlat 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify)  21. SIGNATURE OF TUBERAL SERVICE UCLIENT  22. NAME AND ADDRESS (Street and Number or Rural Route Number, City or Row other Place) 22. NAME AND ADDRESS (Street and Number or Rural Route Number, City or Row other Place) 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or resp shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel diseases or complications)  Beginning in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):	APLET	Elementary/Secondary (0-12)		Iffe, Do NOT u	se retired.)		Н	ome
Harry Franklin Ripley  19a. INFORMANT'S NAME (Type/Print)  John F. Siegert, Jr.  20a. METHOD OF DISPOSITION 19 Burlet 2 Cremetton 3 Removal from State 4 Donastion 6 Other (Specify)  21. SIGNATURE OF JUNERAL SERVICE LICEUSES  22. NAME AND ADDRESS (Street and Number or Flural Route Number, City or Removal from State of the Place of Disposition (Name of cemetery, cremetory or other place)  21. SIGNATURE OF JUNERAL SERVICE LICEUSES  22. NAME AND ADDRESS OF FACILITY ELICEUSES  22. NAME AND ADDRESS OF FACILITY ELICEUSES  23. PART 1. Enter the diseases, or compilications that caused the death. Do not enter the mode of dying, such as cardiec or responded by the part of the part	00							
198. INFORMANT'S NAME (hype/Print)  John F. Siegert, Jr.  20a. METHOD OF DISPOSITION  10 Burlel 2 Cremetion 3 Removal from State  4 Donation 6 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSE  22. NAME AND ADDRESS (Street and Number of Rural Route Number, City or Row 5751 Maple Hill Rd. Baltimore, City or Row 5751 M	ш		ipley					
20a. METHOD OF DISPOSITION  10 Burlel 2 Cremation 3 Removal from State  11 Burlel 2 Cremation 3 Removal from State  12 Burlel 2 Cremation 3 Removal from State  13 SIGNATURE OF TUNERAL SERVICE LICENSES  21 SIGNATURE OF TUNERAL SERVICE LICENSES  22 MAME AND ADDRESS OF FACILITY COUNTY OF THE COUNTY			1					
1   Burlei 2   Cremetion 3   Removal from State   Other (Specify)	-						Raiti	_
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respondition resulting in death)  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respondition resulting in death)  24. Due to (or as a consequence of the death)  25. Due to (or as a consequence of the death)  26. Due to (or as a consequence of the death)  27. Due to (or as a consequence of the death)  28. Due to (or as a consequence of the death)  29. Due to (or as a consequence of the death)  29. Due to (or as a consequence of the death)  29. Due to (or as a consequence of the death)  29. Due to (or as a consequence of the death)  29. Due to (or as a consequence of the death)  29. Due to (or as a consequence of the death)		11 Buriel 2 Cremetion 3 Rem	novel from State	other place)	n Park (	Cemetery		100 70
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or responded abook, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that infiliated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):				Sn.				
	CERTIFI	If any, leeding to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO (OR AS	A CONSEQUENCE C	) (F):	g cause given in		PERFO
	Sic	1 YES 2 NO		rtpetient 3 🗆 DOA		ne 6 🗆 Residence	6 🗆 Other	(Specify)
25. WAS CASE REFERRED TO MEDICAL   26. PLACE OF DEATH (Check only one)		27. MANNER OF DEATH  1 Netural 6 Pending Investigation	26e. DATE OF INJURY (Month, Day, Year)	29b, TH	JURY W	ORK?	28d. DESC	RIBE HOW
27. MANNER OF DEATH  286. DATE OF INJURY (Month, Dey, Year)  286. TIME OF INJURY AT WORK?  1 Netural 6 Pending	0	0 0 0 1:14: —	26e. PLACE OF INJUI building, atc. (Sc	RY — Al home, farm, secilly)	street, factory, offi	Ce	28f. LOCAT City or	HON (Street Town, State
27. MANNER OF DEATH  1 Netural 6 Pending Investigation  2 Accident Investigation  3 Suicide 6 Could not be  26. DATE OF INJURY (Month, Dey, Year)  26. TIME OF INJURY AT WORK?  M 1 YES 2 NO  26. PLACE OF INJURY AI home, farm, street, factory, office  28. LOCATION (Street AI home, farm, street, factory, office)	OMPLE	Corroom ormy	and the second s					
27. MANNER OF DEATH  26. DATE OF INJURY (Month, Dey. Vear)  26. DATE OF INJURY 1 Netural 6 Pending Investigation Investigation Investigation 3 Suicide 6 Could not be determined  26. DATE OF INJURY 26. DATE OF INJURY 26. DATE OF INJURY 26. DATE OF INJURY AT WORK? 1 YES 2 NO  26. PLACE OF INJURY — Al home, farm, street, factory, office 26. DATE OF INJURY AT WORK? 1 YES 2 NO  26. DATE OF INJURY AT WORK? 27. MANNER OF DEATH  28. DATE OF INJURY AT WORK? 28. DATE OF INJURY AT WOR	BE	Cent	The	~		29c. LICENSE NU	JMBER	
27. MANNER OF DEATH    1	F	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF I		e, Print)	dia m	Ga	cd

31. DATE FILED (Morith, Day, Near) Superistran's alchatume AUG-0 2-1990, July Davidson-Rands

2. DATE OF DEATH 30 Jan. 30, IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Mary land MIN. 1906 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Baltimore City 10d. INSIDE CITY LIMITS? 1 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, etc. or No-Specify: White SINESS/INDUSTRY a m, State, Zip Code) 21239 Md. CATION — City or Town, State timore, Maryland ne, Inc. 21212 ore, Md. iretory arrest, Approximata Interval Between **Onset and Death** 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? AUTOPSY 2 NO 1 TYES 2 NO INJURY OCCURED and Number or Rural Route Number, nner as stated. nd due to the cause(s) and menner as stated 29d, DATE SIGNED (Month Day Year)

DHMH-16 Rev 1/89

must be notified at once.

6

TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely fined in the be filed within 72 hours after death with the State bept. of Health and Mental Hygiene prior to burdia, cremation, or the IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the med TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type. M FIDWCS M D/10554

Day Con Conce

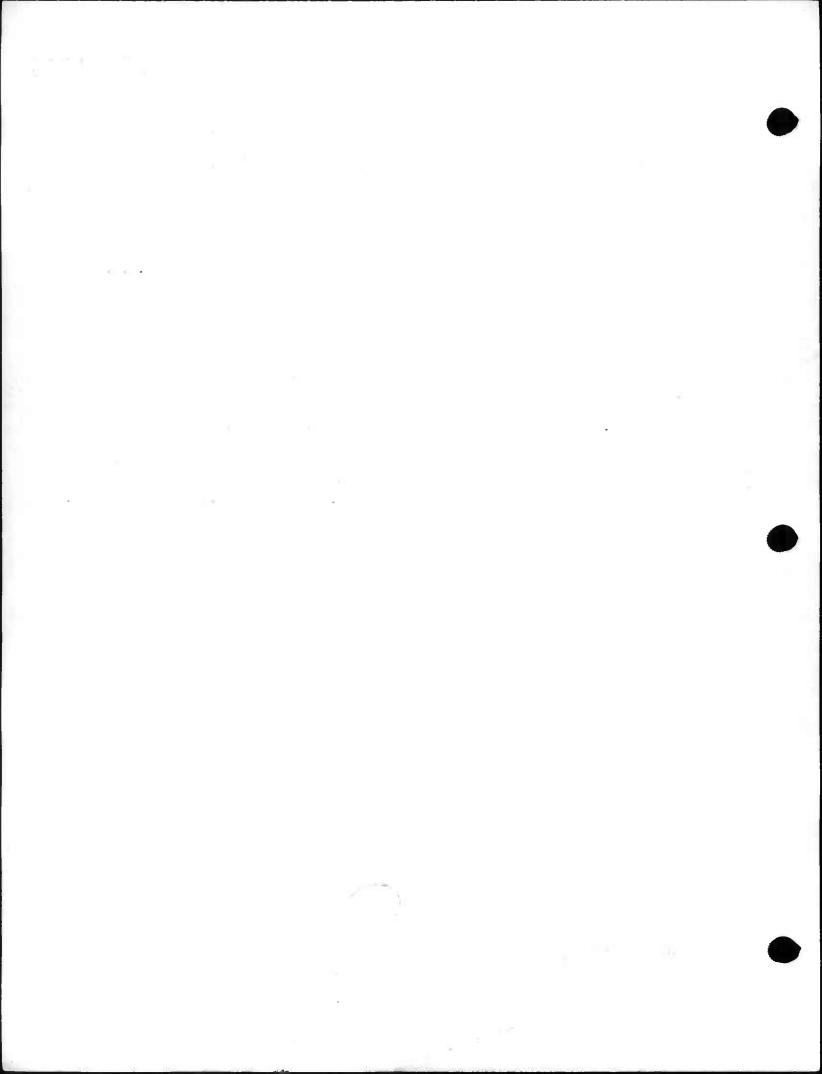
31. DATE FILED (MONT), Day, Year)
AUG 0 2 1990

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE OF MARYLAND / DEPARTMENT OF DEATH REG. NO.														
1	1. DECEDENT'S NAME (First,	Middle, Last)		S	HA	W			J	2. DATE O	7, 1	990	YEAR		E OF DEATH
	4. SOCIAL SECURITY NUMB 224-16-6799	ER	5. SEX 1 💢 M 2 🗌 F	6. AGE (in yrs. in:	st birthday) YRS.	MONTHS	DAYS	IF UNDER	MIN. A		5,19	16	8. BIRTI	gini	(State or Foreign
OR	90. FACILITY NAME (# not in 10518 Vista	Road	treet and number)				r, town		ON OF DEA	NTH			ward	DEATH	
DIRECTOR	100. STATE Maryland	10b. COUNTY	ard			r, town		TION						LI	ISIDE CITY MITS? (ES 2 NO
FUNERAL D	100. STREET AND NUMBER	Road			1		10	zip cod	€ 044			10g. CIT	U.S	WHAT CO	
B	11. MARITAL STATUS  1 Never Merried 2 3 Wildowed 4 X Divo		FORCES?	IT EVER IN U.S. AI	RMED		tf yes, s	ecity_Cube	OF HISPANIO an, Mexican, Specify:	, Puerto Ric	(Specify Yee cen, etc.)	or No-	14. RAC Blac Spec	k, White,	orican Indian, etc. hite
COMPLETED		EDENT'S EDUC highest grade		+)	ECEDENT'S Sive kind of a NOT a Carps	work done rse retired.)	during m	ON ost of world	ng		and of Bu		DUSTRY		
BE CON	J. Phillip								nnie		ddle, Maiden	Surname)			
10 8	190. INFORMANT'S NAME (1) Patricia L.	McKee									r, City or Tow , Mar			044	
	20g. METHOD OF DISPOSIT  1. Buriel 2 Cremetic  4 Donation 5 Other	(Specify)		20b. PLACE other p Natio	(ace)	Memo:	rial	Parl	k		Fal				o Virginia
)	21. SIGNATURE OF FUNERA	L SERVICE LIC	SENSEE S								al Ho		Chu	rch,	, Va.2204
	23. PART I. Enter the dehock, or he immediate cause (Figures) disease or condition resulting in death)	eart fallure.	List pnly pne ca	uae on aach iin	na	0		11			,	iratory a	rrent,		Approximate nterval Batween Onset and Death
CERTIFICATION	Sequentially list conditions, if sny, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  b. DUE TO (OR AS A CONSEQUENCE OF):														
CAL CERT	PART II. Other aignifica		d	desth but not	resulting	in the u	nderlyi	ng csuse	given in i	Part i.	24a. WAS AMPERFO		24	AVAILA	AUTOPSY FINDINGS IBLE PRIOR TO LETION OF CAUSE
PHYSICIAN: MEDI										_	1 🗌 YES	2 MO		OF DE	
YSICIA	25. WAS CASE REFERRED T EXAMINER? 1 YES 2 NO	O MEDICAL		☐ ER/Outpatient			R: Irsing Ho	me 5 🗆 R	DEATH (Che	8 🗆 Other	(Specify)				
B	2 Accident	Pending Investigation		F INJURY Day, Year)  OF INJURY — At h		IJURY M	1 🗆	JURY AT ORK? YES 2	□ NO		TION (Street			Route N	umber,
LETED	4 Homicide	Could not be determined	building	, etc. (Specify)	fauth occur	road at the	time de	a and size	a and the	City o	r Town, Stete	)			
COMPLET	one) 2 MEC	ICAL EXAMINE	ER: On the beste of					death occi	ured at the	time, date		nd due to	the ceuse		
BE	296. SIGNATURE AND TITLE		Yours 1	nn					CENSE NUM	7 0	7	29d. DA	7 / >	い (Month	, Day, Year)

HIC

DHMH-18 Rev 1/89

10



10:25 a.m

6. BIRTHPLACE (State or Foreign

10d. INSIDE CITY LIMITS?

14. RACE — American Indian, Black, White, etc.

1 X YES 2 NO

White

Penna

Approximete Onset and Death

10.25 Am

Maryland

Baltimore

Specify:

(Not Known)

1990

OX 13146, BALTIMORE, MARYLAND 21203-3146	HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Hours after death. Page 6 may be retained by the hospital or attending physician	HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tra ed within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.	DRTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificat	HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi ed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crismation, or removal.	IANT: It item 28 is marked, or item 23 shows any injury, or other

DIVISION OF

FUNERAL

8

COMPLETED

BE

0

MEDICAL CERTIFICATION

PHYSICIAN:

BY

COMPLETED

BE

2

MPORTANT: IL

五五百

223

FOR STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1, DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH Frank J. Scheuerman 07 31 6. AGE (In yrs. last birthday) A SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH DAYS HOURS MIN. Nov. 15, 1900 218-22-6712 1 🕅 M 2 🗌 F 89 9a. FACILITY NAME (If not institution, give street and number) 9c COUNTY OF DEATH 95 CITY TOWN OR LOCATION OF DEATH Ivy Hall Geriatric Center, Inc. Middle River RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION Maryland Baltimore City 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5501 Arabia Avenue 21214 United States 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-if yee, specify Cuban, Mexican, Puerto Rican, atc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 1 Never Married 2 Married 1 ☐ YES 2 ☑ NO Specify: 3 Wildowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15 DECEDENT'S FOUCATION 16h KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) 8 Ret. Grocer - Self 18. MOTHER'S NAME (First, Middle, Maiden Surname) 17. FATHER'S NAME (First, Middle, Last) Scheuerman Elizabeth Louis 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9021 Stile Post Lane Richard J. Scheuerman Baltimore, Md. 20s. METHOD OF OISPOSITION
1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State
4 ☐ Donation 6 ☐ Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, Stata Zion Lutheran Cem. 8-3-90 Glen Rock 21. SIGNATURE OF FUNERAL SERVICE LIÇENSEE 22. NAME AND ADDRESS OF FACILITY Milton J Knight Jr. 21214 Leonard J. Ruck, Inc. 5305 Harford Road 23. PART I. Enter the diseases, of complications that beused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause on each line. **IMMEDIATE CAUSE (Finel** disease or condition resulting in deeth) CONGESTIVE DUE TO (OR AS A CONSEQUENCE OF):

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

resulting in death) LAST PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Part i.

1 | Inpatient 2 | ER/Outpatient 3 | DOA

26a. DATE OF INJURY (Month, Day, Year)

A THE ROSCLE ROTIC

DUE TO (OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF):

24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH?

28d. DESCRIBE HOW INJURY OCCURED

1 YES 2 NO

261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 6 Could not be 4 Homicide determined

28b. TIME OF

29s. CERTIFIER 1 GERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated.

DEMENTIA

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated.

no 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

HOSPITAL:

26. PLACE OF OEATH (Check only one)

29c. LICENSE NUMBER

D38647

OTHER:
4 Nursing Home 5 - Residence 6 - Other (Specify)

28c. INJURY AT WORK?

1 YES 2 NO

BALTIMORE, 21220 mi

29d. DATE SIQNEO (Month, Day, Year)

07-31-90

31. DATE FILED (Month, Day, Year)

Sequentielly list conditions,

if eny, leeding to immediate ceuse. Enter UNDERLYING

25. WAS CASE REFERRED TO MEDICAL

29b. SIGNATURE AND TITLE OF CERTIFIER

FAUZI

5 Pending

CAUSE (Diseese or injury

that initiated events

EXAMINER?

1 Natural

2 Accident

27. MANNER OF DEATH

1 YES 2 NO

02 1990 Fulis Swiden Pandalls

A Hamilton Landa W

The death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146

FOR STATE REGISTRAR

1 -

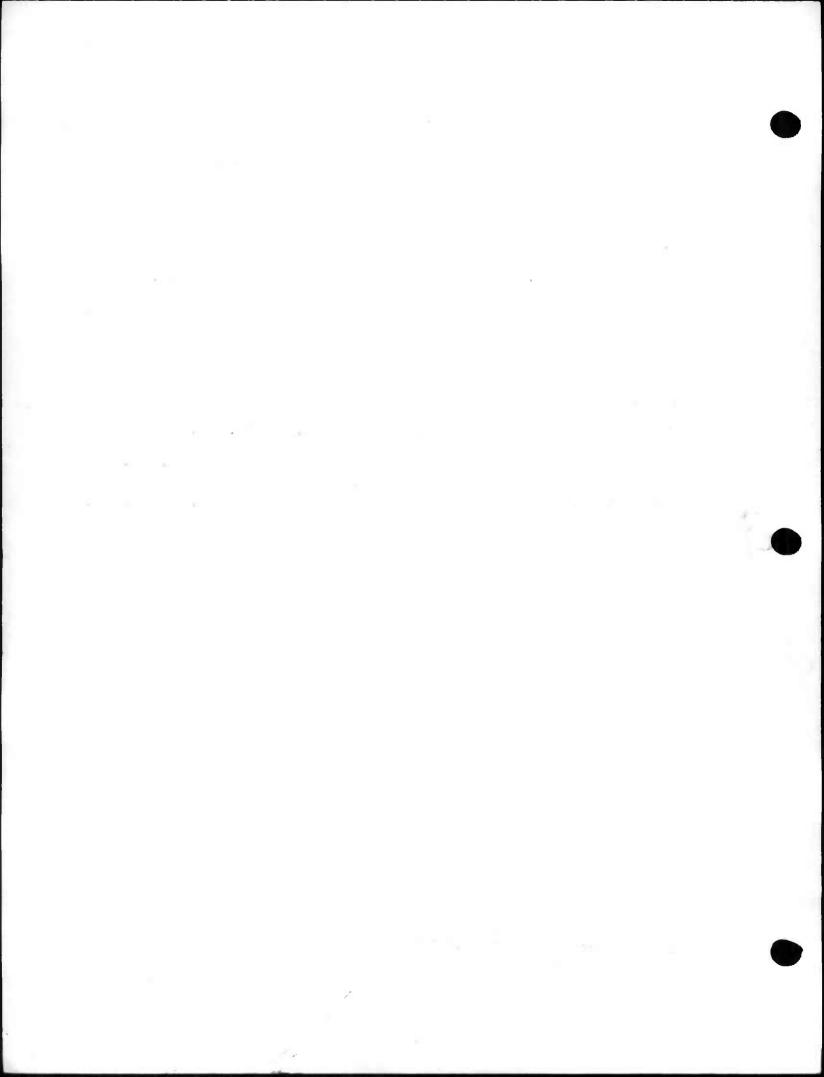
DIVISION OF VITAL RECORDS, P.O. BOX 13146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed to THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compare the filed within 72 hours after death with the State Dept. of Health and Merital Hyglene prior to burial, com-

8	1. Decedent's NAME (First, Mildolle, Lilist)	yder	MONTH DAY	YEAR // DA M
	4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. last birth	day) IF UNDER 1 YEAR IF UNDER 24 HRS.  MONTHS DAYS HOURS MIN.	(Month, Day, Year)	BIRTHPLACE (State or Foreign Country)
	98 YF  98. FACILITY NAME (If not institution, give street and number)	9b, CITY, TOWN OR LOCATION OF DEA	10/4/1891	Y OF DEATH /
DIRECTOR	Liberty Mco. Centry	Poult'r	nene Bo	alp meny
JEC.		CITY, TOWN ON LOCATION	. 10 . 6	10d. INSIDE CITY LIMITS?
	Md.	10all	VI VIL	1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER	101. ZIP CODE	10g. CITIZE	N DF WHAT COUNTRY?
Ä	3736 Towanda Ave.	21215	lu.s.	
	1 Never Married 2 Married FORCES? 1 YES 2-100	13. WAS DECENDENT OF HISPANIC If yes, specify Cuban, Maxican,	Puerto Rican, etc.)	4. RACE — American Indian, Black, White, atc.
BY	3 Wildowed 4 □ Divorced IF YES, GIVE WAR OR DATES	1 TES 2 TNO Specify:		Specify: Black
COMPLETED	(Specify only highest grade completed) (Give kin	INT'S USUAL OCCUPATION and of work done during most of working	16b. KIND OF BUSINESS/INDUS	STRY
<u>   </u>	Elamentary/Secondary (0-12) College (1-4 or 5+)	IOT use retired.)		
MP	17. FATHER'S NAME (First, Middle, Last)	40 MOTHER!S MAN	E (First, Middle, Malden Surname)	
	Robert Johnson	Mary Jo		
BE		ILING ADDRESS (Street and Number or Rural Ro		ode)
2	Clarence Tvler 4i	5 Edsdale Rd. Ba	lto. Md. 212	29
20 10	20s. METHOD OF DISPOSITION 20b. PLACE OF DI	ISPOSITION (Name of cemetery, cremetory or	20c. LOCATION — CH	ty or Town, Stata
	4 Donation 6 Other (Specify) WOODL		Balto.	Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS OF FACE Wainwright	Funeral Home	
200	lefto m- locumering 1		lson Ave. Bal	
	23. PART i. Enter the diseases, or complications that caused the death, shock, or heart fallure. List only one cause on each line.	Do not enter the mode of dying, such	es cardiac or respiratory arres	Interval Between
100	IMMEDIATE CAUSE (Finel disease or condition	Imm. 2200 6	and E	Onset and Death
ĺ	resulting in death) a. Due to lon as a consequen	CE OFF	1000 CI G-1	
	600000	un dithe	- 22	
01	Sequentially list conditions, if any, leading to immediate	CE OF):	200 200	0
CA	cause. Enter UNDERLYING CAUSE (Disease or Injury	capul C	oron 803	Chon
CERTIFICATION	that initiated events DUE TO (OR AS A CONSEQUEN resulting in death) LAST	CE OF):		i
CER				
AL C	PART II. Other significant conditions contributing to death but not result	ting in the underlying cause given in F	Part I. 24s. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL	arasac arroye	unas.	1 TYES 2 NO	COMPLETION OF CAUSE OF DEATH?
ME			-	1 NES 2 NO
	25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEATH (Chec	ck only one)	
SICI/	EXAMINER?  1 YES 2 ND  HOSPITAL:  1 Inpetient 2 ER/Outpetient 3 D	OTHER:		
PHYSICIAN	27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28s	b. TIME OF 28c. INJURY AT WORK?	28d. OESCRIBE HOW INJURY OCCU	PRED
Z8 IS Marked	1 Netural 5 Pending Investigation	M 1 YES 2 NO		
5 O	28a PLACE OF INHIRY — At home 1	arm, street, factory, office	26f. LOCATION (Street and Number of City or Town, State)	r Rural Route Number,
	- Torricos - Oscarimisos			
FIANT: If Item 28 IS E COMPLETED	29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death of certifying Physician: To the best of my knowledge, death of certifying Physician: To the best of my knowledge, death of certifying Physician: To the best of my knowledge, death of certifying Physician: To the best of my knowledge, death of certifying Physician: To the best of my knowledge, death of certifying Physician: To the best of my knowledge, death of certifying Physician: To the best of my knowledge, death of certifician: To the			
		29c, LICENSE NUM	BER 29d. DATE	SIGNED (Month, Day, Year)
TO BE	11 2	D 23	228 > )	120/00
	ASMOK AGRAWA!	mD -	<u> </u>	
	AUG 0 2 1990 Suna Davidado La Propertica de la Contra del Contra de la Contra del la Contra de la Contra de la Contra de la Contra de la Contra de la Contra de la Contra del la Contra de la Contra de la Contra de la Contra de la Contra del la Contra de la Contra de la Contra de la Contra de la Contra de la Contra de la Contra de la Contra de la Contra de la Contra de la Contra de la Contra de la Contra de			

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

DHMH-16 Rev 1/89



REG. NO

	20		
	H.		
	or the the for use as the burial-transit permit.		
	ansil		
Sicia	al-tr		
Dirig.	B		
2	the		
3110	38		
5	or us		
2	Pd P		_
5	1		nce
3	Ē	1	Š
commonly alies nearly, rage o may be recalled by	Ē	٥	Ñ
100	육	7	틍
3	ge 5		0
ay	pa.		o te
0	ecto		Ë
9	di		16
gni.	nera		Ē
20	he fu	<u></u>	exi
B	by d	removal.	lica
DO.	E.	Or re	mee
. 7	1	jou,	he
וחוורפוב חב בצברחובת אוחווו ליב	etely	еша	nt,
2	рт	l, cr	2
פרחונ	nd o	bunia	atic
B	an a	100	E
ale	ysici	prio	T tra
3	d b	lene	the
200	ugh	£	0 0
Dean	afte	ental	Ę,
9	the /	Ž P	Ī
Mar	B.	h an	any
See	Sign	Healt	S.M
9	eeu	of o	sho
SICIAN; The law requires that the death celuticate of	as b	Dept	23
E E	ate 1	tate	lem
AN	rtific	he S	10
Ž	is ce	ith th	ed,
ż	er th	3 (E)	Jark
	Att	r dea	80
N.	CTOR	afte	28
3	JIRE	OURS	E
A	ML	2	=
SP	NEA	thin	K
4	IE FL	M Pa	THE
10	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, p	be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, crematic	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner
_	-	- 40	-

BALTIMORE, MARYLAND 21203-3146

BOX 13146,

P.0.

RECORDS,

DIVISION OF VITAL

HOSPITAL OR ATTENDING PHYSICIAN;

223

s 1, 2, 3 should

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1990 12 AM ERECCA 7. DATE OF BIRTH (Month, Day, Year) 6. AGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 20-22-804 1 🗌 M 2 🔀 🖡 YRS. 9h, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR HOSP 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY BALTIMORE 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10e. STREET AND NUMBER 15A MOSMER STREET 12. WAS DECEDENT EVER IN U.S. ADMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 
YES 2 P NO Specify: 2 Merri BIACK BY 4 Divorced DE COMPLETED 16. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) HOUSEWIFE MOTHER'S NAME (First, Middle, Maiden Surname) 17. FATHER'S NAME (First, Middle, Last) THORNHILL TIBRS NADOLEON 0 DORIS MOSHER Himore ETHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of com 20c. LOCATION 2 Cremation 3 Pag BALTIMULE CEMETERY tion 5 Other (Specify) SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF CHATMAN - HARRIS F. 1 Kurus BALHIMARIM Approximate /2 diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, 23. PART | Enter the interval Between heart fallure. List only one cause on each line. Onset and Death IMMEDIATE CAUSE (Finel 48hrs disease or condition\_ RESPIRATORY
DUE TO (OR AS A CONSEQUENCE DF): ARREST resulting in death) ESOPHATIEM. YEMRS CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): . Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one HOSPITAL: OTHER: 1 - YES 2 - NO atient 2 - ER/Outpatient 3 - DOA ne 5 🗆 Realdence 6 🗆 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27 MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 284 DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide COMPLETED 8 Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to 2 🔲 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and manner es stated. 296, SIGNATURE AND THE OF CHRTIFIER 29d, DATE SIGNED (Morth, Day, Year) 29c. LICENSE NUMBER BE 16 MD 30 1990 PLL 2 COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30, NAME AND ADDRESS OF MINAGET 31. DATE FILED (Month), Day, Year)

AUBLO 4 4990

X X THE THREETING Deed Grother and a way to be with 1

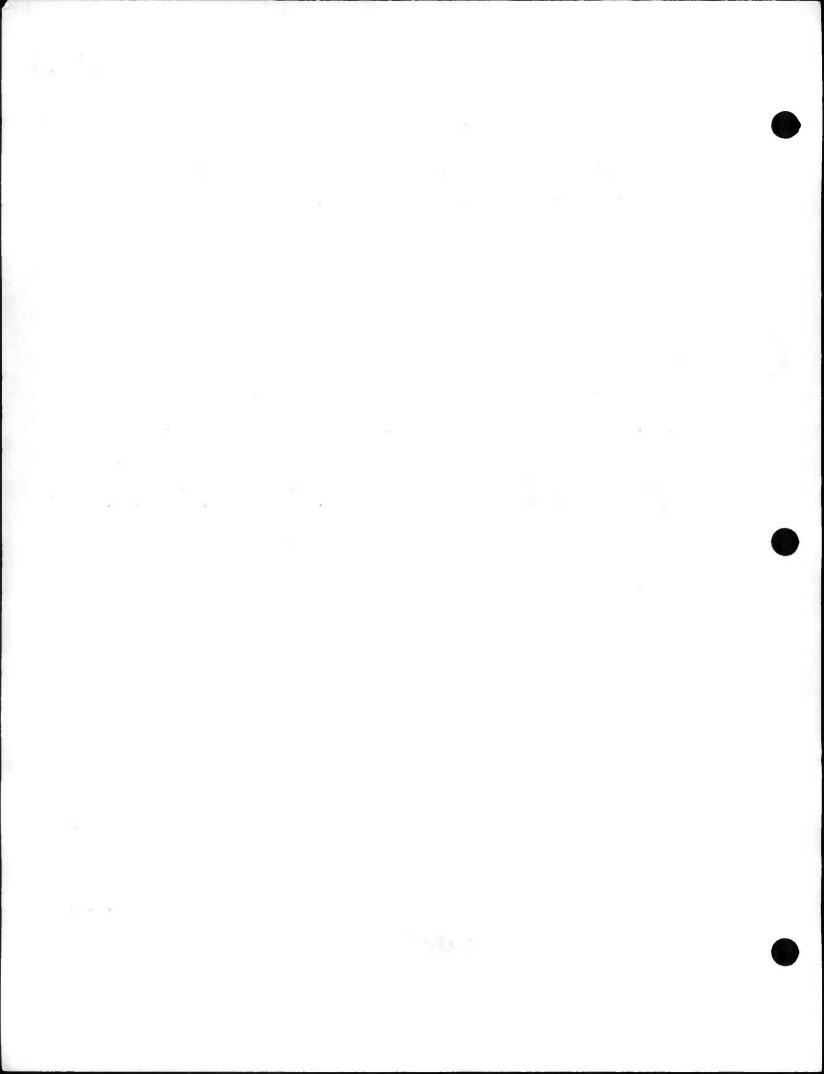
03-3146

BALTIMORE, MARYLAND

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22-mours after death. Page 6 may be retained by the TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detented filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notifiled at one DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND		ENT OF HEALTH AND ATE OF DEATH	MEN	TAL HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)  MARIE	MARIE R.AC	WALLAC	E	MC	ATE OF DEATH DA	-01-90 Y 90	3. TIME OF DEATH 3: 5 Opr	
		SEX 8. AGE (In yrs. In the second of the sec	YRS. MONT	NDER 1 YEAR SF UNDER 24 NRS. THS DAYS HOURS MIN.  CITY, TOWN OR LOCATION OF E	12	TE OF BIRTH Forth, Day, Year)	Cour	rginia	
TOR	Harbor City Med	lical Center		Balto. Cit	У		non	е	
DIRECTOR	10e. STATE 10b. COUNTY	none	10c. CITY, TO	wn or Location timore City	7			10d. INSIDE CITY LIMITS?  1) YES 2 NO	
RAL	100. STREET AND NUMBER 907 Bunche Road			101. ZIP CODE 212	25			WHAT COUNTRY? States	
BY FUNERAL	7 - 1	2. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2.K IF YES, GIVE WAR OR DATES	ARMED NO	13. WAS DECENDENT OF NISP/ If yes, specify Cuben, Mexic  1 YES 2 NO Specification	can, Pue		or No— 14. RAI Bla Spe	CE — American Indian, ck, White, etc.	
COMPLETED		mpleted) Coffege (1-4 or 5+)		AL OCCUPATION lone during most of working red.)  TS Aide		Depart	INESS/INDUSTRY	f Education	
OM	17. FATHER'S NAME (First, Middle, Lest)	110			IAME (FI	rst, Middle, Meiden		1 Dadcation	
BE C	Edward Gwaltn	ıey		Eliz	abe	eth Gre	en		
TO B	190. INFORMANT'S NAME (Typo/Print)  M. V. Lee			RESS (Street and Number or Rura Fayette St		Balto,	Md. 21	223	
	20e. METNOD OF DISPOSITION 1	I from State 20b. PLAC	E OF DISPOSITION	N (Name of cometery, cremetory or ark Cemeter	17	20c. LO	CATION — City or	rown, State e, Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LICEN			22. NAME AND ADDRESS OF Calvin B. 1412 E. Pre	FACILITY				
ATION	23. PART I. Enter the diseasee, or complications that caded the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final diseasee or condition resulting in death)  DUE TO (or As A CONSEQUENCE OF): HEPATIC ENCEPHACOPATHY  DUE TO (or As A CONSEQUENCE OF): HEPATIC ENCEPHACOPATHY  DUE TO (or As A CONSEQUENCE OF): CHRONIC OBSTRUCTIVE LUNG DISEASE  CAUSE (Pleases or Indian)  CAUSE (Please or Indian)								
CERTIFICATION	CAUSE (Diseese or Injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONS	EOUENCE OF):		0 7 (	e 0/3FX			
PHYSICIAN: MEDICAL (	PART II. Other significent conditions of	ontributing to deeth but no	t resulting in th	e underlying ceuse given i	in Part	I. 24s. WAS AN PERFOR	MED?	Ib. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 PNO	
CIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:	ОТ	26. PLACE OF DEATH (6	Check on	ly one)			
	1 YES 2 NO 1  27. MANNER OF DEATN  1 Netural 5 Pending	Pinpetient 2 ☐ ER/Outpetient  28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	Nursing Nome 5 - Reeldenc	4	Other (Specify) DESCRIBE HOW I	NJURY OCCURED		
TED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Nomicide determined	26e. PLACE OF INJURY — At building, etc. (Specify)	home, farm, street	, factory, office	281.	LOCATION (Street of City or Town, State)		l Route Number,	
COMPLETED	ann)	N: To the best of my knowledge, On the basis of examination end/o						e(a) and manner as stated.	
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE N				ED (Month, Day, Year)	
٦	30. NAME AND ABBRESS OF PERSON WHO G	. H. Rosa	ER.	DANIEL H	c F	ROSLER		H.H.C.	
	AUG 0 2 1990 Jul	32 DEGISTRAR'S SIGNATURE Davidson-Randal	2						



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within x-nows after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be find within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL HYGIEN REG. NO.	E	210/1			
	1. DECEDENT'S NAME (First, Middle, Last)	Thomas	Asque	3		2. DATE OF DEATH	113/9	3. TIME OF DEATH 6AM			
- 8	Thom	1	HS	au	و ا	MONTH DA	2/POYE	AR CAM M			
	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6.1	BIRTHPLACE (State or Foreign			
- 8	217-44-1907	1 🛛 M 2 🗆 F	58 YRS.	IONTHS DAYS	HOURS MIN.	(Month, Day, Year) 02/24/3	2 1	Maryland			
	9a. FACILITY NAME (If not institution, give st	treet and number)	-	b. CITY, TOWN O	R LOCATION OF DE		9c. COUNTY				
<u>۳</u>	Dorchester Ger	neral Hosp	ital	Cambr	idae		Dore	hester			
5	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY						DOLC				
DIRECTOR				TOWN OR LOCAT				10d. INSIDE CITY LIMITS?			
	10e. STREET AND NUMBER	chester		urlock	ZIP CODE		Las OFFICE	1 YES 2 NO OF WHAT COUNTRY?			
BY FUNERAL	Rt. 1, Bo	v 212		101.							
R	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN II S ADMED	13 WAS DEC	21643	IC ORIGIN? (Specify Yes		S . A .  RACE — American Indian.			
F	1 Never Married 2 Married	FORCES? 1 YES	2)(10	If yes, spe		n, Puerto Rican, etc.)	16.	Black, Whita, etc.			
	3 Wildowed 4 Divorced	1 120, 012 1001 011	JAIL S	''''	Z Z NO Specify			Black			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S U	SUAL OCCUPATIO	ON st of working	16b. KIND OF BUS	SINESS/INDUST	RY			
	Elementary/Secondary (0-12)	College (1-4 or 5+)		rk done during mor							
MP	4th		Farm	Worke		Agric		е			
8	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden					
띪	Joseph Asque					Boston					
2	19a. INFORMANT'S NAME (Type/Print) Lillian Drig	agine	1.00			Noute Number, City or Tow					
	20s. METHOD OF DISPOSITION		Db. PLACE OF DISPOSIT		are the first of the second	urlock,	CATION City				
	1 Surial 2 Cremation 3 Rame 4 Donation 5 Other (Specify)	oval from State	vashingt				•				
	21. SIGNATURE OF FUNERAL SERVICE LIC		a string c		D ADDRESS OF FA		TIUUK	, Maryland			
	- Wig . 11	C. lane		Fram	ptom-Ha	wkins Fu	neral	Home			
	- Truckay J.	- Carron		P.O.	Bx 43.	Federal	sbura	. MD 21632			
	23. PART I. Enter the diseasea, or cahock, or heart failure.	List only one cause on	aach line.	Metast	atic Ca	rcimonia	iratory arrest	Approximate interval Between			
	IMMEDIATE CAUSE (Final disease or condition	Millac	1 -1	_	von.			Onset and Death			
	reaulting in death)	a. DUE TO (OR AS	A CONSEQUENCE, OF):	H	Wherens	gulable	Statu	9			
-1	_	HIPERC	one las	f 5	, 001,00a	Buzabzo	50202				
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING  Sequentially list conditions, of the sequential cause in the sequence of t										
8	cause. Enter UNDERLYING	Systen	u +	Veroz	i En	beleson					
里	CAUSE (Diseese or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):								
ᇤ	resulting in death) LAST	d									
0	PART II. Other significent condition	na contributing to death	but not resulting in	the underlying	ceuse given in	Part I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS			
S	mor/ Nutre/c	_	utrition			PERFO	RMED?	AVAILABLE PRIDR TO COMPLETION OF CAUSE			
MEDI	HIO Medolotis		/O Alcol			1 🗌 YES 2	Z LI NO	OF DEATH?  1 YES 2 NO			
Σ.	HID CANCER	er mouth			f Mout	_		1 120 2 110			
A	25. WAS CASE REFERRED TO MEDICAL	9 1100 12	11,000		ACE OF DEATH (Ch						
Sic	EXAMINER?  1 YES 2 NO	#OSPtTAL: 1 ☐ Inputient 2 ☐ ER/Ov		OTHER:	e 5 🗆 Residence	8 Other (Specify)					
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJ	URY AT	26d. DESCRIBE HOW	INJURY OCCUR	ED			
BY F	1 Natural 5 Pending 2 Accident Investigation	(1000)			YES 2 NO						
ED	3 Suicide 8 Could not be	26s. PLACE OF INJUR building, atc. (Sp.	RY — At home, farm, att	reet, factory, offic	•	28f. LOCATION (Street City or Town, State		Bural Route Number,			
Ш	4 Homicida determined										
MPLET	29a. CERTIFIER 1 CERTIFYING PHYSI	ICIAN: To the best of my kno	wiedge, death occurred	at the time, data	and place, and dua	to the cause(a) and ma	nner as stated.				
COM	one) 2 MEDICAL EXAMINE	R: On the basis of examination	ion and/or investigation	, in my opinion, d	leath occured at the	time, data and place, as	nd due to the co	suse(s) and manner as stated.			
Ü	296. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NUI	MBER	29d. DATE SI	GNEO (Month, Day, Year)			
0	MA	elelu	er dos		D26	388	トフ・	15.90			
٤	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF D	DEATH (ITEM 27) (Type, F	Print)							
	/		4-27								
	31. DATE FILED (117, Day, 997)990	32. RECETTAR'S AND	Whiten-Handa	8C							

Pile o You

0	
σ.	
8	
문	
ECOF	
Ö	
Ш	
UL.	
_	
1	
5	
-	
5	
_	
×	
$\leq$	
<u>S</u>	
>	

ALBELT

DAWKY

19'90

NI

90 21072 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 . CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH VEAR John E Addison 10 90 3:004. SOCIAL SECURITY NUMBER 5. SEX 8. BIFTHPLACE (State or Foreign 67 JE UNDER 1 YEAR JE UNDER 24 HRS. 7. 2 5-1 M 2 🗆 F 20.25 VB. 96. CITY, TOWN OR LOCATION OF DEATH EASTON 9a. FACILITY NAME (If not institu Memorial Hospital oc. COHNIA INDENTA DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 10a STATE 10b. COUNTY 100. STREET AND NUMBER 1 TYES 2 NO FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10f ZIP CODE 11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 THO IF YES, GIVE WAR OR DATES If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 3 Wildowed 4 Divorced Specify: BY Bld ETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION sectly only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Spe Elementary/Secondary (0-12) College (1-4 or 5+) COMPL a bover 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) hova BE 19h MAILING ADDRESS (Street and No mber, City or Town, State, Zip Co 19a. INFORMANT'S NAME (Type/Print) 2 Tracy 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Nat 20c. LOCATION - City Town, State Jurial 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify). 21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 23. PART I. Enter the discusses, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or haart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Fine) disease or condition QUE TO OR AS A CONSEQUENCE OF: 40 ianous resulting in death) عف NO Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, lasding to immedista cause. Enter UNDERLYING CERTIFICAT CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF thet initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AVAILABLE PRIOR TO OPD) COMPLETION DF CAUSE 1 YES 2 NO ASCUDE 1 YES 2 NO CAD PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** 1 YES 2 NO OTHER: Inpatient 2 - ER/Outpatient 3 - DOA nsing Home 5 - Residence 6 - Other (Specify) 4 D Nu 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY 1 Natural 1 YES 2 NO BY 2 Accident 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 6 Could not be COMPLETED 4 Homicide 29a, CERTIFIER 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. MEDICAL EXAM 296. DATE SIGNED (Month, Day, Year) BE 90 2

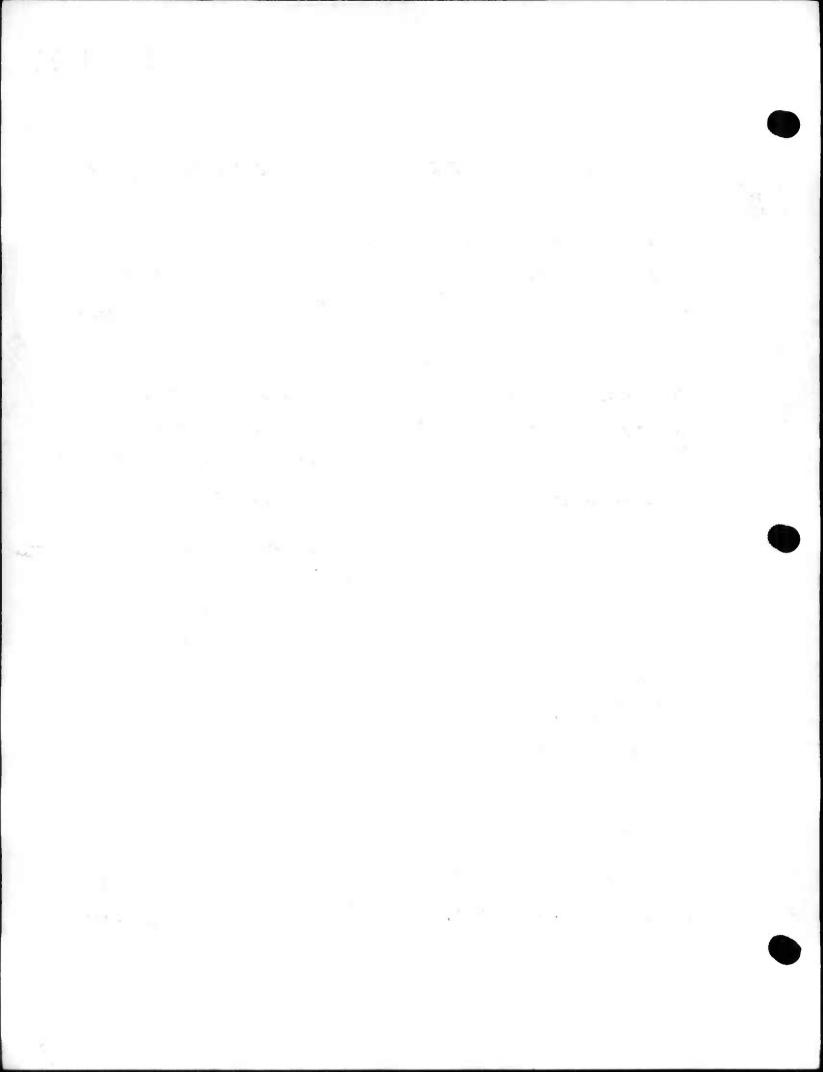
OHMH-16 Ray 1/89

60

AVE.

DLZ WILD

508



٤		-
10000		must
2000		xaminer
and for an	removal.	edical e
3	9	E
TAL DITLETON, ALICE UNS COLUMNS TO MINE AND AND AND AND AND AND AND AND AND AND	n 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	T: If Nem 28 is marked, or Nem 23 shows any Injury, or other traumatic event, the medical examiner must t
	burial,	atic en
	prior to	traum
C. A Bear	/Diene	other
2	Í	6
200	Menta	mjury,
5	and	2
Sale of the sale o	Health	We at
50	Б	픇
200	Dept.	1 23
Cate	State	Her.
5	the	9
2 2 2	with	rked,
2011	death	в ша
5	after	28 is
STEE STEE	hours	Hem
Z	2	=
5	=	100

	1 - STATE REGISTRAR		CE	RTIF	ICATE O	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DAT	E OF DEATH		YEAR	3. TIME OF DEATH
	HELEN	BELT	AZBELL				JUI				6:55p M
			8. AGE (In yrs. lesi	birthday)	JF UNDER 1 YEAR	IF UNDER 24 HRS	7. DAT	E OF BIRTH		8. BIRTHI	PLACE (State or Foreign
	219-18-4667	1 M 2 □ F	68	YRS.	MONTHS DAYS	HOURS MIN.		-12-22			yland
	9s. FACILITY NAME (If not institution, give street	et and number)			9b. CITY, TOWN	OR LOCATION OF			9c. COU	NTY OF DE	
DIRECTOR	Malcolm Grow US	SAF Med	l.Cente	er	Andre	ws Air	For	ce Bse	. P	rinc	ce Geo.'s
Ĭ,	10s. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LOC	ATION					10d. INSIDE CITY LIMITS?
ă	Maryland Charle	28		La	Plata						1 TES 2XXNO
A P	10e. STREET AND NUMBER					IO1. ZIP CODE			10g. CITI	ZEN OF W	HAT COUNTRY?
FUNERAL	Route 1 Box 118	37				20	646		U	. S.	. A.
5		12. WAS DECEDENT	EVER IN U.S. AR			ECENDENT OF HIS			or No-	14. RACE	— American Indian, t, White, atc.
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W		Ю		ES 2 🔯 NO Spi		Pricun, arc.)		Specif	
	15. DECEDENT'S EDUCA (Specify only highest grade co	TION ompleted)	16a. DE	CEDENT'S	USUAL OCCUPA	TION	16	Sb. KIND OF BUS	SINESS/INC	JUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5 +	) ///o.	Do NOT u	se retired.)		- 1				
AP.	12		Hou	ise	Wife			At I	lome		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)							, Middle, Malden			
BE	Joseph C. Hoyle	9				Me	lind	a Mae	Hoy	le	
0	19a. INFORMANT'S NAME (Type/Print)				Description of	t and Number or Ru					
-	Ray Edward Smitl					29th S					
	20s. METHOD OF DISPOSITION 1X Burial 2 Cremation 3 Remov	al from State	other pla	ece)		cemetery, cremetory			CATION —		
	4 Donation 8 Other (Specify)		Mary	Lan	d Vete	rans Ce	emete	ery, Ch	elte	enha	m, Md.
	21. SIGNATURE OF EUNERAL SERVICE LICEI	ISEE C	1		Areh	and address of	nera	1 Home	e, I	nc.	
	Losersh Par	An To	rto		La F	lata,	Mary	land	206	46-0	0567
	23. PAR) I. Entar the diseases, Dr cD shock, or heart failure. Li	mplications that	caused the de	ath. Do	not antar tha r	noda of dylng, a	uch an ce	rdlac or reap	ratory an	reat,	Approximate Interval Between
	IMMEDIATE CAUSE (Final	at Only One Caus	se on each line	1.							Onset and Death
	disease or condition resulting in death)	Panci	reatic (	Cance	er						
	Towns in addition	DUE TO	(OR AS A CONSE	OUENCE C	OF):						
Z	Sequantially list conditions, b.										
CERTIFICATION	If any, leading to immediate	DUE TO	(OR AS A CONSE	OUENCE C	NF):						
2	cause. Entar UNDERLYING CAUSE (Disease or Injury c.	DUE TO	(OR AS A CONSE	OUENOE O							-
E	that initiated eventa resulting in death) LAST	DOE TO	(OR AS A CONSE	DOENCE C	rr ):						İ
馬	d.										1
1	PART II. Other significant conditions	contributing to	daath but not i	reauiting	In the underly	Ing cause given	In Part I.	24s. WAS AN		24b	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
DICAL								1 TENFO			COMPLETION DF CAUSE DF DEATH?
MED											1 YES 2 NO
										-	
IA	25. WAS CASE REFERRED TO MEDICAL					PLACE OF DEATH	(Check only	one)			
SIC		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	ome 5 🗆 Rasiden	ce 8 🗆 Ot	ther (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	28s. DATE OF (Month, D		28b. TII	ME OF 28c.	NJURY AT WORK?	28d. D	EŞCRIBE HOW	INJURY OC	CURED	
ВУР	Natural 8 Pending 2 Accident Investigation	(Mental) D	ay, romy	"		YES 2 NO					
	3 Suicide 8 Could not be	28e. PLACE O	F INJURY — At he atc. (Specify)	me, farm,	street, factory, o	ffice		OCATION (Street ity or Town, State		ir or Rural I	Route Number,
TED	4 Homicide determined							, , , , , ,			
12	29s. CERTIFIER 1 CERTIFYING PHYSIC	AN: To the best of	my knowledge, de	eath occur	red at the time, d	ata and place, and	dus to the	cause(s) and me	nner as sta	nted.	
COMPLET	and a pedical examiner	On the basis of a	xamination and/or	Investigat	ion, in my opinio	, death occured at	the time, d	ata and place, a	nd due to t	he cause(i	a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER					29c, LICENSE	NUMBER		29d, DA	TE SIGNED	(Month, Day, Year)
BE	Men								•		19, 1990
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAU	SE OF DEATH (ITE	M 27) (Typ	e, Print) Na.	colm Gr	ow us	AF Med	icai	Cent	er
	MARC S. ROSSO, CA	APT, USA	F, MC		And	drews AF	B MD	20331	-5300	)	
	31. DATE FILED (Morth, Day, Year)	32. REGISTRA	R'S SIGNATURE								
	JUL 2 0 '90	Julia	Devidson-7	fandel	2						

i en da

## urs after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146

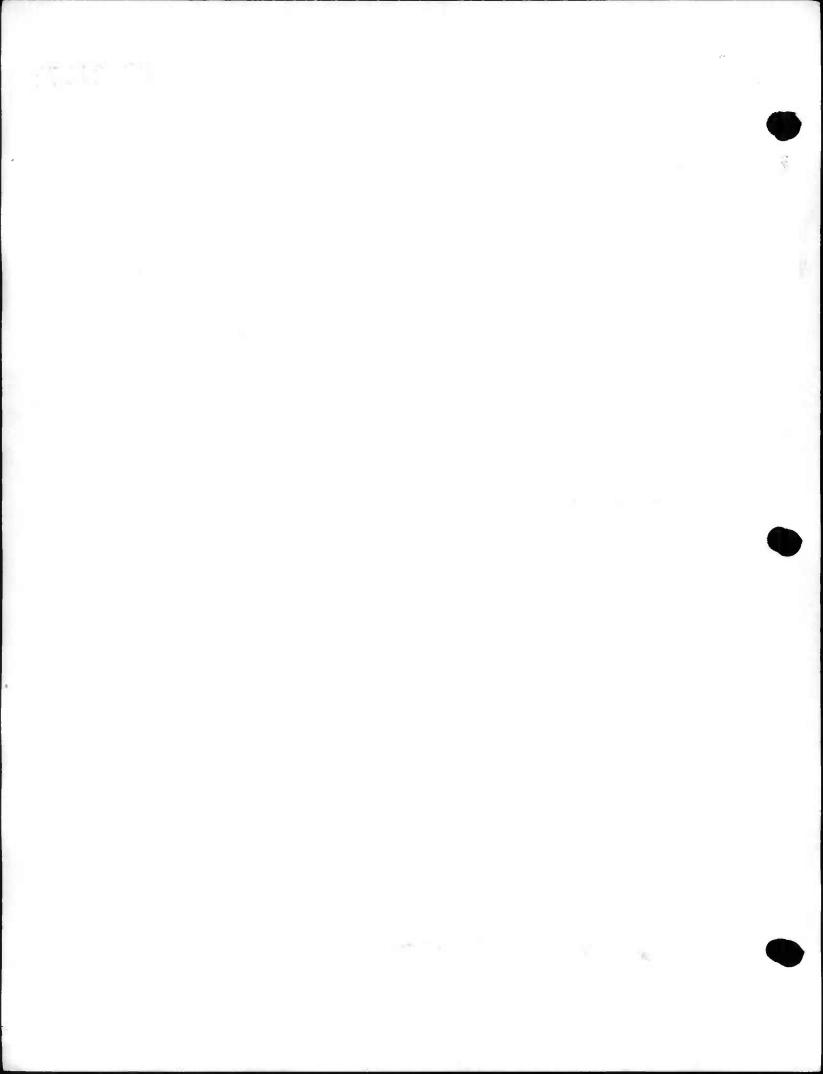
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-meturs after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

STATE OF MARYLAND	/ DEPARTMENT	OF HEA	LTH AND	MENTAL	HYGIENE
C	ERTIFICATE	OF D	EATH		REG NO

	FOR 1 - STATE REGISTRAR	STATE OF MARY			HEALTH AND	MENTAL HYGIEN		210/4		
	1. DECEDENT'S NAME (First, Middle, Last)	<del></del>				2. DATE OF DEATH		3. TIME OF DEATH		
	Marv E	Δ	skins			July 10				
			E (In yrs. last birthday)	IF UNDER 1 YEA	A IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIF	ITHPLACE (State or Foreign		
	218-22-5555	□ M 2 💢 F	75 YRS.	MONTHS DAY	S HOURE MIN.	(Month, Day, Year) 05 28 15		gland		
į	9e. FACILITY NAME (If not institution, give street	end number)		9b. CITY, TOV	N OR LOCATION OF D		9c. COUNTY OF			
ξ	Memorial Ho	spital			Easton		Та	1bot		
3	RESIDENCE OF DECEDENT	SPICAL			Bascon		10	Taibot		
DIRECTOR	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LO	CATION			10d. INSIDE CITY LIMITS?		
5	Maryland Talbo	ot	Ea	ston				1 X YES 2 NO		
	10a. STREET AND NUMBER				10f. ZIP CODE			F WHAT COUNTRY?		
BT FUNEHAL	105 S. Washingto	on Stree	t		21601		U.S.	Α.		
ַלָּ		FORCES? 1 YE			DECENDENT OF HISPA	NIC ORIGIN? (Specify Yearn, Puerto Ricer, etc.)	or No- 14. R/	ACE — American Indien, ack, White, etc.		
	1 Never Married 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OF			YES 2 NO Specif			pecify:		
	15. DECEDENT'S EDUCATI	1011	Tas promorting	101111 00011	471011	18b. KIND OF BU		hite		
	(Specify only highest grade con	npleted)	16a. DECEDENT'S (Give kind of the Do NOT us	vork done during	most of working	18b. KIND OF BU	SINESS/INDUSTR			
7	Elementary/Secondary (0-12)	College (1-4 or 5+)  \$\Delta\$	homen					_ 1		
COMPLE	17, FATHER'S NAME (First, Middle, Last)	4	1 Homen	laker	18. MOTHER'S NA	AME (First, Middle, Malden	Sumame)			
	John Hawkins Asl	le i n a			111111111111111111111111111111111111111	Emmet Go		ough		
2	190. INFORMANT'S NAME (Type/Print)	KIIIS	19b. MAILING	ADDRESS (Str		Route Number, City or Tow		ougii		
2	Mrs James Holmes	S						1		
	20e. METHOD OF DISPOSITION 7/	14/90	20b. PLACE OF DISPO	SITION (Name o	cemetery, crematory or	20c. LO	CATION — City or	Town, State		
	1 Suriel 2 Cremetion 3 Remova	i from Stata	Spring	Hill (	Cemeterv	Ea	ston.	Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE		22. NAM	E AND ADDRESS OF FA	CILITY				
	TOHN R.	MERCE	Ron		nam Fune		e			
	23. PART I. Enter the diseases, or com	nplicatione that ceu	sed the deeth. Do				iratory errest,	Approximate		
	shock, or heert fellure. Lis	t only one cause or	eech line.	0	1 0	1		interval Between Onset and Death		
	disesse or condition resulting in deeth) s	Mus	meand	Sus	Inda	rdie	4			
- 1	Todating in dooring	DUE TO (OFF A	A CONSEQUENCE O	F):	11					
2	Sequentially liat conditions, b				7					
	if any, leading to immediate	DUE TO (OR A	S A CONSEQUENCE O	F):						
HILICATION	cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OD A	S A CONSEQUENCE O	5.						
	thet initieted events resulting in deeth) LAST	DOE TO (OR A	S A CONSEGUENCE O	r):						
3	d									
-	PART ii. Other significant conditions of	contributing to deet	but not resulting	in the under	ying cause given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO		
3						1 _ YES	37	COMPLETION OF CAUSE OF DEATH?		
MEDIC								1   YES 2   NO		
<u> </u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				B. PLACE OF DEATH (C	heck only one)				
PHYSICIAN:	1 U YES 20 NO 1	IOSPITAL: A Inpetient 2 - ER/0	Autpatient 3 DOA	OTHER:	Home 5 - Residence	6 Other (Specify)				
	27. MANNER OF DEATH	28a. DATE OF INJUI (Month, Day, Yes	RY 26b. TIR	IE OF 280 JURY	INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCURED	)		
2	1 Natural 5 Pending 2 Accident Investigation			M 1	YES 2 NO					
	3 Suicide a Could not be	28e. PLACE OF INJU building, etc. (5	JRY — At home, tarm, Specify)	street, tectory,	offica	281. LOCATION (Street City or Town, State	end Number or Ru )	rel Route Number,		
	O COURT HOLDS	building, etc. (c				1				
	4 Homicide determined	bulleting, sto. (c								
7	4 Homicide determined  29a. CERTIFIER (Check only)  1 CERTIFYINO PHYSICIA		nowledge, death occur	red at the time,	data end place, end du	e to the cause(e) end me	nner as stated.			
OMPLE	4 Homicide determined	N: To the beat of my kr						se(e) end menner ee stated.		
E COMPLETED	4 Homicide determined  29a, CERTIFIER (Check only)  1 X CERTIFYINO PHYSICIA	N: To the beat of my kr				e time, date end place, e	nd due to the ceu	se(e) end menner ee stated.		
- 1	29a. CERTIFIER (Check only one)  29a. CERTIFIER 29a	N: To the beat of my kr			on, death occured at th	e time, date end piece, e	nd due to the ceu			
IO BE COMPLET	29a. CERTIFIER (Check only one) 29b. SIONATURE AND TITLE OF CERTIFIER 29b. SIONATURE 20b. SIONATURE AND TITLE OF CERTIFIER 20b. SIONATURE 20b. SI	N: To the beat of my kr	ation end/or investigati	on, in my opinion, in	29c. LICENSE NU D 145	e time, date end piece, e	29d. DATE SIG	NED (Month, Day, Year)		
- 1	29a. CERTIFIER (Check only one) 29b. SIONATURE AND TITLE OF CERTIFIER 29b. SIONATURE 20b. SIONATURE AND TITLE OF CERTIFIER 20b. SIONATURE 20b. SI	AN: To the best of my kr	ation end/or investigati	on, in my opinio	29c. LICENSE NU. D 145	e time, date end piece, e	nd due to the ceu	NED (Month, Day, Year)		
- 1	29a. CERTIFIER (Check only one)  29b. SIONATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON AND COMMENTATION OF PERSON AND COMMENTATION OF PERSON AND COMMENTATION OF PERSON AND COMMENTATION OF PERSON AND COMMENT	AN: To the best of my kr	DEATH (ITEM 27), (Type	on, in my opinion, in	29c. LICENSE NU D 145	e time, date end piece, e	29d. DATE SIG	NED (Month, Day, Year)		



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending pl	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the by the slud within 29 hours after death with the State pear of health, and Memai Hydiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certific	JNERAL DIRECTOR: After this certificate has been signed by the attending of their 72 hours after death with the State pent of Health and Mental Hydlere	INT: If Item 28 is marked, or Item 23 shows any Injury, or othe

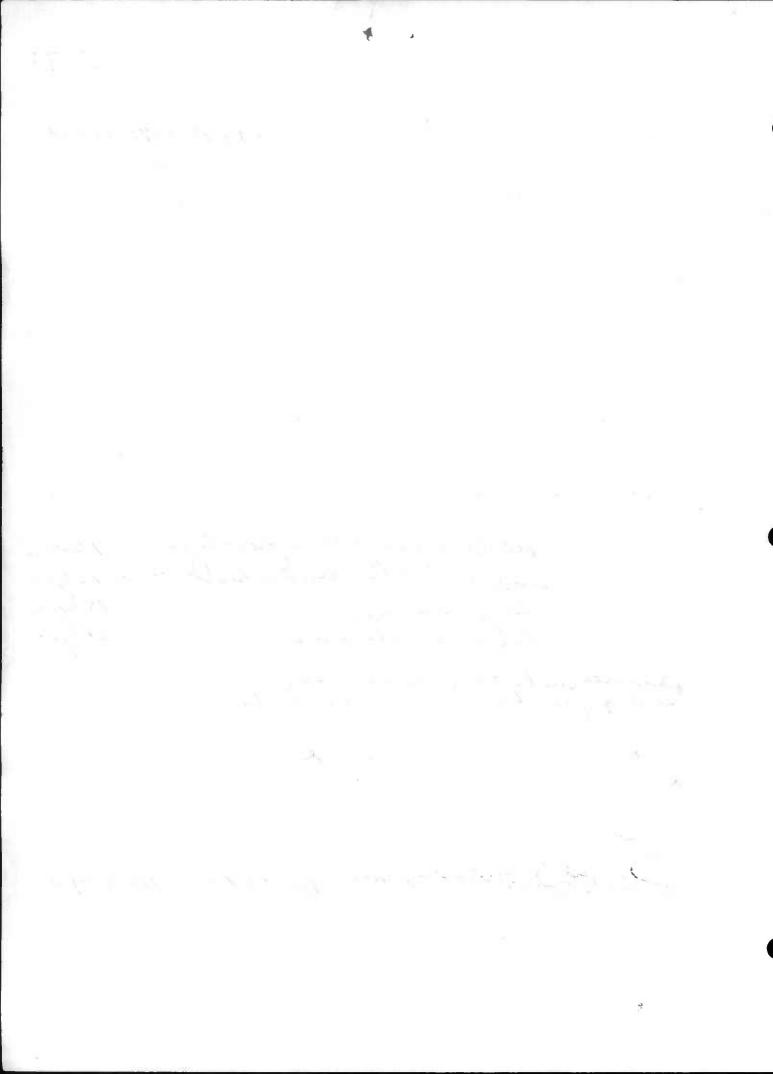
	FOR 1 - STATE REGISTRAR	STATE OF N	MARYLAND /				EALTH AND DEATH	MEN	TAL HYGIEN	_	50	210/3
	1. DECEDENT'S NAME (First, Middle, Last) FRANCES ELSIE B	UTLER		f				MC	ATE OF DEATH ONTH D	by / 5	YEAR O	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 219-56-1131	5. SEX 1	6. AGE (In yrs. lest	t birthday) YRS.	IF UNDER 1	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	- (N	ATE OF BIRTH fonth, Day, Year) GUST 15	,192	Countr	PLACE (State or Foreign YLAND
TOR	9a. FACILITY NAME (If not institution, give ROUTE #227 POMFR RESIDENCE OF DECEDENT		AND			MFRI	R LOCATION OF ET	DEATH		l	NTY OF D	
DIRECTOR	10e, STATE 10b. COUNT	ARLES			Y, TOWN OR	LOCAT	ION		-			10d. INSIDE CITY LIMITS? 1 🔀 YES 2 🗌 NO
FUNERAL	10e. STREET AND NUMBER P.O. BOX #143						ZIP CODE		·			TATES
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Never Merried 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. ARI YES 2 ZAN IAR OR DATES	MED IO	10	yes, spe	ENDENT OF HISP scify Cuban, Mex 2XXNO Spe	Ican, Pue	IGIN? (Specify Ye rto Rican, atc.)	or No—		— American Indien, , White, etc.
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 8TH GRADE	CEDENT'S Ve kind of Do NOT u		CUPATIO	N st of working		166. KIND OF BU		DUSTRY	BHYOK		
BE COMF	17. FATNER'S NAME (First, Middle, Last) ARTHUR BUTLER					NAME (First, Middle, Maiden Surname) ADA SAVOY BUTLER						
TO B	19a. INFORMANT'S NAME (Type/Print) FRANCES JOY								Number, City or Tow BRANDYWI			AND 20613
	20. METNOD OF DISPOSITION 1 Disposition   1 Disposition   2 Cremation   3 Rei 4 Donation   5 Other (Specify)	Devilo	ST. John John	OF DISPO	H S C	HUR	CH CEME	TERY	POM		, MAI	wn, Stata RYLAND EY, MARYLANI
PHYSICIAN: MEDICAL CERTIFICATION	23. PART I. Enter the diseases, or shock, or heart fellure immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions in death and individual conditions.	a. Due to	(OR AS A CONSECUTOR AS A CONSE	SUENCE O	PFI:	the mo	de of dying, o	fee	cardiac or resp	A AUTOPSY RMED?	rest,	Approximate interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset O
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 N NO  27. MANNER OF DEATH  1 N Natural 5 Pending	HOSPITAL: 1   Inpatient 2   28a. DATE OF (Month, L		28b. TII		ing Hom 28c. INJ WC	ACE OF DEATN  RESTRICTED TO THE PROPERTY AT TH	ce 8 🗆		INJURY O	CCURED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Nomicida determined		OF INJURY — At he atc. (Specify)	i ome, ferm,	street, fecto			261.	LOCATION (Street City or Town, State		er or Rural	Route Number,
TO BE COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMI 29b. SIGNATURE AT TITLE OF CERTIFIED AND ADDRESS OF PERSON W	ER: On the basis of a	examination and/or	Investigati	MIZ			the time,		nd due to t	the cause(	a) and manner as stated.

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

31. DATE FILED (MONTH, Day, Your

P.O. Box 1317, 118 LaGrange Ave., LaPlata, MD 20646

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randalle



2

3

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 modus after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hyghere prior to burial, cremation, or removal.  IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
--

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1 DECEDENT'S NAME (First Middle Last 2. DATE OF DEATH 3. TIME OF DEATH VEAR JULY 14, 1990 7:15 P. GLADYS MARIE BECKETT 6. AGE (In yrs. lest birthday) 90 yes 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. JUNE 20, 212-74-5610 1 M 2 XX DAYS HOURS MARYLAND YRS 19.001 9e. FACILITY NAME (If not institution, give street and number) 9c, COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR EASTON TALBOT MERIDIAN CENTER THE PINES RESIDENCE OF DECEDENT 10e STATE 10b. COUNTY 10c CITY TOWN OR LOCATION 10d, INSIDE CITY MARYLAND TALBOT BOZMAN 1 TES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? QUAKER NECK RD. 21612 U.S.A 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ▼ NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Noif yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, Whits, etc. FORCES? 1 YES 2 NO 1 Never Married 2 Merr 1 TYES 2 NO Specify WHITE BY 3 👿 Widowed 4 🗌 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION early only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY (Soe Elementary/Secondery (0-12) College (1-4 or 5 +) HOUSEWIFE HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) OLIVER LEDNUM JOSEPHINE HADDAWAY 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) VIRGINIA HADDAWAY P.O. BOX 163 BOZMAN, MARYLAND 21612 20e. METHOD OF DISPOSITION
1 X Burlel 2 Cremetion 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or BOZMAN CEMETERY Donation 5 - Other (Specify) \_ BOZMAN, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Daruson HARRISON E, LEONARD FUNERAL HOME 21663 lanara 312 S TALBOT ST. ST. MICHAELS MADVIAND 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximata ahock, or heert failure. Liet only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition monde reaulting in deeth) CERTIFICATION Sequentielly list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events recuiting in deeth) LAST PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one EXAMINER? HOSPITAL: OTHER: 1 TES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA ne 5 🗆 Residence 6 🗆 Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending M 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, ferm, atreet, fectory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED 4 🗌 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner as stated. 2 MEDICAL EXAMINER: On the bests of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month. Bay Year) BE

WILLIAM H. WOOD M.D.JRDETCHMANS LANE EASTON, MARYLAND 32. REGISTBAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) 6

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

21601

1401. vs

-T1. 19 . 19.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

l	
l	
	DIDEMO
l	-
	A CLIENT
l	i
ı	2
	CLL
	TO TO
l	1
١	0
l	F
١	
L	

1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (First, Middle, Last	1							2. DATE OF D	FATH			3. TIME OF DEATH
MARY	JANE	BOW						Jul	DA		YEAR 1990	4:40 P M
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. le	ast birthday)	_ IF UNDER	1 YEAR	IF UNDE	R 24 HRS.	7. DATE OF B	IFITH		0. BIRTH	PLACE (State or Foreign
214-13-1167	1 🗆 M 2 😾 F	93	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Dey 06 1	7 9	7	Country	tland
9a. FACILITY NAME (If not institution, give		93		Oh CITY	/ TOWAN	OR LOCAT	ION OF DE	1	1 9		INTY OF DE	
							ION OF DE	AIN				EAIN
Meridian Nurs	ing Ctr-	The P	ines	E	ast	on				Ta.	lbot	
10s. STATE 10b. COUN	TY		10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY			
m	TDOM									LIMITS?		
MARYI AND NUMBER	ALBOT			UX.	FOR	r. ZIP COD	NE.			40m CIT	TIZEN OF W	HAT COUNTRY?
	10V 170				1 "					_		
R.D. #1, I				_			.654				_	BRITIAN
11. MARITAL STATUS 1 Never Married 2 Married		YES 2 X	NO If yes, specify Cuban, Maxican, Puarto Rican, etc.)						se or No— 14. RACE — American Indian, Black, White, atc.			
3 Widowed 4 Divorced	IF YES, GIVE	MAR OR DATES			1   YES	a s Muc	Specin	y:			Wiff	ALE
15. DECEDENT'S EL		16a. D	ECEDENT'S	USUAL O	CCUPATI	ION		16b. KIN	D OF BUS	INESS/IN	DUSTRY	
	Callege (1-4 or 5	- 4	Give kind of fe. Do NOT u	work done se retired.)	during m	oal of work	ing	1				
11	4		OUSE	WIF	E							
Elementary/Secondary (0-12)  11 17. FATHER'S NAME (First, Middle, Last)	-		CODE			18. MO	THER'S NA	ME (First, Middle	e, Maiden	Surname)		
TARRO MATERIA	J							STRA				
JAMES NAIRI  19a. INFORMANT'S NAME (Type/Print)		Ti	9b. MAILING	ADDRES	S (Street	_		Route Number, C			in Code)	191
MARIANNE S. I	FOCET CAN		R.D.			OX ]		OXFO	-			554
			E OF DISPO					OAFO			- City or To	
20s. METHOD OF DISPOSITION  1 Burlel 2 Teremation 3 Re	moval from State	other	place)									
4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	I ICENCEE	EAS	TERN	SH	ORE	CRI	TAME	ORIUM ICILITY	GE(	)RGF	HOWI	DEL.
21. SIGNATURE OF TONETHE SERVICE	LICENSEL	500						eral H				
M. En Neu	suam	E C	F.SP					vland				
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	С	O (OR AS A CONS		DF):	the.	218	30	2010.	2	2		S-1U 17
that initiated events resulting in deeth) LAST				_								
that initiated events resulting in deeth) LAST	d											
PART II. Other significant condition	ons contributing to	o death but not	t resulting	In the u	nderlyli	ng cause	given in	Part I. 24	PERFOR		24b	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
								1{	YES 2	NO		OF DEATH?
												1   YES 2   NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH					26. 1	PLACE OF	DEATH (C/	heck only one)				
EXAMINER?	HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHE		me 5 □	Residence	6 Other (St	oecily)			
27. MANNER OF DEATH	26a. DATE O	F INJURY	28b. TII	ME OF	28c. IN	JURY AT		28d. DESCRI		NJURY O	CCURED	
		Day, Year)	16	JURY		YES 2	□ NO	200225000				
2 Accident Investigatio	28a PLACE	OF INJURY — At	home larm	street for		7.00		281 LOCATIO	M (Street :	and Numb	er or Burnl i	Route Number,
3 Suicide 6 Could not I 4 Homicide determined		, etc. (Specify)	nome, sem,		otory, on				own, State)	III IVGIID	or or radius	TORIO PERTINON,
29s. CERTIFIER	and the same			1000	3166			000 850				
(Check only	YSICIAN: To the best of	(1										a) and manner as stated.
200. SKINASHINE AND TITLE OF CERTIF	THER	OV			1.1		CENSE NU					(Month, Day, Year)
30_MÂME AND ÀODRESS OF PERSON	01).	( DI	1/11	11/	1///	I	27	409		▶0	7/18	3/90
30 MAME AND ADDRESS OF PERSON Lawrence D. B					100			n MD	216			
31. DATE FILED (Month, Day, Year)		AR'S SIMMATURE		44								
JL 18'9	0	disordinate de la constante de	- April									

90 . F.

# BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 media after death. Page 6 may be retained by the hospital or attending physician.

TO THE FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPAR CERTIF	TMENT OF HEALTH AND I	MENTAL HYGIENI REG. NO.		070
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH MONTH DA	/ YEAR	3. TIME OF DEATH
	Alice E	Bateman		July 10		11:30 A.MM
	Committee of the Commit	5. SEX 6. AGE (In yrs. last birthday) 1	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIH.	7. DATE OF BIRTH (Month/Day, Year)	Cou	THPLACE (State or Foreign intry)
	9s. FACILITY NAME (If not institution, give stre		96. CITY, TOWN OR LOCATION OF DE		9c. COUNTY OF	DEATH
OH	Memorial Hospit	al	Easton		Tal	bot
EC	RESIDENCE OF DECEDENT  10s. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR LOCATION			10d. INSIDE CITY
DIRECTOR	Wy Co	ndimo	Dontan			LIMITS?
	10e. STREET AND NUMBER	NA AA O I	101. ZIP CODE		10g. CITIZEN OF	F WHAT COUNTRY?
FUNERAL	Caroline	Jellan Cost al	35 8 9 21620	?	US	SA
2	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDEND EVER IN U.S. ARMED FORCES? 1 YES 2 NO	13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexico		or No- 14. RA Bit	CE — American Indian, ack, White, atc.
BY	3 Mildowed 4 Divorced	IF YES, GIVE WAR OR DATES	1 TES 2 NO Specify	r	Sp	~ <b>(</b> C)
	15, DECEDENT'S EDUCA		USUAL OCCUPATION	16b. KIND OF BUS	INESS/INDUSTRY	, 0
E	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5 +)  (Give kind of viife. Do NOT us	work done during most of working se retired.)			
MP			mestic			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	16 0.	16. MOTHER'S NA	ME (First, Middle, Melden	Sumame)	
BE	16hors	U Moeler	Me	len W	Neox	ec
2	19a INFORMANT'S NAME (Type/Print)	196. MAILING	ADDRESS (Street and Number or Rural I	Route Number Chy or Town	, Stete, Zip Code)	
	20a. METHOD OF DISPOSITION	20b. PLACE OF DISPOS	SITION (Name of cemetery, crematory or	20c LO	CATION — City or	Town, State
	1 Buriel 2 Cremation 3 Removed 4 Donation 8 Other (Specify)	val from Stats other place)	, and a second of the second o	0	anta	· Lm
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE /	22. NAME AND ADDRESS OF FA	CILITY	X II Vegi	1105
	· Eric Dash	all Purall Foo	EN 322 East	ave 8	actor	nd.
	23. PART I. Enter the diseases, or co ahock, or heart fellure. L	omplications that caused the deeth. Do relet only one cause on each line.	not enter the mode of dying, suc	h es cerdiec or respi	ratory arrest,	Approximete Interval Between
	IMMEDIATE CAUSE (Final disease or condition	D. + AF	1. 1. 1	Do C +	11/2	Opent and Dooth
	resulting in deeth)		domen due to	restorated	Viscu	2 27175
_		DUE TO (OR AS A CONSEQUENCE OF	r):	*		i
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEQUENCE OF	F):			
₹ I	cause. Enter UNDERLYING CAUSE (Disease or Injury					
Ĕ	thet initiated events	DUE TO (OR AS A CONSEQUENCE OF	F):			
E	resulting in deeth) LAST					
AL C	PART II. Other significent conditions	contributing to deeth but not resulting	In the underlying ceuse given in	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS
2	Organic Bi	rain Syndrome		PERFOR 1 □ YES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	Ovarian c	yst/mass noted	on 1986 A Ed	CT		1 TES 2 NO
ž			•	<b>'</b>		
BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATH (Ch	eck only one)		
YSI	1X-XyES 2 □ NO	1 Inpatient 2 XER/Outpatient 3 DOA	4 - Nursing Home 8 - Residence			
E	27. MANNER OF DEATH  Natural 5 Pending	28s. DATE OF INJURY (Month, Day, Year) 28b. TIM	JURY WORK?	28d. DESCRIBE HOW II	NJURY OCCURED	
	2 Accident Investigation	28s. PLACE OF INJURY — At home, farm,	1 120 2 110	281. LOCATION (Street a	and Number or But	rel Doube Mumber
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Specify)	wirest, ractory, office	City or Town, State)	ING NUMBER OF NU	ar noute number,
	29s. CERTIFIER 1 X CERTIFYING PHYSIC	IAN: To the best of my knowledge, death occurr	and at the time date and place and due	to the squar(s) and mar	mas as etelad	_
PA	amal	: On the beels of examination end/or investigation				e(s) and manner as stated.
	296. SIGNATURE AND JITLE OF CERTIFIER		29c. LICENSE NUI			IEO (Mogth, Day, Year)
BE	(11 Ano	mo	0351		▶ 7//	0/90
٩		COMPLETEO CAUSE OF DEATH (ITEM 27) (Type	, Print)		110	.00/0
	Monica AgreeM.	D. P.O Box 660,	DEnton, Md. 216	29		
	31. OATE FILEO (Month, Day, Year)	32. REGISTBAR'S SIGNATURE	dness.		_	

and the second

	1 - FOR STATE REGISTRAR	STATE OF MA				HEALTH AN	D MENTA	AL HYGIEN REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)							E OF DEATH	IY YE.	3. TIME OF DEATH
	Dean			Bayn	ard		Mon	29-90	16.	12:59AM M
	4. SOCIAL SECURITY NUMBER	5. SEX 6	. AGE (In yrs. last i		IF UNDER 1 YEAR		s. 7. DATE	E OF BIRTH	8. E	MRTHPLACE (State or Foreign
	217-78.7816	1 M 2 🗆 F	22.	YRS.	MONTHS DAYS	HOURS ME	i. (Mor	th, Day, Year)	7	Country)
	9a. FACILITY NAME (If not institution, give st				9b. CITY, TOWN	OR LOCATION O	F DEATH	7.77	9c. COUNTY	
8	Rt. 213, South of	Rte. 18			Cons	Coppell	9.		Queen	Annes County
٦	RESIDENCE OF DECEDENT		T						_	
DIRECTOR	10a. STATE 10b. COUNTY		31	10c. CITY	, TOWN OR LOC	ATION				10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	een an	ne		entus	VELLE			Luci amunu	1 YES 2 NO
FUNERAL	TOO. STREET AND NUMBER	6 0	1			10f. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?
빌	304 Chesi	n Can	17.		1				Mi	S #4
5	11, MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT I FORCES? 1	YES 2 NO		If yes,	ECENDENT OF HI specify Cuban, Ma	xican, Puerto		or No- 14.	RACE — American Indian, Black, White, atc.
₽	3 Widowed 4 Divorced	IF YES, GIVE WAF	OR DATES		1 TYES 2 DANO Specify: Specify:					
8	15. DECEDENT'S EDU		16a. DEC	EDENT'S	USUAL OCCUPA	TION	.16	b. KIND OF BU	SINESS/INDUST	RY
<u> </u>	(Specify only highest grade Elementary/Secondery (0-12)	College (1-4 or 5+)	Ilfe. E	o NOT use	ork done during a retired.)	most of working				
<u> </u>				Co	OK					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			•		16. MOTHER	NAME (First	, Middle, Maiden	Surname)	,
BE (	Lovenzo		MIC	ka	$n \leq$	Po	TYYE	12	Bo	grava
TO B	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS (Stree	and Number or R	ural Route Nu	mber, City or Tow	n, State, Zip Coo	4
	PATYICIS 13	0471040	7	300	( C	hester	_C	rut.	Carety	surlle on c
	20a. METHOD OF DISPOSITION 1 M Burial 2 Cremation 3 Ram	oval from State	20b. PLACE O other place		ITION (Name of	cemetery, crematory	or	20c, LO	CATION — City	or Town, State
	4 Donation 5 Other (Specify)			C	MOST	i Co	lone-	C	hes tes	md
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	^		22. NAME	AND ADDRESS O	F FACILITY		0	/ /
3	Leasto	186/191	been 1	9	31	9 1	مر اه	154.	Lin	& und
	23. PART I. Enter the diseases, or	complications that	caused the dea	th. Do n	ot enter the r	node of dylng,	such as ca	rdiac or resp	retory arrest,	
	shock, or heart failure.  IMMEDIATE CAUSE (Finel	List only one cause	on aech lina.							Interval Between Onest and Death
	disease or condition resulting in death)	Multip	ole inju	ries						
	rounting in oddiny	OUE TO (C	OR AS A CONSECU	JENCE OF	):				-	
Z	Sequentially list conditions,	b								
CERTIFICATION	If any, leading to immediate	DUE TO (C	OR AS A CONSECU	JENCE OF	):					
2	CAUSE (Disease or injury	C	ND 40 4 0000000	Invar or						
	that initiated events resulting in death) LAST	DUE TO (C	OR AS A CONSECU	JENCE OF	):					
		d								
3	PART II. Other significent condition	s contributing to d	eath but not re	sulting I	n the underly	ing ceuse give	n in Part I.			24b. WERE AUTOPSY FINDINGS
20								PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?
										XXX YES 2 NO
AED!										
MED!					26.	PLACE OF OEAT	(Check only	one)		
MAN: MEDI	25. WAS CASE REFERRED TO MEDICAL									
SICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	ome 5 🗆 Raside	nea XIXXXIII	her (Specify)	Scene	
PHYSICIAN: MEDI	EXAMINER?  XX YES 2 \( \text{NO} \)  27. MANNER OF DEATH	1 Inpatient 2 I	VAUURY	28b. TIM	4 Nursing H	iome 5 Reside		her (Specify) ESCRIBE HOW		EO
PHYSICIAN: MET	EXAMINER?  XX YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	1   Inpatient 2	NJURY ; Year)	28b. TIM	4 Nursing H E OF 28c.	ome 5 - Reside	28d. 0	ESCRIBE HOW	INJURY OCCUR	euto impact
B	EXAMINER?  XYES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be	28a. OATE OF III (Month, Day) 6-29-9	NJURY ; Year)	28b. Tim INJ 12:3	4 ☐ Nursing H E OF 28c. I URY 1 ☐	ome 5 Reside	28d. 0	escribe how ver in	auto/a	
TED BY	EXAMINER?  XX YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending investigation  3 Suicide 6 Could not be determined	26a. OATE OF III  26a. OATE OF III (Month, Day 6-29-5  28a. PLACE OF building, at	NJURY ; (Ver) ) () INJURY — At honic. (Specify)	28b. TIMI INJ 12:3	4 Nursing H E OF 28c.   URY 1   threet, factory, or	iome 5 Reside INJURY AT WORK? YES 2 H	28d. 0 R Dri 26f. LG	Ver in OCATION (Street by or Town, State 213 S	auto/a auto/a and Number or I	auto impact Burel Route Number, t. 18, Queen
TED BY	EXAMINER?  XORYES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only 1 CERTIFYING PHYS	26a. OATE OF III  26a. OATE OF III (Month, Day 6-29-5  28a. PLACE OF building, at	NJURY ; (Ver) ) () INJURY — At honic. (Specify)	28b. TIMI INJ 12:3	4 Nursing H E OF 28c.   URY 1   threet, factory, or	iome 5 Reside INJURY AT WORK? YES 2 H	28d. 0 R Dri 26f. LG	Ver in OCATION (Street by or Town, State 213 S	auto/a auto/a and Number or I	auto impact Burel Route Number, t. 18, Queen
TED BY	EXAMINER?  XYES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only 1 CERTIFYING PHYS)	1	NJURY , Year) O INJURY — At hon ic. (Specify)	12:3 12:3 ne, farm, s	4 Nursing H E OF 28c. URY 4 AM 1 Contract, factory, or COO Ded at the time, d	iome 5 Reside INJURY AT WORK?  YES 2 M	28d. o Dri 28f. Lo Rt	Ver in OCATION (Street ty or Fown, State) 213 S	auto/a and Number or I of Rt	auto impact Burel Route Number, t. 18, Queen
TED BY	EXAMINER?  XYES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only 1 CERTIFYING PHYS)	1 □ Inpetient 2 □ I  28e. OATE OF IP (Month, Dey 6-29-C)  28e. PLACE OF building, at  ICIAN: To the best of m  ER: On the basis of axe	NJURY , Year) O INJURY — At hon ic. (Specify)	12:3 12:3 ne, farm, s	4 Nursing H E OF 28c. URY 4 AM 1 Contract, factory, or COO Ded at the time, d	iome 5 Reside INJURY AT WORK?  YES 2 M	28d. 0 28f. LG Rt. I du Anne	Ver in OCATION (Street ty or Fown, State) 213 S	auto/a and Number or I  of Ri  not due to the co	auto impact Rurel Poute Number, t. 18, Queen ryland
BE COMPLETED BY	EXAMINER?  XYES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending investigation  3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only One)  2 XMCDICAL EXAMINE	1 □ Inpetient 2 □ I  28e. OATE OF IP (Month, Dey 6-29-C)  28e. PLACE OF building, at  ICIAN: To the best of m  ER: On the basis of axe	NJURY , Year) O INJURY — At hon ic. (Specify)	12:3 12:3 ne, farm, s	4 Nursing H E OF 28c. URY 4 AM 1 Contract, factory, or COO Ded at the time, d	innum 5 Reside innum 7 WORK? VES 2 M	28d. 0 26f. LG Rt. I du Anne t the time, de	Ver in OCATION (Street ty or Fown, State) 213 S	auto/a auto/a and Number or I  of Ri  of Ri  od due to the co	auto impact  Bural Route Number,  1. 18, Queen  ryland  susse(s) and manner as stated.
TED BY	EXAMINER?  XYES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending investigation  3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only One)  2 XMCDICAL EXAMINE	28e. OATE OF IR  28e. OATE OF IR  (Month, Day 6-29-6  28e. PLACE OF building, at	NJURY (, Year) () () () () () () () () () () () () ()	28b. TiM INJ 12:3 ne, farm, s	4 Nursing H E OF 28c. Unry 4 AM 1 L Intrest, factory, or FOat od at the time, d n, in my opinior	innum 5 Realde innum 7 WORK? VES 2 M Hice d ste and place, and , death occured a	28d. 00 28f. LG Rt	ESCRIBE HOW  VET IN  COATION (Street by or Town, State  213 S  COSSEC(S) CALINA  atta and place, as	auto/a and Number or I  of Ri  nd due to the co	auto impact  Bural Route Number,  1. 18, Queen  ryland  Buse(s) and manner as stated.  GNED (Month, Dey, Year)  6-29-90

31. DATE FILED (Month, Day, Year)

JUL ~ 5 90

32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

IMPORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

												91	3	210	180
	FOR 1 - STATE REGISTRAR	STATE OF M			TMENT				MENTA	AL HYGIEN REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, La	st)							2. DAT	E OF DEATH		YEAR	3. TIME	OF DEATH	н
	Paul	C		Bic	klir	10			Ma	7 /	199	()	2.	10 P	MM
	4. SOCIAL SECURITY NUMBER	6. SEX	8. AGE (In yrs. lesi		IF UNDER	-	IF UNDER	24 HRS	7. DAT	OF BIRTH					
	212-12-3345	1 💢 M 2 🗌 F	72	YRS.	MONTHS	DAYS	HOURE	MIN.	(Mor	4-4-18	DF BIRTH Dpy, Year -4-18  8. BIRTHPLACE (State or Foreign Country) MD				
	9a. FACILITY NAME (If not institution, gi	ve street and number)			9b. CITY, TOWN OR LOCATION OF DEATH 9c. CO.						9c. COU	NTY OF E			
P P	Memorial F	Hospital		Easton Talbot											
E	RESIDENCE OF DECEDENT										1.0	LIDO			
£	10a. STATE 10b. COL				Y, TOWN C								LIN	SIDE CITY WITS?	
ā		roline		Gi	eens									E\$ 2 🗌	NO
A	10e. STREET AND NUMBER					ZIP CODE					IZEN OF		UNTRY?		
BY FUNERAL	Rt. 1 Box 58					_   2	1639					USA			
Ē	11. MARITAL STATUS  12. WAS DECEDENT EVER IN FORCES? 1 XYES									IN? (Specify Yea Rican, atc.)	or No-	14. RACI Blac	E — Ame k, White,	rican India atc.	n,
≥	1 Never Married 2 Married IF YES, GIVE WAR OR D/										Spec	illy:	Nhite		
				CEDENT'S	USUAL O	CCLIDATIO	M		1 10	b. KIND OF BU	INESS/INI	DISTRY			
H	(Specify only highest grade completed)			ive kind of Do NOT u	work done	during mos	st of workin	g	"	u. Killed Of Bo.	MEGG/MM	0001111			
2	Elementary/Secondary (0-12)	College (1-4 or 5+)		orem	an					Stat hi	ahwa	v A	dmir	١.	
₩ 0	17. FATHER'S NAME (First, Middle, Last)						16, MOTE	HER'S NAI	_	Middle, Maiden		,			
BE COMPLETED	Louis C. Bick									ggins E		ina			
	19a. INFORMANT'S NAME (Type/Print)	mg	191	b. MAILING	ADDRES	S (Street a				mber, City or Tow					
2	Bonnie Lurlin	aton								ro, MD					
	20e. METHOD OF DISPOSITION		20b. PLACE	OF DISPO							CATION —		own, State		
	↑ Buriel 2 ☐ Cremation 3 ☐ 5 4 ☐ Donation 5 ☐ Other (Specify)	Removal from State	other pla	ece)	reer	sbo	ro C	emet	erv	Gr	eens	boro	. MI	D	
	21, SIGNATURE OF FUNERAL SERVICE	E LICENSEE			22.	NAME AN	D ADDRES	SS OF FAC	CILITY	Greens	boro	. MI	21	639	
3	•									Fn Hr					
- 0															
	23. PART I. Enter the diseases, ahock, or heert fellu	or complications that ire. List only one caus			not enter	the mo	de of dyl	ing, euch	n ee ca	rdiec or reap	ratory ar	reet,		pproximaterval Be	
- 1	IMMEDIATE CAUSE (Finel	11	1		c ( 1							0	nset and	Deeth	
	disease or condition resulting in death)	. Hepa	token	nal Syndrome								5	-10	ays	
		1 -	f-n	1	1									12 50	
N	Sequentially list conditions,	b. Live DUE TO  C. Undi  DUE TO	on an a consecu	tas	tasi	25									1046
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	1 1 1 1	Ma +	DOENCE	5	/ -	A et	Col	1 1	hand (	and	- 6/1	~	2 ,0	Edno
S	CAUSE (Disease or injury that initiated events	DUE TO	OR AS A CONSE	DUENCE O	€ F):	<u>u</u> a	rge			119			+		4/9
E	reculting in death) LAST												ļ		
CEI		d						-	-				_		
A	PART II. Other algolficent condi	tions contributing to	death but not i	resulting	in the u	nderlying	g ceuse (	given in	Part i.	24a. WAS AN	AUTOPSY	24		AUTOPSY FI BLE PRIOR	
5										1 TYES	NO STATE			ETION OF C	
ME											21.21		1 🗀 Y	ES 2 🗌 I	NO
-															
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICA						ACE OF D	EATH (Ch	eck only	one)					
Sic	EXAMINER?  1 YES 277 NO	HOSPITAL:	ER/Outpetlant 3	□ DOA	4 Nu		e 5 🗆 Re	esidanca	6 🗆 Ot	her (Specify)					
ξ	27. MANNER OF DEATH	28a. DATE OF (Month, De		28b. TII	AE OF JURY	26c. INJ	URY AT		28d, D	EŞCRIBE HOW	NJURY O	CURED			
BY F	Netural 5 Pending 2 Accident Investigat		, , , , , , , , , , , , , , , , , , ,	-	M		ES Z	NO							
	3 Suicide 8 Could not	26e, PLACE Of building.	F INJURY — At he atc. (Specify)	ome, farm,	street, fac	tory, offic	•			CATION (Street ty or Town, State		or Rural	Route Nu	mber,	
1	4 Homicide determine	d		-						-					
PLE	29a. CERTIFIER 1 X CERTIFYING P	HYSICIAN: To the best of	my knowledge, de	eth occur	red at the	time, data	and place	, and dua	to the o	cause(a) and me	nner as st	nted.			
COMPLETED	one)	MINER: On the basis of an	ramination and/or	Investigati	on, In my	opinion, d	eath occu	red at the	time, de	nte and place, a	nd due to t	tha cause	(a) and m	anner aa s	tated.
	29b. SIGNATURE AND TITLE OF CERT	TIFIER /					29c. LIC	ENSE NUN	ABER		29d, DA	TE SIGNE	D (Month,	Day, Year)	
BE	illamica.	Harre	MA				n:	3 51	27	,	•	5/	17/	90	
2	CO NAME AND ADDRESS OF DEDOCA	WHO COMPLETED CAUS	E OF DEATH (ITE	M 930 (E	- Delect		W-	- /						10	

ee

190

31. DATE FILED (Month, Day, Yar)

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE
JUNIA DAVIDSON

Venton

1629

BALTIMORE, MARYLAND	after death. Page 6 may be retained by the ho	by the funeral director, page 5 should be detact smoval.	lical examiner must be notified at once
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detachy be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	STATE (	F MARYL	AND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL	HYGIENE REG. NO.
ME (First, Middle, Last)	1	1	\	2. OATE C	F DEATN

	1 - FOR STATE REGISTRAR	TATE OF MARYLA			HEALTH AND I	MENTAL HYGIE				
	1. DECEDENT'S NAME (First, Middle, Last)	1 1		)		2. OATE OF DEATN	DAY	YEAR	3. TIME OF DEATN	
Í	Wilfred	- Bar	ber	)		MONTH	13	90	2154 M	
1	The second secon			IF UNDER 1 YEAR		7. DATE OF BIRTN (Month, Day, Year)		8. BtRTHI Country	PLACE (State or Foreign	
1	577 22 1299	ZM2□F (	66 YRS.	DATE DATE	MIN.	8-10-192	3	Mary		
	9e. FACILITY NAME (If not institution, give street a			9b. CITY, TOW	N OR LOCATION OF DE	EATN	9c. COL	UNTY OF DE	ATN	
5	Washington Adventis	t Hospital		Tako	ma Park		Mon	Montgomery		
2	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LO	CATION			10d. INSIDE CITY		
	Maryland Prince	George's	l Bo	owie					LIMITS?  1 YES 2 NO	
4	10e. STREET AND NUMBER				10f. ZIP CODE		10g. CI	10g. CITIZEN OF WNAT COUNTRY?		
	13225 Old Chapel Ro	ad			20720		Uni	ited :	States	
5	11. MARITAL STATUS 12.	WAS DECEDENT EVER IN I			ECENDENT OF HISPAN specify Cuben, Mexica		Yee or No-	14. RACE Black	- American Indian, White, atc.	
		IF YES, GIVE WAR OR DAT			ES 2 NO Specifi			Specif		
	15, OECEDENT'S EDUCATIO	ON I	184 OFCEDENT'S II	SUAL OCCUPA	TION	16b, KIND OF	RIISINESS/IN	IDUSTRY	WILLE	
	(Specify only highest grade comp	pleted)	18e. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)			TOLK KIND OF	0001112007111			
	1.0	oliege (1-4 or 5+)	Elevat	or Foreman U.S.			Gove	rnmen	t .	
5	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Mak	len Surname)			
2	Charles Frederick	Barber			Bessie	Thompson	Barbe	er		
	19e. INFORMANT'S NAME (Type/Print)				et end Number or Rural i					
-	Alice G. Barber				Chapel Roa					
	20e. METNOD OF DISPOSITION  1 XBurlet 2 Cremetion 3 Removal	from State	other place)		cemetery, crematory or		LOCATION -			
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSI		arklawn	-	AND ADDRESS OF FA		ockvi	Lle Ma	aryland	
	D.1 +- 5			Bea1	1-Evans F	Tuneral H				
-	10000 C	Evans	meo						land 20715	
	23. PART I. Enter the diseases, or companions abock, or heart failure. List			x enter tha	node of dying, auc	n ea cerdiec or re	epiratory e	rreet,	Approximete interval Between	
	iMMEDIATE CAUSE (Final disease or condition	£0	n. N. d.o.		100000	0			Onset and Death	
	resulting in daeth) e	OUE TO (OR AS A	CONSEQUENCE OF	14	gaven	سلا		_	144	
_									2.8 mo	
	Sequentially liet conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF		,					
5	CAUSE (Disease or injury									
	thet initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF)	*						
	d								1	
	PART II. Other eignificant conditions co	ontributing to death bu	t not resulting in	tha undarly	ring cause given in		AN AUTOPSY FORMED?	Y 24b.	WERE AUTOPSY FINDINGS	
3						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 NO		COMPLETION OF CAUSE DF DEATH?	
MEDI							/		1 TYES 2 NO	
SICIAIN										
3	25. WAS CASE REFERBEO TO MEDICAL EXAMINER?	OSPITAL:		OTHER:	PLACE OF DEATN (Ch					
2	1 YES 2 THO 1 TO 1 TO 1 TO 1 TO 1 TO 1 TO 1 TO	Inpatient 2 ER/Outpa 28e. DATE OF INJURY	28b. TIME		INJURY AT	e Other (Specify)  28d. DEŞCRIBE HC	W INJURY O	CCURED		
	1 Natural 5 Pending	(Month, Day, Year)	INJU	RY	WORK? YES 2 NO					
	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY	— At home, ferm, at	reet, factory, o	ffice	28f. LOCATION (Str	et end Numb	per or Rural F	loute Number,	
	4 Nomicide determined	building, etc. (Specif				City or Town, St	ato)			
MFLEIE	290. CERTIFIER CHOCK ONLY	Y: To the best of my knowle	dge, death occurred	f at the time, o	late end place, end due	to the ceuse(e) end	menner ee at	tated.		
		on the beele of examination	end/or investigation	, tn my opinto	n, death occursed at the	time, date end place	, end due to	the ceuse(e	) end menner ee stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER	000001			29c. LICENSE NU	MBER	29d. D/	ATE SIGNED	(Mente Day, Year)	
	30. NAME AND ADDRESS OF PERSON WHO CO	OMBI ETEO CAUSTOS OF ST	[H (ITEM 27) (Type,	Dian	1220	11/3		110	1170	
	7525 GREW	ever (T)	Sim	me	Enlet	t MD	20	170		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE	0	. 0 -0	1/				
	JUL 20 '90 2	. A	J. 105							
	(1	woord-plan	Taken .						DHMH-16 Rev 1/89	

/	1
(0	(AIA)
10	
	Pages
	ŧ

BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a flow rate death. Page 6 may be retained by the hospital or attending physician.

TO THE RUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pernore filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

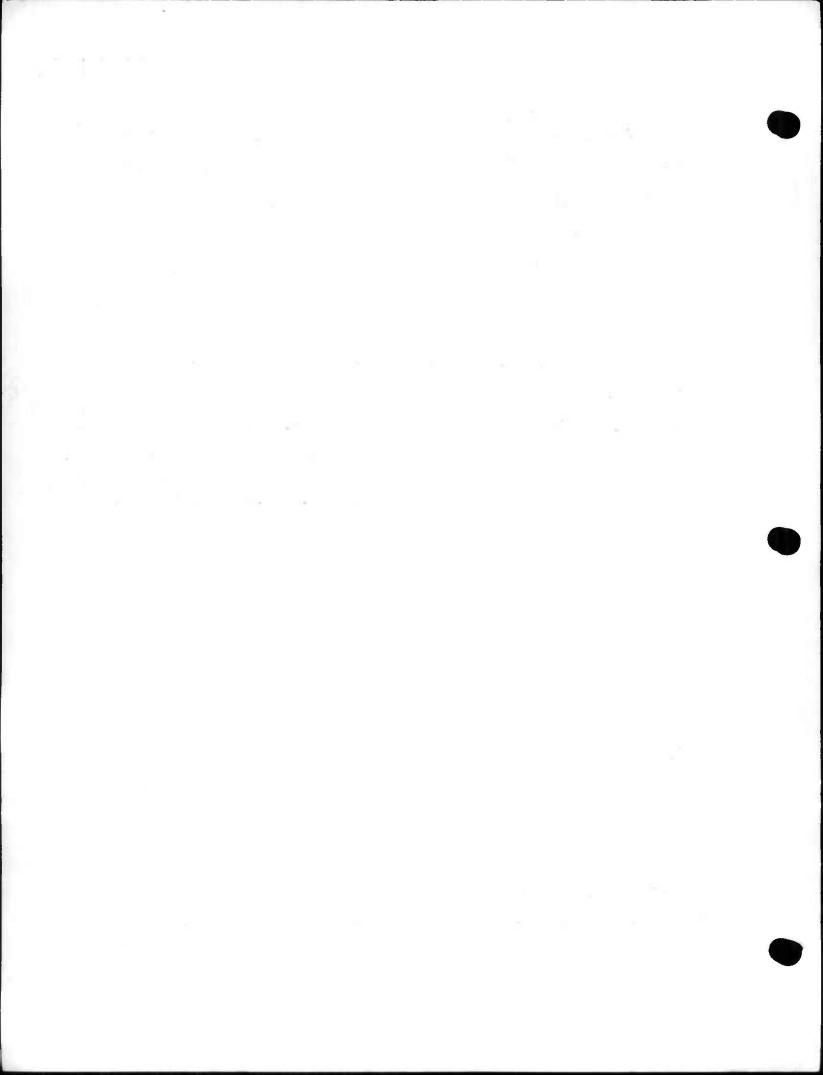
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF D	EATH DA	,	YEAR	3. TIME OF DEATH
	Harry C.	Brode	erick, Sr							7	17		90	4:45PM
	4, SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs. le	st birthday)	IF UNDER	YEAR	IF UNDER	R 24 HRS.	7. DATE OF BI (Month, Day			8. BIRTI	HPLACE (State or Foreign
	216-44-2708		1 XM 2 - F	95	YRS.	MONTAS	UATS	HOUNE	with.	03/17/	95		Moe	, New Jerse
_	9a. FACILITY NAME (If not in		Colored to the second			9b. CITY,	TOWN	OR LOCAT	ION OF DE	ATH		9c. COU	NTY OF D	DEATH
DIRECTOR	6106 Kilmer		et			CI	neve	erly				Pri	nce	George's
딥	RESIDENCE OF DEC	10b. COUNT	Υ		10c. CIT	Y, TOWN O	R LOCA	TION						10d. INSIDE CITY
E I	Maryland	P <sub>*</sub>	ince Geo	raets		Cheverly				1			LIMITS?	
	10e. STREET AND NUMBER		THEE GEO	TAC 3		10f. ZIP CODE					10g. CITIZEN OF WHAT COUNTRY?			
EB/	6106 Kilmer	Stree	et		20				0785 U.S.A			Α.		
S	11. MARITAL STATUS		12. WAS DECEDER	NT EVER IN U.S. A	. ARMED 13. WAS DECENDENT OF HISP.				OF HISPAN	NIC ORIGIN? (Specify Yea or No- 14. RACE -			E — American Indian, k, White, atc.	
BY FUNERAL	1 Never Merried 2 Merried 3 Wildowed 4 Divorced  FORCES? 12 YES IF YES, GIVE WAR OR DATE				NO			2 Z NO					Spec	
		CEDENT'S EDU		16a. D	ECEDENT'S	USUAL OC	CUPATI	ON set of work	ina	16b. KINI	D OF BUS	INESS/IN	DUSTRY	
<u> </u>	Elementary/Secondary (		College (1-4 or 5	+)	e. Do NOT u	se retired.)	uning in	or or work						
M	12			-	Audi t	or					nt.		nue	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)									ME (First, Middle oeth Wi				
BE	William Broderick						-			Route Number, C				
2	190. NFORMANT'S NAME (Type/Print)  Anna Elizabeth Broderick									Chever1	,			20785
						SITION (No	-			Meveri				own. State
	1 CXBuriel 2 Cremation 3 Removal from State 0ths				olace)	oln (								maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE					22.1	NAME A	ND ADDRI	ESS OF FA	CILITY				
	· Phisting I Korcell						Francis Gasch's Sons Funeral Home, PA 4739 Baltimore Ave., Hyattsville, MD 202							
	23. PART I. Enter the d	diseases or	complications th	at carred the	Aeth Do									Approximate
	shock, or h	heert fellure.	List only one ce	use on each lin	ie.	not enter	ure in	oue or a	ying, suc	ii sa cararac	Or respi	iatory si	1001,	Interval Between Onset and Death
	IMMEDIATE CAUSE (FI disease or condition _	insi		Value	Pa-	Hea	+	Di	ens	1-				ilean -
ŀ	resulting in death)  s. Vaccounce of scarc  Due to (or as a consequence of):									10				
z	disesse or condition resulting in death)  Nalvulan Heart Disease igeans  Due to (or as a conscience or):  Confessione Heart Failure  2 year									Zyeeus				
임	If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):													
2	CAUSE (Disease or Injury  CAUSE (Disease or Injury  OUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	that initiated events resulting in death) LAS	ST	OUE IC	U (OH AS A CUNSI	EGUENCE	<i>)</i> +):								İ
E I	d.													
AL.	PART II. Other signific	ent conditio	ns contributing to	o deeth but not	resulting	In the un	derlylr	g ceuse	given in	Part I. 24e	. WAS AN		24	b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
MEDICAL	COMPL									COMPLETION OF CAUSE OF DEATH?				
ME										_				1   YES 2   NO
ž														
PHYSICIAN:	25. WAS CASE REFERRED ' EXAMINER?	TO MEDICAL	HOSPITAL;			OTHER		LACE OF	DEATH (C)	neck only one)				
YSI	1 TES 2 NO		1 Inpatient 2	☐ ER/Outpatient	-	4 🗆 Nun	ing Ho		Residence	6 🗆 Other (Sp				
F	27. MANNER OF DEATH  1 Netural 5	Pending	20e. DATE O (Month,	Day, Year)	20b. Til	ME OF IJURY M	W	JURY AT ORK?		28d. DESCRII	BE HOW I	NJURY O	CCURED	
BY	2 Accident	Investigation	20a PLACE	OF INJURY — At I	home form			YES 2	□ NO	284 LOCATIO	M /Ctreat :	and Alumb	er or Purel	Route Number,
ED	3 Suicide 8 4 Homicide	Could not be determined	building	g, etc. (Specify)	rome, min,	otreet, taci	ory, orn			City or To	wn, State)	III I I I I I I I I I I I I I I I I I	or or nurer	roote Romber,
COMPLETED	29e. CERTIFIER	PTIEVALO BUM	MONANI TO M. N. A.			Was .						a_1=/2;	37.	
MP	COROCK OTHY		SICIAN: To the best of											(s) and manner as stated.
	29b. SIGNATURE AND TITL		-	A			<b>p</b> ,	_			<b>P.1300</b> , 411			
BE	296. SIGHLAUNE AND ITTE	E OF CERTIFE	Bur	1				-	CENSE NU	Z87		29d. DA	7 IGHE	D (Month, Day, Year)
2	30. NAME AND ADDRESS O	OF PERSON W	HO COMPLETED CA	USE OF DEATH AT	EM 27) /5~	o. Print)			-6	-0 (			117	100
	The second second						0	JI.	107	0.11-	- D	1	M	-1 1 007/0
	Dr. Michael 31. DATE FILED (Month, Day		od, MD /	PAR'S SIGNATURE	CTWO1	e Av	enue	≥, ∦.	10/,	COTTES	e Pa	rk.	Mary	vland 20740
	mn 2	0 '90	Sul	PAR'S SIGNATURE	-Hand	ماتال								
	JUL	n 40	0										_	DHMH-16 Rev 1/

OHMH-18 Rev 1/89

TO DE CT	
al examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
oval.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.
the funeral director, page 5 should be detache	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
ter death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hosp
BALLIMORE, MARTLAND	DIVISION OF VITAL RECORDS, F.O. BOX 13146,

	1 - STATE REGISTRAR	CERTIFIC	ENT OF HEALTH AND N ATE OF DEATH	IENTAL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) Julia Sothor	on Buddin	gton	2. OATE OF OEATH		3. TIME OF DEATH	
	Julia 1	Burde	na tan	July 1.	2 199	10 53 H	
			UNDER 1 EAR IF UNDER 24 HRS.	7. OATE OF BIRTH (Month, Day, Year)	8. 8	SIRTHPLACE (Sale or Foreign	
	215-38-2583 1 D M 2 X F 82	YRS.	TINS CATS HOURS MIN.	Jan. 20,	1908 M	aryland	
	9a. FACILITY NAME (If not institution, give street and number)	96	CITY, TOWN OR LOCATION OF DE	АТН	9c. COUNTY	OF DEATH	
5	RESIDENCE OF DECEDENTS Mem	Hary	/TUDY do	10	Prin	casco VSCX	
DIRECTOR	10a. STATE 10b. COUNTY	10c. CITY, TO	OWN OR LOCATION		10d. INSIDE CITY		
H	Maryland Prince George's	Hyat	tsville		1 X YES 2 □ NO		
AL	10e. STREET AND NUMBER		10f. ZIP CODE			OF WHAT COUNTRY?	
FUNERAL	3902 Commander Drive		20782		USA		
J.	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED	13. WAS DECENDENT OF HISPAN If yes, specify Cuban, Mexican	, Puerto Rican, etc.)	or No— 14.	RACE — American Indian, Black, White, etc.	
To rever married 2 Amarried IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Sp							
15. OECEDENT'S EDUCATION 180. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY							
H.	(Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT use re	done during most of working tired.)				
MPL	12th 4 yrs.	School te	acher	School	ol		
COMPLET	17. FATHER'S NAME (First, Middle, Last)			AE (First, Middle, Malden	Surname)		
BE	Richard H. Sothoron			Harrison		Wal 20702	
2	190. INFORMANT'S NAME (Type/Print)  Arthur R. Buddington		mmander Dr.,				
			ON (Name of cemetery, crematory or			or Town, Slate	
	20a METHOD OF OISPOSITION 1X Burial 2 Cremation 3 Removal from State 4 Oonation 8 Other (Specify)	All Faith E	pis. Church C	emetery I	lunter	ville, Md.	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	/	22. NAME AND ADDRESS OF FAC	HUTY			
	Maistra L.KC	park	FRANCIS GAS				
	23. PART I. Enter the diseases, or complications that caus	ed the deeth. Do not	4739 Balt. Ave				
	shock, pr heert fellure. List pnly pne cause pn	each line.				Interval Between Onset and Death	
	disease or condition resulting in death)	back.	a fin C	21/0/20	NON	7	
		A CONSEQUENCE OF):		avciv	,		
Z	Sequentially list conditions,	cinos	ma of	bresu	-t,		
Ĕ	if any, leading to immediate cause. Enter UNDERLYING	A CONSEQUENCE OF):				•	
泛	CAUSE (Disease or Injury C.	A CONSEQUENCE OF):					
CERTIFICATION	resulting in deeth) LAST	,					
B	d						
	PART ii. Other aignificent conditions contributing to deeth	but not resulting in t		Dorf   24. WASAN	AUTOPSY		
*		and the resulting in	ne underlying ceuse given in	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
DICAL	None		ne underlying ceuse given in		3		
	None		ne underlying ceuse given in	PERFOR	3	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
	25 WAS CASE REFERRED TO MEDICAL			PERFOR	3	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?    HOSPITAL:		28. PLACE OF DEATH (Ch	PERFOR	3	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
	HOSPITAL:     HOSPITAL:	utpetiont 3 DOA 4	28. PLACE OF DEATH (Chr THER:  Nursing Home 8	PERFOR	Ano	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
PHYSICIAN: MEDI	PRIMINER?  YES 2 NO  1 Inpatient 2 ER/O  27. MANNER OF DEATH  Netural 5 Pending  Netural 5 Pending	utpetiont 3 DOA 4	28. PLACE OF DEATH (Chr THER:  Nursing Home 8	PERFOR  1 YES 2  pick only one)  8 Other (Specify)	Ano	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
BY PHYSICIAN: MEDI	PAMINER?  YES 2 NO  1 Inpatient 2 ER/O  27. MANNER OF DEATH  Natural 5 Pending Investigation 2 Accident 3 Suicide 8 Could not be  NOSPITAL: 1 Inpatient 2 ER/O  28a. DATE OF INJUR (Month, Day, Year  28a. PLACE OF INJUR 28b. PLACE OF INJUR 28b. PLACE OF INJUR 28b. PLACE OF INJUR 28b. PLACE OF INJUR 28b. PLACE OF INJUR 28b. PLACE OF INJUR	utpettent 3 DOA 4 Y 28b. TIME 0 INJUR RY — At home, farm, stre	26. PLACE OF DEATH (Chi THER: Nursing Home 8   Residence F 28c. INJURY AT WORK? M 1   YES 2   NO	PERFOR  1 YES 2  3ck only one)  8 Other (Specify)  28d. DE\$CRIBE HOW II	NJURY OCCUR	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
BY PHYSICIAN: MEDI	PRAMINER?  VES 2 NO  1 Inpatent 2 ER/O  1 Inpatent 2 ER/O  27. MANNER OF DEATH  Netural 5 Pending Investigation  2 Accident Investigation  3 Suicide  28e. PLACE OF INJUR  28e. PLACE OF INJUR  28e. PLACE OF INJUR  28e. PLACE OF INJUR  28e. PLACE OF INJUR  28e. PLACE OF INJUR	utpettent 3 DOA 4 Y 28b. TIME 0 INJUR RY — At home, farm, stre	26. PLACE OF DEATH (Chi THER: Nursing Home 8   Residence F 28c. INJURY AT WORK? M 1   YES 2   NO	PERFOR  1 YES 2  sck only one)  8 Other (Specify)  26d. DESCRIBE HOW II	NJURY OCCUR	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
BY PHYSICIAN: MEDI	PAMINER?  VES 2 NO  1 Inpatient 2 ER/O  1 Inpatient 2 ER/O  27. MANNER OF DEATH  Netural 5 Pending Investigation 2 Accident 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only)  CERTIFING PHYSICIAN: To the best of my km	uripatient 3 DOA 4 Y 28b. TIME 0 INJURY RY — At home, farm, stre	28. PLACE OF DEATH (Chr. THER: Nursing Home 8   Residence F WORK? M 1 YES 2 NO	PERFOR  1 YES 2  3 Other (Specify)  28d. DesCRIBE HOW in City or Town, State)	NJURY OCCUR	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
BY PHYSICIAN: MEDI	PRAMINER?  VES 2 NO  1 Inpatiant 2 ER/O  27. MANNER OF DEATH  Natural 5 Pending Investigation 3 Suicide 8 Could not be determined  28a. PLACE OF INJUR (Month, Day, Year  White Place of Injur (Month, Day, Year  Or Place of Injur (Month, Day, Year  Or Place of Injur  Or Place of I	untpetient 3 DOA 4 Y 28b. TIME 0 INJUR RY — At home, farm, stre pocify)	28. PLACE OF DEATH (Ch THER: Nursing Home 8   Residence F Y WORK? M 1 YES 2 NO el, factory, office	PERFOR  1 YES 2  3 Other (Specify)  28d. DESCRIBE HOW II  City or Town, State)  to the cause(a) and man	NJURY OCCUR	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  ED  Rural Routs Number,	
E COMPLETED BY PHYSICIAN: MEDIC	PAMINER?  VES 2 NO  1 Inpatient 2 ER/O  1 Inpatient 2 ER/O  27. MANNER OF DEATH  Netural 5 Pending Investigation 2 Accident 3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only)  CERTIFYING PHYSICIAN: To like best of my km	untpetient 3 DOA 4 Y 28b. TIME 0 INJUR RY — At home, farm, stre pocify)	28. PLACE OF DEATH (Ch THER: Nursing Home 8   Residence F Y WORK? M 1 YES 2 NO el, factory, office	PERFOR  1 YES 2  3 Other (Specify)  28d. DESCRIBE HOW II  28f. LOCATION (Street is City or Town, State)  to the cause(a) and martime, date and place, and	NJURY OCCUR	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  ED  Rural Routs Number,	
BE COMPLETED BY PHYSICIAN: MEDIC	## HOSPITAL:   1   Inpatient 2   ER/O   27. MANNER O DEATH	utpatient 3 DOA 4  Y 28b. TIME 0 INJURY  RY — At homa, farm, strepecify)  owledge, death occurred attornand/or investigation, in	28. PLACE OF DEATH (Chr. THER: Nursing Home 8   Rasidenca F 28c. INJURY AT WORK? M 1 YES 2 NO el, factory, office at the lime, date and place, and dua in my opinion, death occured at the	PERFOR  1 YES 2  3 Other (Specify)  28d. DESCRIBE HOW II  28f. LOCATION (Street is City or Town, State)  to the cause(a) and martime, date and place, and	NJURY OCCUR	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Rural Route Number,	
E COMPLETED BY PHYSICIAN: MEDI	PAMNINER?    YES 2   NO	utpetient 3 DOA 4 Y 28b. TIME 0 INJURY RY — At home, farm, strepecify) owledge, death occurred attorn and/or investigation,	26. PLACE OF DEATH (Ch. THER: Nursing Home 8   Residence F 28c. INJURY AT WORK? M 1 YES 2 NO el, factory, office at the lime, date and place, and due in my opinion, death occured at the	PERFOR  1 YES 2  3 Other (Specify)  28d. DESCRIBE HOW is  City or Town, State)  to the cause(a) and mar time, date and place, an	NJURY OCCUR and Number or I	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Rural Route Number,	
BE COMPLETED BY PHYSICIAN: MEDIC	## HOSPITAL:   1   Inpatient 2   ER/O   27. MANNER O DEATH	ovietge, death occurred to and/or investigation, in part (TEM 27) (Type, Pr.)  Seminary	26. PLACE OF DEATH (Ch. THER: Nursing Home 8   Residence F 28c. INJURY AT WORK? M 1 YES 2 NO el, factory, office at the lime, date and place, and due in my opinion, death occured at the	PERFOR  1 YES 2  3 Other (Specify)  28d. DESCRIBE HOW is  City or Town, State)  to the cause(a) and mar time, date and place, an	NJURY OCCUR and Number or I	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Rural Route Number,	



TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

P	P		
ding	the s		
afte	Se a		
0	p io		
spita	Ped		.,
e ho	etac		Duce
4	2		at
Del	onld		led
retai	5 sh		Total
2	age		pe
ma	lor, p		ust
96	Jirec		E
4	le le		nine
death	func		ехап
after	y the	nova	cal
SINC	in b	JE LE	nedi
24 he	filled	ou,	he n
thin	etely	math	11, 1
M Pi	фшо	J. C.	eve
ecute	o pu	Duria	atic
8	an a	9	iii.
ate b	ysici	020	r tra
rtific	of Dr	Diene	othe
th ce	endii	Ŧ	0
dea	e att	Aemta	un),
if the	P #	DG W	in .
s tha	peu	100	30
quire	n sig	Hee	SMO.
W re	Pee	pt. o	3 84
he la	has	9	E 2
N: I	ficati	Stat	Fe
SICI	certi	the the	1, 0
PHY	this	1 Will	urke.
DING	After	death	E
TEN	TOR:	ther	28 14
IR AT	RECL	ULS S	E
TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hospital or attending physical physical properties of the properties of t	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burl	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
SPIT	NER	hin 7	N.
E HO	E FUI	d with	RTA
HC	HC	filed	10
H	H	Z	=

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				,	DEATH	f			
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF MONTH	DAY	YEAR	3. TIME OF DEATH
	BROOKS					7	20	90	400 A
212-01-3275	770	GE (in yrs. last		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D.	BIRTH ay, Year) 3-1898	Count	
a. FACILITY NAME (If not institution, give a			98	. CITY, TOWN	OR LOCATION OF DE			COUNTY OF	
2835 Cedarhurs	st Road		]	Finks	ourg			Carro	11
a. STATE 10b. COUNTY	Y		10c. CITY, T	OWN OR LOCA	TION				10d. INSIDE CITY
MD Car	rroll		]	Finks	ourg		T <sub>0</sub>	ATITEM OF	LIMITS?  1 YES 2 NO  WHAT COUNTRY?
2835 Cedarhurs	st Road			10	21048		109	U.S.	WHAT COUNTRY?
MARITAL STATUS  Never Married 2 Married  Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1	rES 2 N	IED O	If yes, sp	CENDENT OF HISPAR Healty Cuben, Mexica B 2 NO Specifi	n, Puerto Rica		Spec	E — American Indian, ok, White, etc. offy: White
15. DECEDENT'S EDU		18a. DEC	EDENT'S US	UAL OCCUPATI	ON pat of wanting	16b, KI	ND OF BUSINES		
Elementary/Secondary (0-12)	College (1-4 or 5+)	100	echat	done during mo etired.)	oat or working	C	ab/Tra	anspo	rtation
FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA				
Bryon Brooks					Marv	Eliz	abeth	Gitt	inge
a. INFORMANT'S NAME (Type/Print)		196	MAILINO AD	DRESS (Street	and Number or Rural				= 14 <u>F</u> , U
Mrs. Edith M.	Brooks								Md 21048
					metery, crematory or	Jau.		ON — City or T	
De, METHOD OF DISPOSITION  Description   Method	oval from State	other pla		a Chin	nah Cam	0+000	Word	+	ter. Md
, SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	TIGTS	rel.	22. NAME A	ND ADDRESS OF FA	CILITY			
				Pr:	itts Fu	neral	Home	& Ch	ape1
Robert K.	Pritts.	Sr.		412	2 Washi	ngton	Rd.	West	minster.M
resulting in death)  Sequentially list conditions,	b. Cash Due to for	rrho	ids	, ru	morh a	ge			
f any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	C	AS A CONSEC							
resulting in death) LAST	d								i
Osteo arthi-		oth but not re	esulting in	the underlying	ng cause given in		4s. WAS AN AUTO PERFORMED	17	AMILABLE PRIOR TO
40 1		ith but not n	eaulting in	the underlyir	ng cause given in		PERFORMED	17	COMPLETION OF CAUSE
05 teo arthri-	<u></u>	ith but not n	esulting in		ng cause given in	_   '	PERFORMED	17	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Osteo arthri	HOSPITAL:			28. F	PLACE OF DEATH (C)	neck only one)	PERFORMED	17	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
5. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  7. MANNER OF DEATH  1 Netural 5 Pending	<u></u>	/Outpetlent 3		26. F	PLACE OF DEATH (C) me 5 Thealdence JURY AT ORK?	heck only one)  8  Other (	PERFORMED	NO I	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
5. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  7. MANNER OF DEATH	HOSPITAL: 1   Inpetient 2   ER  28a. DATE OF INJ (Month, Day, Y	//Outpetlent 3 URY — At ho	DOA 4	28. F OTHER: Nursing Ho DF 28c. IN IY M 1	PLACE OF DEATH (C) me 5 Paeldence JURY AT ORK? YES 2 NO	8 Other (3	PERFORMED  YES 2 1	AY OCCURED	AMALJBLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 - NO
5. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  7. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 8 Could not be detarmined  9e. CERTIFIER (Check only)	HOSPITAL:  1   Inpatient 2   ER  28a. DATE OF INJ (Month, Day, y)  28a. PLACE OF IN building, etc.	/Outpetient 3 URY ber)  JURY — At ho (Specify)	DOA 4 28b. TIME C INJUR me, farm, stre	26. F DTHER: Nursing Holo Nursi	PLACE OF DEATH (C) me 5 Paeldence JURY AT ORK? YES 2 NO ce	8 Other (: 28d. DESCI 28f. LOCAT City or	PERFORMED  YES 2 P1  Specify)  RIBE HOW INJUR  TOWN, Street and M  Town, State)	RY OCCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 - NO
S. WAS CASE REFERRED TO MEDICAL EXAMINER? 1  YES 2  70  7. MANNER OF DEATH 1  Accident 2  Accident 3  Suicide 8  Could not be 4  Homicide 6  determined  9e. CERTIFIER (Check only one) 2  MEDICAL EXAMIN	HOSPITAL: 1   Inpetient 2   ER  28e. DATE OF INJ (Month, Dey, )  28e. PLACE OF IN building, etc.  SICIAN: To the best of my	/Outpetient 3 URY ber)  JURY — At ho (Specify)	DOA 4 28b. TIME C INJUR me, farm, stre	26. F DTHER: Nursing Holo Nursi	PLACE OF DEATH (C) me 5 Paeldence JURY AT ORK? YES 2 NO ce	8 Other (: 28d. DESCI 28f. LOCAT City or	PERFORMED  YES 2 P1  Specify)  RIBE HOW INJUR  TOWN, Street and M  Town, State)	RY OCCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 - NO
S. WAS CASE REFERRED TO MEDICAL EXAMINER? 1  YES 2  70  7. MANNER OF DEATH 1  Accident 2  Accident 3  Suicide 8  Could not be 4  Homicide 6  determined  9e. CERTIFIER (Check only one) 2  MEDICAL EXAMIN	HOSPITAL: 1   Inpetient 2   ER  28e. DATE OF INJ (Month, Dey, )  28e. PLACE OF IN building, etc.  SICIAN: To the best of my	/Outpetient 3 URY ber)  JURY — At ho (Specify)	DOA 4 28b. TIME C INJUR me, farm, stre	26. F DTHER: Nursing Holo Nursi	PLACE OF DEATH (C) me 5 Paeldence JURY AT ORK? YES 2 NO ce	8 Other (: 28d. DESCI 28f. LOCAT: City or	PERFORMED  YES 2 P1  YES 2 P1  Specify)  RIBE HOW INJUF  ION (Street and In  Town, State)	RY OCCURED  Number or Rural  as stated,  is to the cause	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 - NO
S. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2  TO  7. MANNER OF DEATH  1  Netural 5  Pending Investigation  3  Suicide 8  Could not be determined  9e. CERTIFIER (Check only one) 2  MEDICAL EXAMIN	HOSPITAL: 1   Inpetient 2   ER  28e. DATE OF INJ (Month, Dey, )  28e. PLACE OF IN building, etc.  SICIAN: To the best of my	/Outpetient 3 URY ber)  JURY — At ho (Specify)	DOA 4 28b. TIME C INJUR me, farm, stre	26. F DTHER: Nursing Holo Nursi	PLACE OF DEATH (C) me 5 Featdence JURY AT ORK? YES 2 NO ce is and place, and du death occured at the	8 Other (: 28d. DESCI 28f. LOCAT: City or	PERFORMED  YES 2 P1  YES 2 P1  Specify)  RIBE HOW INJUF  ION (Street and In  Town, State)	RY OCCURED  Number or Rural  as stated,  is to the cause	AMPLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  I Route Number,
5. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  7. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 8 Could not be detarmined  9a. CERTIFIER (Check only 1 CERTIFYING PHYS)	HOSPITAL:  1   Inpetiant 2   ER  28a. DATE OF INJ (Month, Day, Y  28a. PLACE OF IN building, stc.  SICIAN: To the best of my ER: On the basis of axami	JURY — At ho (Specify)  knowledge, de instion and/or i	DOA 4 28b. TIME ( INJUR me, ferm, stre sth occurred rivestigation,	28. F  THER: Nursing Ho  THER: Section W  1   Dett. factory, offi at the time, dat In my opinion,	PLACE OF DEATH (C)  me 5 Paeldence  JURY AT  ORK?  YES 2 NO  ce  is and place, and du  death occured at the  28c, LICENSE NU  3 5	8 Other (: 28d. DESCI 28f. LOCAT: City or	PERFORMED  YES 2 P1  Specify)  RIBE HOW INJUR  TOWN, Street and M  Town, State)  (a) and manner and place, and du	RY OCCURED  Number or Rural  as stated,  is to the cause	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 PNO  I Route Number,  (a) and manner as stated SD (Month, Day, Year)

16011 03

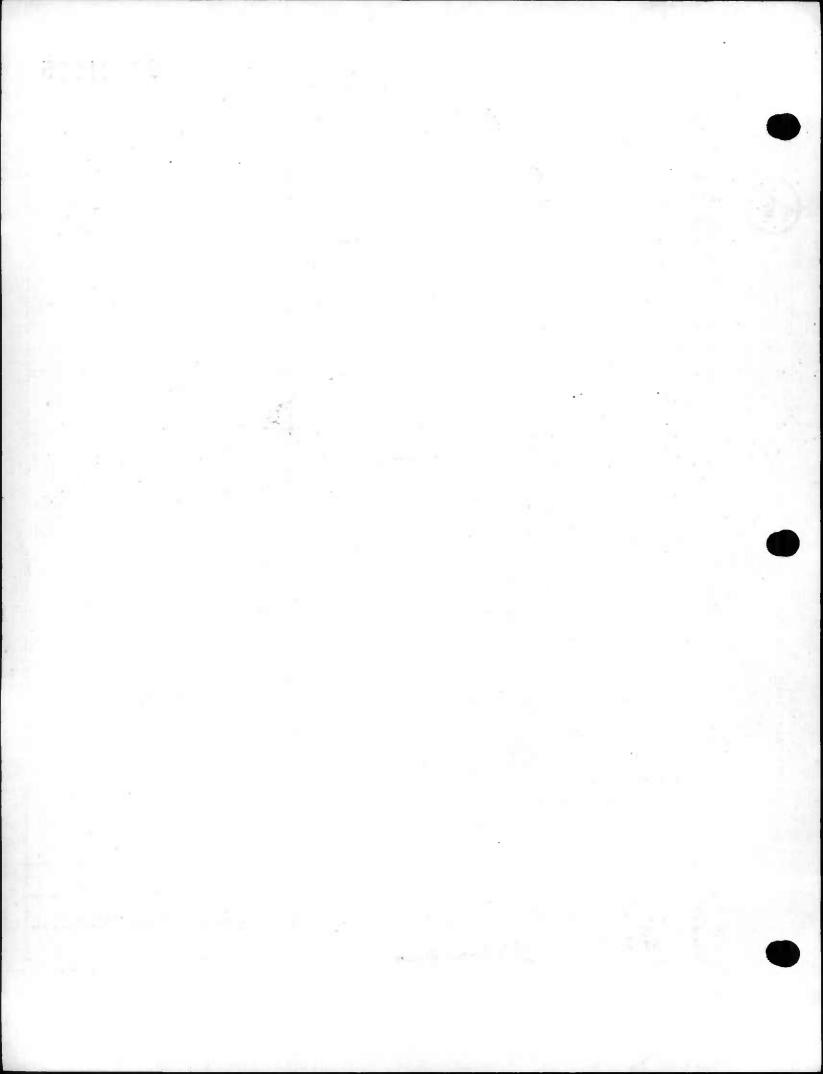
Entered to the state of the sta 

DHMH-16 Rev 1/89

BALLIMORE, MARYLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
	4 hours	filled in	e med	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	acuted within 2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fine within 72 haurs after death with the State Deat, of Health and Mental Hydiene prior to burial, cremation, or removal.	atic event, th	
ACA BCA	cate be ex	physician a	er traum	
5	certifi	Hygien	oth oth	
7.	death	Aemtal	ury, e	
5	at the	by th	ıy in	
ECO	the savinba	en signed of Health	hows an	
I	aw i	has be	23 s	
4	N: The	State	Item	
>	SICIA	certif the	1, 0	
5	S PHY	er this	arke	
5	NON	R: Afte	Is m	
2	ATTE	RECTO affi	m 28	
5	AL OF	AL DI	It ite	
	USPIT	UNER I	ANT:	
	王里	THE Filled w	ORT	
	2	22	E	

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			ATE OF DEATH	REG. NO	).		
	1. DECEDENT'S NAME (First, Middle, Last) David C.	BEARD	lvin BEARI	)	2. DATE OF DEATH		3. TIME OF DEATH 7:10 P M	
	214-09-2530	Ma F 8	8 YRS.	UNDER 1 YEAR JF UNDER 24 HRS, NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) April 10	,1902 °	BIRTHPLACE (State or Foreign Country) Pennsylvania	
TOR	99. FACILITY NAME (If not institution, give stree  Ravenwood Lutheran  RESIDENCE OF DECEDENT		91	Hagerstown	DEATH	Wash	of DEATH lington	
EC	10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCATION			10d. INSIDE CITY	
ā	Maryland Washi	ngton	На	gerstown		1   YES 2 □ NO		
FUNERAL DIRECTOR	100. STREET AND NUMBER 1183 Luther Drive			10f. ZIP CODE 21740		USA	OF WHAT COUNTRY?	
BY FUN	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	N U.S. ARMED 2 MNO ATES	13. WAS DECENDENT OF HISP. If yes, apecify Cuban, Maximum 1  YES 2 NO Specific NO Specific No. 1	can, Puarto Rican, atc.)				
0	15. DECEDENT'S EDUCAT (Specify only highest grade con	16a. DECEDENT'S US	UAL OCCUPATION	16b. KIND OF BU	JSINESS/INDUST			
COMPLETED	Elementary/Secondary (0-12)		done during most of working wired.)  -operator	ice	cream			
TO BE CON	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S N	IAME (First, Middle, Maide	n Sumame)		
	John Henry Beard			Mary	Elizabeth	Bowder	rs	
	19a. INFORMANT'S NAME (Type/Print)			DDRESS (Street and Number or Rura				
-	James Frank Deaver			tersweet Dr.,				
	20a. METHOD OF DISPOSITION  1 □ Burlal 2 □ Cremation 3 □ Remova	al from State	other place)	ON (Name of cametery, crematory of		OCATION — City		
	4 ☐ Donation 5 ☐ Other (Specify)		Rest Haven	Cemetery	m, Maryland			
	21. SIGNATURE OF PONERAL SERVICE LICEN	ISEE		MINNICH FUNE	CRAL HOME	gerstov	vn, Md. 21740	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS.  DUE TO (OR AS.  CONC.)  DUE TO (OR AS.	A CONSEQUENCE OF):	Forcenome Porcenome	Je		Onset and Death	
PHYSICIAN: MEDICAL CE	PART II. Other algoriticant conditions  Attendance Consultation  Attend		seged.	the underlying ceuse given	in Part I. 24a. WAS A PERFC	N AUTOPSY DRMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
M	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH	Check only one)			
Sic		HOSPITAL:		THER:  Nursing Home 5 - Residence	n 6 □ Other (Specify)			
ву РНУ	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	26s. DATE OF INJURY (Month, Day, Year)	26b. TIME (	OF 26c, INJURY AT WORK?  M 1 YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	ED	
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, atc. (Spe	Y — At home, farm, atre	et, factory, offica	28t, LOCATION (Stree City or Town, State	ATION (Street and Number or Rural Route Number, or Town, State)		
COMPLETED	torion only			at the time, data and place, and d			suse(a) and manner as stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	750	رے	29c. LICENSE N	UMBER VA262		IGNED (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO		EATH (ITEM 27) (Type, P.	in Anteton	St. Hage	1	4 MS 21741	
	31. DATE FILED (Month, Day, Year)  JUL 23 '90	Sulia Jania				2		



TO BE COMPLETED BY FUNERAL DIRECTOR

REGISTRAR  I. DECEDENT'S NAME (First, Middle, Las	o E1	va Vern I		E OF	DEATH	2. DATE OF D	EG. NO.		3. TIME OF DEATH		
Elva	m.	BECH	<			MONTH	19	YE.	AR my 10		
, SOCIAL SECURITY NUMBER		E (In yrs. lest birthday) 88 YRS.	MONTHS	DAYS	HOURS MIN.	7. DATE OF BI (Month, Day	; Year)	C	HRTHPLACE (State or Foreign ountry) ennsylvania		
e. FACILITY NAME (If not institution, give			96. CITY	, TOWN OF	LOCATION OF D			c. COUNTY			
Avalon Manor Nu	rsing Home		HA	Ser.	STOWN.		6	JASH	ington		
RESIDENCE OF DECEDENT  106. COUR	iTY	10c. Cl	ry, town	OR LOCATION	ON				10d. INSIDE CITY		
Maryland Wa	shington		Hage	rsto	wn				LIMITS?		
o. STREET AND NUMBER  55 E. Washingto	on St.			10f.	21740			10g. CITIZEN OF WHAT COUNTRY? USA			
1. MARITAL STATUS  Never Merried 2 Merried  X Widowed 4 Otvorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 KNO		If yes, spe	NDENT OF HISPAI city Cuben, Mexico 2 NO Spect	n, Puerto Rican	pecify Yea or No—  14. RACE — American Indian, Black, White, atc.  Specify:  White				
15. OECEDENT'S EI (Specify only highest gri	15. OECEDENT'S EDUCATION				N .	16b. KING	O OF BUSINE				
Elementary/Secondary (0-12) unknown	(Give kind of work done during most of working life. Do NOT use retired.)  Unknown department s							store			
John Andrew Mye	ers		18. MOTHER'S NAME (First, Middle, Malden Maude McCoy						s Sumame)		
Guy W. Myers		19b. MAILIN	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Cearfoss, Md.						(e)		
De, METHOD OF DISPOSITION  Burlet 2 Cremetton 3 Re Donatton 5 Other (Specify)	movel from State	other place) Broadfor	ther place)						LOCATION - City or Town, State Hagerstown, Maryland		
SIGNATURE OF FUNERAL SERVICE	Want	A	22.	MINN	ICH FUNI E. Wilso	ERAL HO	ME .,Hag	ersto	wn, Md. 2174		
23. PART I. Enter the discusses, or shock, or heart failur immediate CAUSE (Finel disease or condition resulting in death)	e. List only one cause or	aach line.	rest		•		or respirate	ory errest,	Approximate Interval Betwe Onset end De		
Sequentially list conditions, if sny, lesding to immediate sause. Enter UNDERLYING CAUSE (Disease or injury that initiated events esuiting in death) LAST	C. A++ R	A CONSEQUENCE (  A CONS	DF):	c C	ordio-	Vayeur near	our I	when	Doyn We Ve on:		
ART II. Other significant condit	ons contributing to deat	but not resulting	In the u	nderlying	cause given in		PERFORME	D?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?  1 YES 2 NO		
6. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/O	Putpatient 3 🗆 DOA	OTHE 4	Be	5 Residence		ecify)				
7. MANNER OF DEATH  11 Natural 5 Pending 2 Accident Investigation	26a. DATE OF INJUR (Month, Day, Yea		ME OF IJURY M	28c. INJU WOI 1 Y	PRY AT RK? ES 2 NO	28d. DESCRIE	CRIBE HOW INJURY OCCURED				
3 Suicide S Could not (	building, atc. (5	IRY — At home, farm. specify)	, street, fac	tory, office			N (Street and wn, State)	ot and Number or Rural Route Number, te)			
one l	YSICIAN: To the best of my kn								ouse(a) and manner as stated		
96. SIGNATHRE AND TITLE OF CERTIF	Dans	- w	D		29c. LICENSE NU	MBER 262	21	DATE SH	GNED (Month, Day, Year)		
	MHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Mr	no Printi					. /			

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.4 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 is before within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

OHMH-16 Rev 1/89

# BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-250ms after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Hem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F	MARYLAND /	<b>DEPARTMENT</b>	0F	HEALTH	AND	<b>MENTAL</b>	<b>HYGIEN</b>	E
		CE	ERTIFICATE	0	F DEAT	Ή		REG. NO	

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / I	DEPARTMENT RTIFICATE			MENTAL HYGII					
	1. DECEDENT'S NAME (First, Middle, Last)					2. OATE OF DEATN		3. TIME OF DEATN			
	GEORGE LA FOLLE	TTE	BOV	NDISI	H, JR.	BACALTIL		WEAD.			
	The second secon	SEX 6. AGE (In yrs. lost i	VRS. IF UNDER		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year MARCH 5.	1926	BIRTHPLACE (State or Foreign Country)  ILLINOIS			
æ	98. FACILITY NAME (If not institution, give street PHYSICIANS MEMO	and number)		TOWN OR	LOCATION OF DE		9c. COUNT	Y OF DEATN RLES			
읝	RESIDENCE OF DECEDENT										
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, TOWN C	OR LOCATIO	ON			10d. INSIDE CITY LIMITS?			
	MARYLAND CHAP	RLES	WA	LDORE				1 TYES 2 X NO			
FUNERAL	10e. STREET AND NUMBER			101. 2	ZIP CODE		10g. CITIZE	EN OF WHAT COUNTRY?			
NEI N	BOX 372 HOLLY LANE  11. MARITAL STATUS  12	. WAS DECEDENT EVER IN U.S. ARM			20601			USA			
	1 X Never Married 2 Married	FORCES? 1 YES 2 NO		If yes, spec	ify Cuban, Maxican	IC ORIGIN? (Specify 1, Puarto Rican, etc.)		<ol> <li>RACE — American Indian, Black, White, etc.</li> </ol>			
B√	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DATES		1   YES 2	NO Specify:	:		Specify: WHITE			
E0	15. DECEDENT'S EDUCATI (Specify only highest grade con	ON 16a. DEC	EDENT'S USUAL O	CCUPATION during most	of working	16b. KIND OF	BUSINESS/INDU	STRY			
COMPLETED		College (1-4 or 5+)	e kind of work done Do NOT use retired.)	ourng moot	or working						
MP	N/A	LN/A					N/A				
	17. FATHER'S NAME (First, Middle, Last)	DOUDTOU CD				ME (First, Middle, Mai					
BE	GEORGE LA FOLLETTE  19a, INFORMANT'S NAME (Type/Print)		MAILING ADDRESS	S (Street and		GDELINE		Special Control			
일	LILLIAN A. CLARK	1-2				ALDORF.					
	20g, METNOD OF DISPOSITION	20b. PLACE O	F DISPOSITION (Na					ity or Town, Steta			
	1 💢 Burial 2 🗆 Cremation 3 🗆 Removal 4 🗆 Donation 6 🗆 Other (Specify)	ST. PE	TER'S CI				VALDORF	, MARYLAND			
1	21. SIGNATURE OF FUNERAL BERVICE LICEN	iee /	22.	NAME AND	ADDRESS OF FAC	THE H	UNTT FU	NERAL HOME, INC			
	>111 000 KBOek	ant	- 1					ND 20604-0156			
	23. PART I. Enter the diseases, or com							at, Approximate			
	Shock, or heart failure. Lia IMMEDIATE CAUSE (Final	t only one cause on each line.		.1				interval Between Onset and Deeth			
	diseese or condition resulting in deeth)	Kenal	fai	lle	ne		10day				
	DUE TO (OR AS A CONSEQUENCE OF):										
NO	Sequentially list conditions,  Due 10 (on as a consequence or)										
M	csuse. Enter UNDERLYING										
Ĭ.	CAUSE (Disease or injury that initiated events	t initiated events DUFTO (OR AS A COMSEQUENCE OF):									
CERTIFICATION	resulting in deeth) LAST	preum	m					Tokanje			
AL C	PART ii. Other algolficant conditions of	contributing to death but not re	sulting in the ur	nderlying	cause given in	Part i. 24s. WAS	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS			
	Belateral pleu	AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?									
MEDIC	Hyserholesnia chronic shalutor										
	philmonary	disease, 1	nephra	adli	rasu						
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IQSPITAL:	OTHE		ACE OF OEATH (Che	eck only one)					
PHYSICIAN:	1 TYES 2 1 NO 1	Inpatient 2 ER/Outpatient 3	DOA 4 Nu	rsing Nome		8 Other (Specify)					
	27. MANNER OF DEATH  1 Notural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c. INJU WOR	HC?	28d. OEŞCRIBE HO	W INJURY OCCL	UREO			
B	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJURY — At hon	ne, farm, street, fac		ES 2   NO	28f. LOCATION (St	eet end Number o	or Rural Route Number,			
	4 Nomicide 6 Could not be	building, etc. (Specify)				City or Town, S					
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my knowledge, dea	th occurred at the	time, data a	and place, and due	to the cause(a) and	menner as state	d.			
ğ	anel -	On the basis of axamination and/or in									
S	294 SIGNATURE AND TITUE OF CERTIFIER	. 1111	les T		29c. LICENSE NUN	ABER	29d. DATE	SIGNED (Month, Dyly, Year)			
00	Sauchi	takellh	ND		D08370	)	<b>&gt;</b> -	7/18/90			
٤	30. NAME AND ADDRESS OF PERSON WHO C			A	PO	BOX 131	.7	97			
Į		T, M.D. 118 L	aGrange	e AV		LATA, Ma	ryland	d 20646			
	31. DATE FILED Warth, 28, Years 90	32. REGISTRAR'S SIGNATURE	D.1.m								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

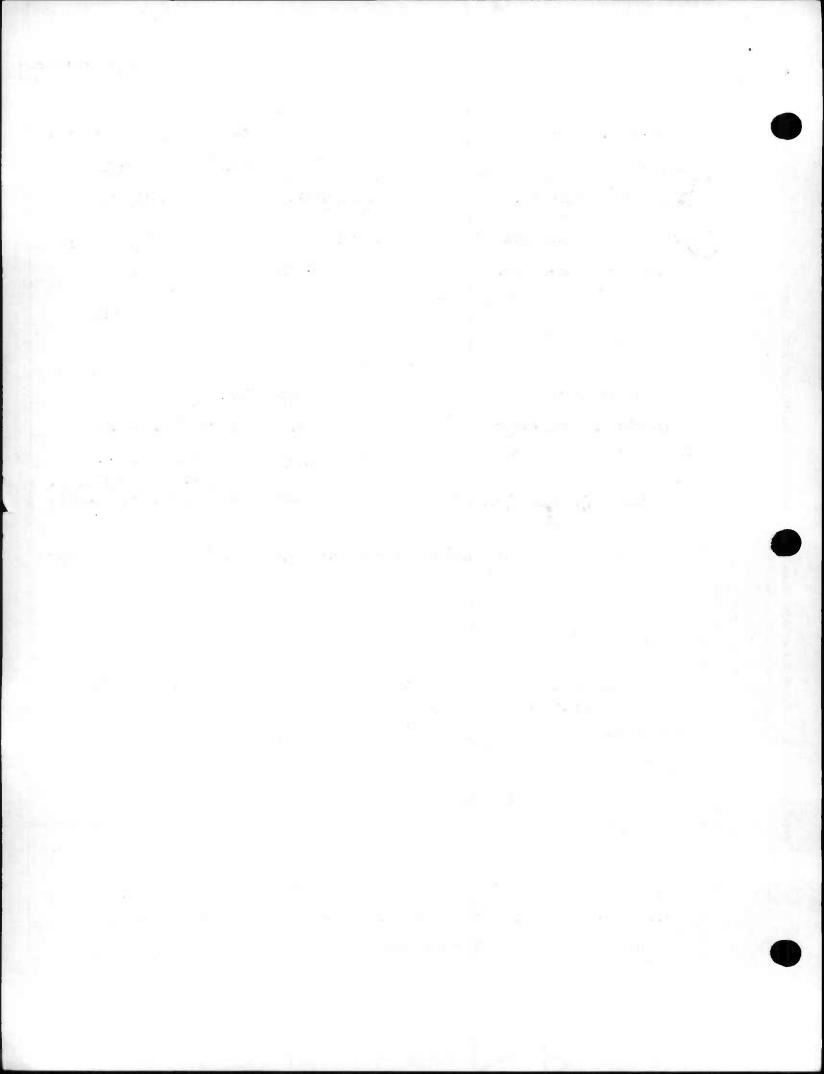
TO THE FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	REGISTRAR		CERTIFIC	CATE OF	DEATH	RE	G. NO.		
	1. OECEDENT'S NAME (First, Middle, Last)	)				2. DATE OF DE			3. TIME OF DEATN
	James H. Brov	m				July	20 1	990	8:45 a m
	4. SOCIAL SECURITY NUMBER								
	217-22-9890	1 M 2 F		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BH (Month, Day, Sept.		Country	PLACE (State or Foreign yland
	9a. FACILITY NAME (If not institution, give	street and number)	9	b. CITY, TOWN C	R LOCATION OF DE			JNTY OF DE	M .
DIRECTOR	11638 Greensprin			Luthe	rville		Ва	ltimo	re
ត្ត	RESIDENCE OF DECEDENT  10e, STATE  10b, COUN	TV	I to DIEV	TOWN OR LOCAT	1011				AND MARKET OFFI
								- 1	10d. INSIDE CITY LIMITS?
		altimore	Lī	ıthervi	TTE			1 YES 2 NO	
4	10e. STREET AND NUMBER			101	ZIP CODE		10g. CI1	TIZEN OF W	HAT COUNTRY?
8	11638 Greenspr	ing Ave.			21093			USA	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13, WAS DEC	ENDENT OF NISPAN	NIC ORIGIN? (Spi	city Yes or No-	14. RACE	- American Indian,
BY FI	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YES			ecify Cuben, Mexics 2X NO Specifi	Specify			, White, etc. y: lite
	15. OECEDENT'S ED		16a. DECEOENT'S US	SUAL OCCUPATION	ON .	16b. KIND	OF BUSINESS/IN	DUSTRY	
E	(Specify only highest grad		(Give kind of wor	k done during mo	st of working				
ا چ	Elementary/Secondary (0-12)	College (1-4 or 5+)	Machin	nict					
COMPLETED			1 Hachin	1200					
	17. FATHER'S NAME (First, Middle, Last)	4.7			18. MOTHER'S NA		Msiden Surname)		
BE.	Melchoir Brow	лı				Gil1			
2	19s. INFORMANT'S NAME (Type/Print)				nd Number or Rural				
ĔΙ	Margaret V. Mas	senheimer	1327 N	Medfiel	d Ave.	Baltim	ore, Md	. 21	211
	20s, METHOD OF DISPOSITION 1 \( \text{Disposition} \) 3 \( \text{Disposition} \) Rei	2	0b. PLACE OF DISPOSIT	ION (Name of cer	netery, crematory or		20c. LOCATION -		wn, State
	1 X Burisi 2 Cremation 3 Red 4 Donatton 5 Other (Specify)	movel from Stats	Lorraine	Darle C.	omotown		Baltim		
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	Lorranie		D ADDRESS OF FA	CILITY			-
	. 0 0					1			stown Rd.
	C. Br	man Porce	ell	Eline	Funeral	Home R	eisters	town.	Md.21136
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that infiliated events resulting in death) LAST	c	A CONSEQUENCE OF:  A CONSEQUENCE OF:	east 1	pilme				Onset and Death
뜅									
: MEDICAL	PART II. Other algorificent condition in describing a state of the sta	ths underlyin	g cause given in		Part I. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO		WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
¥ I	25. WAS CASE REFERRED TO MEDICAL	1			105 05 05 1511 101				
PHYSICIAN:	EXAMINER?	HOSPITAL:	~	28. PI	ACE OF DEATH (C)	reck only one)		-	
YS	1 YES 2 NO	1   Inputlant 2   ER/Ou	itpatient 3 DOA 4		18 5 Assidence	8 - Other (Spe	odfy)		
표	27. MANNER OF OEATH	28s. OATE OF INJURY (Month, Day, Year)			URY AT DRK?	28d. DESCRIB	E HOW INJURY O	CCURED	
BY	1 Natural 5 Pending 2 Accident Investigation				YES 2 NO				
	3 Suicide 8 Could not b	26a. PLACE OF INJUI	RY — Al home, farm, str	eet, factory, offic	8	28f. LOCATION	(Street and Numb	er or Rural F	Route Number,
	4 Nomicide determined	building, etc. (Sp	эвспу)			City or Tox	vn, Stefe)		
ᄪ	20e. CERTIFIER								
COMPLETED	(Check only	SICIAN: To the best of my known NER: On the basis of examinat							) and menner as stated.
	29b. SIGNATURE AND TITLE OF CERTIF	_			29c. LICENSE NU				
BE	11111	asenher	* 4.0		ZPC. LICENSE NU	MOEN I	29d. DA	-1	(Month, Day, Year)
2			and the same of th		DRH	12-		1/20	190
	30. NAME AND ADDRESS OF PERSON W		A CONTRACTOR OF THE PARTY OF TH					7	
	Bruce Rosenberg	s, M.D. 11	34 York Ro	1. Sui	te 101	Luther	ville,	Md. 2	1093
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	SNATURE Randa M						



# BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT; If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1	- STATE REGIST
1	1. DECEDENT
	DONA
ľ	4. SOCIAL SE
i	165-2
I	9a. FACILITY
	SACRE
ĺ.	10a. STATE
	Mary
H	10a STREET

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		CERTIFI	OAIL O				
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AY	3. TIME OF DEATH
		TTNER			07 26		
4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	MONTHS DAY	S HOURS MIN,	7. OATE OF BIRTH (Month, Day, Year)	070	BIRTHPLACE (State or Foreign Country) PENNA
165-22-5846	1 M 2 D F	60 YRS.			May 14,1		
9a. FACILITY NAME (If not institution, give			9b. CITY, TOW	VN OR LOCATION OF DE	ATH	9c. COUNT	Y OF DEATH
SACRED HEART HOS	PITAL		CUMB	BERLAND, MI	)	AL	LEGANY
10a. STATE 10b. COUN	TY	10c. CITY	, TOWN OR LO	CATION			10d. INSIDE CITY
Maryland All	egany	LaV	ale				1 YES 2 NO
10e. STREET AND NUMBER	172 7/2			10f. ZIP CODE		10g. CITIZE	EN OF WNAT COUNTRY?
103 Santa Fe	Street			21502		1	USA
11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED		DECENDENT OF HISPAN		or No — 1	4. RACE — American Indian, Black, White, etc.
1 Never Married 2 Married	IF YES, GIVE WAR OR	s, specify Cuban, Maxican YES 2 KNO Specify.	, Poerto Rican, atc.)		Specify:		
3 Wildowed 4 Divorced  1 YES, GIVE WAR OR DATES  1 YES 2 NO Specify:  15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  10  17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Last)							White
15. DECEDENT'S ED (Specify only highest grad		16a. DECEDENT'S to	JSUAL OCCUP: ork done during	PATION 7 most of working	16b. KIND OF BU	SINESS/INDU	STRY
Elementary/Secondary (0-12)	College (1-4 or 5 +)				g Bre	he	
17. FATHER'S NAME (First, Middle, Last)		PHIDDI	.ng «	Receivin	ME (First, Middle, Maiden		
	uther Bitti	ner			l Emeigh		
19a, INFORMANT'S NAME (Type/Print)	dener Bree		ADDRESS /Stra	eet and Number or Rural R			Porte)
Mrs. Dorothy	Rittmer			Fe St.,			
20a, METHOD OF DISPOSITION				f cometery, crematory or			Ity or Town, State
1 Burial 2 Cremation 3 Red 4 Donation 5 Other (Specify)	mount from State	other place)		n.Gardens		Tale.	
21. SHOWATURE OF FUNERAL SERVICE L		N					.Hwy.LaVale
tohn	1. Sale	D. 794					100 045
00 0407 (VE-1-10-14-14-14-14-14-14-14-14-14-14-14-14-14-	11-11-11-11	* * * * * * * * * * * * * * * * * * * *		fer Chape			10
23. PART I. Emer the dieeeses, or shock, or heart fellure	. List only one ceuse on		ot enter the	mode of dying, eucr	n ee cerdiec or reep	iretory arre	interval Between
IMMEDIATE CAUSE (Final disease or condition	1/ /	( )	0 -	000			Onset and Death
recuiting in deeth)	· Metas	latic !	La	of ce	Ny		8-10 mp
	OL OH AS	A CONSEQUENCE OF	- 10		0		
Sequentielly list conditione,	b. DUE TO (OR AS	A CONSEQUENCE OF	DL U	MELL			
if eny, leading to immediate cause, Enter UNDERLYING	Do	00 00	00	00			
CAUSE (Disease or Injury that initiated events	C. DUE TO (OR AS	A CONSEQUENCE OF	1				
resulting in deeth) LAST	4						
PART II. Other eignificent condition	one contributing to deeth	but not reculting i	n the underl	lying ceuee given in	Part i. 24e. WAS AI PERFO		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
PART II. Other eignificent condition	one contributing to deeth	but not reculting i	in the underl	lying ceuee given in	Part I. 24e. WAS AI PERFO	RMED?	
PART II. Other eignificent condition	one contributing to deeth	but not resulting i	in the underl	lying cause given in	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
	one contributing to deeth	but not reculting i			PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:		2i OTHER:	8. PLACE OF DEATH (Ch	PERFO 1 YES	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 □ YES 2 ☑ NO	HOSPITAL:	tpatient 3 DOA	2( OTHER: 4   Nursing	8. PLACE OF DEATH (Che	PERFO 1 YES  ack only one)  8 Other (Specify)	RMED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH	HQSPITAL:	tpetient 3 DOA	OTHER: 6   Nursing E OF   28c.	8. PLACE OF DEATH (Che Home 5   Reeldence INJURY AT WORK?	PERFO 1 YES	RMED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1   Yes 2   NO  27. MANNER OF DEATH 1   Natural 5   Pending 2   Accident   Investigation	HOSPITAL: 1// Inpatient 2 = ER/Ou 28a. DATE OF INJURY (Month, Day, Year)	tpetlent 3 DOA 28b, TIMI	2ri OTHER: 4   Nursing: E OF 28c. URY 1	8. PLACE OF DEATH (Che Home 5 Residence L. INJURY AT WORK?  YES 2 NO	PERFO 1 YES  sck only one) 8 Other (Specify) 28d, DESCRIBE HOW	NO NO NO NO NO NO NO NO NO NO NO NO NO N	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL:  1/KC Inpatient 2 ER/Ou  28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY	tpatiant 3 DOA 28b. TIMI	2ri OTHER: 4   Nursing: E OF 28c. URY 1	8. PLACE OF DEATH (Che Home 5 Residence L. INJURY AT WORK?  YES 2 NO	PERFO 1 YES  ack only one)  8 Other (Specify)	NO NO NO NO NO NO NO NO NO NO NO NO NO N	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL:  1 Inpatient 2 - ER/Ou  28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJUR	tpatiant 3 DOA 28b. TIMI	2ri OTHER: 4   Nursing: E OF 28c. URY 1	8. PLACE OF DEATH (Che Home 5 Residence L. INJURY AT WORK?  YES 2 NO	PERFO 1 YES  1 YES  1 Other (Specify)  28d, DESCRIBE HOW  28f, LOCATION (Street	NO NO NO NO NO NO NO NO NO NO NO NO NO N	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined  29a. CERTIFIER (Check only)	HOSPITAL:  1// Inpatient 2 = ER/Ou  28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJUR building, stc. (Sp	tperient 3 DOA  28b. TIMI  27 — At home, farm, s  wiedgs, death occurre	21 OTHER: 4   Nursing   E OF 28c. URY M 1 street, factory, one of at the time,	8. PLACE OF DEATH (Che Home 5   Residence - INJURY AT WORK?   YES 2   NO offica	PERFO 1 YES  1 YES  8 Other (Specify) 28d. DESCRIBE HOW  28f. LOCATION (Street City or Yown, State	INJURY OCCI	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  URED  OF Rural Route Number,
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined  29a. CERTIFIER (Check only)	HOSPITAL:  1// Inpatient 2 = ER/Ou  28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJUR building, stc. (Sp	tperient 3 DOA  28b. TIMI  27 — At home, farm, s  wiedgs, death occurre	21 OTHER: 4   Nursing   E OF 28c. URY M 1 street, factory, one of at the time,	8. PLACE OF DEATH (Che Home 5   Residence - INJURY AT WORK?   YES 2   NO offica	PERFO 1 YES  1 YES  8 Other (Specify) 28d. DESCRIBE HOW  28f. LOCATION (Street City or Yown, State	INJURY OCCI	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  URED  OF Rural Route Number,
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined  29a. CERTIFIER (Check only)	HOSPITAL:    Month	tperient 3 DOA  28b. TIMI  27 — At home, farm, s  wiedgs, death occurre	21 OTHER: 4   Nursing   E OF 28c. URY M 1 street, factory, one of at the time,	8. PLACE OF DEATH (Che Home 5   Residence - INJURY AT WORK?   YES 2   NO offica	PERFO 1 YES  1 YES  8 Other (Specify) 28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State to the cause(a) and mittime, data and place, a	INJURY OCCI	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  URED  Or Rural Route Number,  d. cause(a) and menner as stated.
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 2 Accident Suicide 8 Could not be detarmined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINATURE AND TITLE OF CERTIFIER  29b. SIGNATURE AND TITLE OF CERTIFIER	HOSPITAL:   Inpatient 2	tpetient 3 DOA  28b. TIMI INJ  TY — At home, farm, s ecity)  wiedge, death occurre ion and/or investigatio	OTHER: 4   Nursing E OF 28c. URY M 1 street, fectory, on, in my opinion	8. PLACE OF DEATH (Che Home 5   Residence INJURY AT WORK?   YES 2   NO offica  data and place, and due on, death occured at the	PERFO 1 YES  1 YES  8 Other (Specify) 28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State to the cause(a) and mittime, data and place, a	INJURY OCCI	ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  URED  Or Rural Route Number,  d, cause(a) and menner as stated.
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   Yes 2   NO  27. MANNER OF DEATH  1   Natural   5   Pending Investigation 3   Suicide   8   Could not be detarmined  29a. CERTIFIER (Check only one)   2   MEDICAL EXAMINER  25. WAS CASE REFERRED TO MEDICAL	HOSPITAL:    Impatient 2	tpetient 3 DOA  28b. TIMI INJ  TY — At home, farm, s ecity)  wiedge, death occurre ion and/or investigatio	21 OTHER: 4   Nursing   E OF   28c. URY   M   1 street, fectory, on, in my opinion	8. PLACE OF DEATH (Che Home 5   Reeldence - INJURY AT WORK?   YES 2   NO offica  data and placa, and due on, death occured at the 29c. LICENSE NUA	PERFO 1 YES  1 YES  2 Other (Specify)  2 8d. DESCRIBE HOW  28f. LOCATION (Street City or Yown, State  to the cause(a) and mit time, data and place, a	INJURY OCCI	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  URED  Or Rural Route Number,  d. cause(a) and menner as stated.

ò,	within
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	HOSPITAL DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within
×	pe
C. BC	ertificate
	the contract of
2	deal
S	the
E	that
Ö	Sel
M	POE
I	W
7	96
	F
<b>&gt;</b>	IAN
OF	PHYSIC
Z	NG
0	Č
<u>S</u>	ATTE
$\leq$	DR
ш	10
	TIGOUN

be fled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.  **IMPORTANT: It liem 28 is marked, or flem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.  **TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION  TO BE COMP
--

FOR STATE REGISTRAR		STATE OF !	MARYLA		DEPAR					MENTA	L HYGIEN	E			
1. DECEDENT'S NAME (First	, Middle, Last)		<u> </u>			TO ATT		ULA			OF DEATH			3. TIME OF DEATH	
DEI	MA		BAL	du	IN					MONT	2		90	150	A M
4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In			IF UNDE		IF UNDER		7. DATE	OF BIRTH			IPLACE (State or Foreign	n
217-28-9497		1 □ MXX F	10	3	YRS.	MONTHS	DAYS	HOURE	MIN.		-1886		W		
90, FACILITY NAME (If not in		treet and number)				9b. CITY	, TOWN C	R LOCATI	ON OF D				ITY OF D		
CUMPERIAL RESIDENCE OF DEC	Nd /	VURSING	Ce	Nte	2R	cumb	œrla	and				Alle	egan	У	
10e. STATE	10b. COUNTY	1			10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY LIMITS?	
MD	Alleg	any			Cu	mber	land	,						1 X YES 2   NO	
10e. STREET AND NUMBER							100	ZIP COD				10g. CITI	ZEN OF V	VHAT COUNTRY?	
121 Race S	treet							2150					SA		
11. MARITAL STATUS  1 Never Merried 2	Married	12. WAS DECEDEN	YES	AN	MED IO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yee, specify Cuben, Mexican, Puerto Ricen, etc.)  14. RACE — Ar Black, White						E — Americen Indien, k, White, etc.			
3√∑ Widowed 4 □ Dive		IF YES, GIVE \	MAR OR DAT	TES	1 ☐ YES ZXNO Specify: Specify							hite			
	EDENT'S EDU		T	16a. DE	CEDENT'S	USUAL C	L OCCUPATION 18b. KIND OF BUSINESS/INDUSTRY						in ce		
(Specify oni	ly highest grade	completed) College (1-4 or 5	4)	(GI	Do NOT u	work done se retired.)	during mo	st of world	ng						
12			′	ho	ousev	vife				OV	vn hom	e			
17. FATHER'S NAME (First, M								18. MOTHER'S NAME (First, Middle, Malden Surname)							
James Wes	sley Pr	coudfoot						Nevada Findley							
19e. INFORMANT'S NAME (	Type/Print)			19t	. MAILING	ADDRES	DDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)								
Dr. Clay D	urrett			30	03 Grand Avenue Cumberland, MD 21502										
20a. METHOD OF DISPOSIT		oval from State	20b.	PLACE other pla	OF DISPO	SITION (N	ame of cer	netery, cre	matory or		20c. LO	CATION —	City or To	own, State	
4 Donation 5 C Other	r (Specify)		_ H:		rest						Cum	berla	ınd,	MD	
21. SIGNATURE OF FUNERA	AL SERVICE LIC	CENSEE		11	1	22	NAME A	ADDRE	\$8 OF F	meral	. Home				
Vano	07	X can	DL	u	1					MD 2]					
23. PART V Enter the d						not anta	r the mo	da of dy	ing, su	ch aa car	disc Or reap	iratory an	rest,	Approximate	
shock, or h		List only one cs	use on as		1		1							Onset and De	
disesse or condition resulting in death)	<b>→</b>	. (92	gam	ic	Ba	rin	Su	n Dr	wm	2					
resulting in death)	•	DUE TO	(OR AS A	CONSE	DUENCE C	OF):		0		_					
		a Ce	reb	rel	MI	ter	105	cla	1080	1 '					
Sequentially list condition if any, leading to imme	ediate	DUE TO	199 484	COMPEC	DUENCE O	F):									
cause. Enter UNDERLY CAUSE (Disease or Inju		c. 0	OR AS A	A	Je										
thet initieted events resulting in death) LAS	ST .	DOE IC	(OH AS A	consid	BYENCE C	W 3:								j	
		d													
PART II. Other significa	ant condition	ns contributing to	death bu		esulting	In the u	ndarlyin	g causa	given le	Part I.	24a. WAS AM		24	. WERE AUTOPSY FINDI	NGS
Anemi	a.	Jean .	- U	10	er	Us	ease	21			1 TES	4		COMPLETION OF CAUS	SE
Osteo	Moros	is. A	ine	di	al	ifis	, (	mo	me					1 YES 2 NO	
Wedge	Free	Prize of 1	LILM	ha	5	35	rino								
25. WAS CASE REFERRED 1	TO MEDICAL	0				3		LACE OF	DEATH (C	heck only o	ne)				
1 TYES 2 THO		HOSPITAL:	☐ ER/Outpo	atient 3	□ DOA	4VZ No		10 5 🗆 F	leeldence	6 🗆 Oth	er (Specify)				
27. MANNER OF DEATH	er e	28a. DATE O (Month,	F INJURY Day, Year)		26b. TII	ME OF		URY AT		28d. OE	SCRIBE NOW	INJURY OC	CUREO		
1 Natural 5 2 Accident	Pending Investigation	-	-			M		YES 2	□ NO						
3 Suicide 6	Could not be	28a. PLACE building	OF INJURY	— At ho	ome, farm,	street, fo	ctory, offic				CATION (Street or Town, State		r or Rural	Route Number,	
4  Homicide	determined					-									
CONTROL ONLY	TIFYING PNYS	ICIAN: To the best of	f my knowl	ledge, de	eth occur	red at the	time, date	end plec	e, end du	e to the ca	iuse(e) end me	nner as ata	ted.		
one) 2 MEC	DICAL EXAMINE	ER: On the basis of	examination	end/or	Investigati	lon, In my	opinion,	death occ	ured at th	e time, det	e and piece, e	nd due to t	he ceuse	(e) end menner as state	od.
29b, SIGNATURE AND THE	E OF CERTIFIE	n le	A					29c. LIC	CENSE N	JMBER		29d. DAT	E SIGNE	D (Month, Day, Year)	
NVZ	Jan	219	MI	,				LD	-1	1426	)	▶ 7	-2	26-1990	5-
30. NAME AND ADDRESS C	A HE	TA M	JSE OF DEA	ATN (ITE	M 27) (7/p	Print)	nta	0	Cem	les	land	Ma	21	502	
31. DATE FILED (Month, Day	(Year)	32. REGISTE	AB'S SIGN	ATURE	4 17	-81.	, , , ,				4	(M)	~	70-	-
JUL 2 7 19	90 give	lie Beirdson	-Aand	402		•									

		-2
		3
		5
		_
		100
		-
		9
		=
		픞
		5
		-
		ě
,		=
		100
		3
		E
		ba
		9
		Ξ
		듣
		22
	=i	8
	3	=
	2	3
	5	亏
	-	
	0	E
	to burial, cremation, or remova	60
	0	Ā
	智	-
	E	-
	9	馬
•	0	3
	=	0
	-E	c
	2	듣
	-	5
	prior to burial, ca	=
	ö	70
	Ē	=
	CAL	-
	은	9
ŀ	9	듣
	累	0
	T	7
	G	Τ.
	E	$\geq$
	9	5
	_	E
,	2	_
	40	2
	£	60
	TO	88
	우	3
	Ξ	9
	0	100
	7	~
	e	3
	state Dept. of Health and Mental Hygiene prior to be	or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
	te.	E
	Eta	2
	43	-
	9	5
•	400	

31. DATE FILEO (Month, Day, Year)
JUL 19 90

	50.28									90	210	91
	FOR 1 - STATE REGISTRAR	STATE OF I				F HEALTH		MENTAL HYGIEN REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last) Florence	Part Can	Flusts	orene	Root	Comins	5	2. DATE OF DEATH MONTH DA	AY /	YEAR	3. TIME OF DEATH	м
	4. SOCIAL SECURITY NUMBER 0 45 - 18 - 509 4	5. SEX	6. AGE (In yrs.	. last birthday)	IF UNDER 1 YE	AR IF UNDER 2	MIN.	7. OATE OF BIRTH (Month, Day, Year) 01 - L3	-07	Country		
OR	90. FACILITY NAME (If not institution, give 505 Congress	street and number)	1 DI - L							TY OF DE	oit, Mich	nga
DIRECTOR	RESIDENCE OF DECEDENT  100. STATE  10b. COUNT		10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY LIMITS?	
	Maryland Hai	rford		На	vre de	Grace			I son citi	ZEN OF W	1- YES 2 NO	1
HA	505, Apt. 602, Co	ongress A	venue			21078	3			USA	THAT COUNTRY?	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDED		NO	II ye		, Mexica	IIC ORIGIN? (Specify Yea n, Puerto Rican, etc.)				
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondery (0-12)	completed) College (1-4 or 5	+)	DECEDENT'S (Give kind of ille, Do NOT us		PATION og most of working	7	16b. KIND OF BU	SINESS/IND			
S S	17. FATHER'S NAME (First, Middle, Lest)	3	IR	Jusewi	TE	16. MOTH	ER'S NAI	ME (First, Middle, Maiden	Surname)			
BEC	Louis Arthur	Root				Harr	riet	May F	athr	ıff		
2	19e. INFORMANT'S NAME (Type/Print)							Route Number, City or Tow			_	
	Harriet R. Tranbe	erq	20b. PLA					d, Joppa,				_
	23. PART I. Enter the disasses, or	complications th	DOWN at caused the	OA 11	How	and Aodres and K.  7 Cokes mode of dyir	McC	omas III F	unera	al Ho	ome, P.A.	
	23. PART I. Enter the disasses, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  OUE TO (OR AS A CONSEQUENCE OF):  All I III											
ERITICATION	Sequentially list conditions, If sny, leading to immediata cause. Enter UNDERLYING											
<u> </u>	CAUSE (Diseese or Injury thet initieted events	CDUE TO	OR AS A CON	NSEQUENCE O	F):							
	resulting in death) LAST	d							4			
PHYSICIAN: MEDICAL C	PART II. Other significant condition	ne contributing to	o deeth but n	ot reaulting	In the under	rlying ceuse g	iven in	Part I. 24a. WAS AN PERFOI	RMED?	24b	WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO	SE
AN	25. WAS CASE REFERRED TO MEDICAL					26. PLACE OF OE	EATH (Ch	eck only one)				_
2	EXAMINER?	HOSPITAL:	☐ ER/Outpatien	nt 3 🗆 DOA	OTHER:	Home 5 🗆 Red	eldence	6 Other (Specify)				
ם בים	27. MANNER OF DEATH  1 Netural 5 Pending Investigation  260. DATE OF INJURY   26b. TIME OF INJURY   26c. INJURY AT WORK?   1 YES 2 NO											
3	3 Suicide 6 Could not be 4 Homicide determined	building	OF INJURY — A , •1c. (Specify)	i nome, farm,	atreet, factory,	UITICO		26f. LOCATION (Street City or Town, State		or Hural I	noute Number,	
COMPLE	torious orny							to the cause(e) end ma			end manner ee atal	ed.
IO BE C	29b. SIGNATURE AND TITLE OF CERTIFIC	well 1	1D	7	lamere	29c. LICE  DO	119	MBER	29d. DAT	E SIGNED	(Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON W	· COLFE	R, MID	(ITEM 27) (Typ)	o, Print)	2013 7-	Lug	Willington	Lay.	210	734	

32. REGISTRAR'S AGNATURE Pandale

DHMH-16 Rev 1/89

	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 12 burial and Mental hygien prior to burial, cremation, or removal. or removal or transition or their transition are their transition are the medical examiner must be marked as these 24 burse and their transition or other transmisting event the medical examiner must be marked as necessarily and the product of the medical examiner must be marked as necessarily the product of the medical examiner must be marked as necessarily the product of the medical examiner.	
--	---	--

	1 - STATE REGISTRAR		STATE OF N	MARYLAN	ID / DEPAR CERTIF					MENTAL	HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, I	Middle, Last)	E. Co	une	_					2. DATE O	DA	47	YEAR	3. TIME OF	DEATN A M
	4. SOCIAL SECURITY NUMBER		5. SEX	6) AGE (In y	yrs. last birthday)	IF UND	ER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF		-		(PLACE (State	or Foreign
	217-32-7552		1 🗌 M 2 💢 F	84	YRS.					Nov.	2, 19		111	inois	
_	9e. FACILITY NAME (If not inst						ry, town		ON OF D	EATN			NTY OF D		
0	Crofton Conv		ent Cent	er		Cı	roft	on				Anr	<u>ne Ar</u>	runde 1	
EG		10b. COUNTY			10c. CD	ry, town	OR LOCA	TION						10d. INSIDE	
PIB	Maryland	Anne A	Arundel		Bro	ok 1	yn Pa	ark						1 YES	
FUNERAL DIRECTOR	10e, STREET AND NUMBER						-	. ZIP COD	E			10g. CIT	ZEN OF	WHAT COUNT	'RY?
ER.	820 Sunnyfie	eld Lar	ne				1 2	21225	)			U.	S.A.		
5	11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1			13				NIC ORIGIN? an, Puerto Ric		or No-	14. RACI	E America	n Indian,
BY F	1 Never Merried 2 h		IF YES, GIVE V					2 X NO			can, etc.)		Spec	White	
		DENT'S EDUC	NTION	T or	8a. DECEDENT'S	HOUAL	OCCUBATI	ON		405.1	KIND OF BUS	DIAIECC/MI	DITEADA	will ce	
ETE		highest grade o	ompleted)		(Give kind of life. Do NOT L	work don	e during me	ost of world	ng	100.1	OND OF BO	3111E33/81	DOGINI		
PL	12	12)	College (1-4 or 5		Homemak	er				0.4	vn Hon	ne			
COMPLETED	17. FATHER'S NAME (First, Mid	idle, Last)						18. MOT	NER'S N.	AME (First, Mi					
BE C	Alfred Pato	ne						Ma	ude	Huggi	ns				
10	19a. INFORMANT'S NAME (Ty)				- 0.18,000					Route Numbe					
F	Evelyn <b>K</b> ond	lrat								Brook					
	20a. METNOD OF DISPOSITION  1 □X Burlet 2 □ Cremation	3 🗆 Remo	val from State	Oi	LACE OF DISPO				matory or			CATION		.,	
	4 Donetion 5 Other (		weer	_   HO	ly Cros		emete		00 OF F	A OIL ITS	Broo	oklyn	PK.	A.A.	, MD
	It month organ Foreign	Semple Dick		0						ral Ho	me				
	M. C.	(e)	Labor	X.								en B	Burni	e. MD	21061
	23. PART I. Enter the disease or condition resulting in death)	ert failure. L	let only one ceu	Re.		Ao	ny	A	me	est			rest,	inter	oximete val Between et and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):														
	PART II. Other eignificer	nt conditions	contributing to	deeth but	not resulting	In the	underivir	o causa	alven li	n Part I.	24a. WAS AN	AUTOPSY	241	. WERE AUTO	PSY FINDINGS
CAL	1000	and		ne		-	undonyn	y cause	31101111		PERFO	RMED?		AVAILABLE	
ED										_	1   YES 2	2   NO		OF DEATH?	a 🗆 440
2								,						1 TYES	2 [] NO
IAN	25. WAS CASE REFERRED TO	MEDICAL					26. P	LACE OF I	DEATH (C	heck only one	)				
PHYSICIAN: MEDI	EXAMINER?		HOSPITAL: 1 Inpetient 2	☐ ER/Outpati	lent 3 🗆 DOA	OTH		ne 5 🗆 R	aaldence	6 🗆 Other	(Specify)				
H	27. MANNED OF DEATH		28a. DATE OF	F INJURY Day, Year)	26b. TI	ME OF	28c. IN	JURY AT ORK?		28d. OE\$0	CRIBE HOW	INJURY O	CCURED		
ВУ		Pending nvestigation				М			NO NO						
ED		Could not be	26e, PLACE ( building,	of INJURY —, etc. (Specify	- At home, farm,	atreet, fo	actory, offi	Ce			TION (Street r Town, State)		er or Rural	Route Numbe	r,
ETE		otominod				_									
COMPLET	one)		CIAN: To the best of t: On the bests of e											e) and mann	or as stoled.
BE	296, SIGNATURE AND TITLE	OF CENTIFIER	SR	ho	ev	W	)	29c, LIC	ENSE NO	UMBER -02d	<u></u>	29d. DA	TE SIGNE	6 Month, Day	(O)
5	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAU	SE OF PEAT	N (ITEM 27) (Type	e, Print)	166	76	14	an Co	into	-a	offi	- la	~
	31. DATE FILEO (Month, Dey, )	(bar)	32. REGISTR	AR'S SIGNAT	URE				0				6		7
	7 1116 7	1000	1.2: K.	Jan X	andell-										
-	JULIT	1990	1											D	HMH-16 Rev 1/

	6	AF	-
,0	d within	mpletel, crema	event,
2	xecute	and co burial	natic
5	te be	siclan prior to	traun
ם כ	ertifica	fing phy ygiene	other
	Æ	H Is	9
ر ر	the dea	the at	injury,
<u> </u>	s that	ned by	any
7	require	en sig	shows
-	N.	as b	23
4	The	tate h	Hell
>	CIAN	ertific the S	0
DIVISION OF VITAL RECORDS, P.O. DOA 13140,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremative	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the
5	NO	Afte	E 8
2	TTEN	after after	28
2	OR A	DIRE	Item
_	K	以下	=
	HOSP	FUNEI	TANT
	분	出層	PO
	2	23	Ξ

TO BE COMPLETED BY FUNERAL DIRECTOR	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
I examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
he funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ral.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.
or death. Page 6 may be retained by the hospital of attending physician.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate de executed writin 24 hours after death. Page 6 may de retained by the hospital or attending physician

1 - STATE REGISTRAR	STATE OF MARYL		MENT OF A		IENTAL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	cus	TS RI	ra L. Ci	ISTIS	2. DATE OF DEATH DAY	17 90	3. TIME OF DEATH  O 220 M
			IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Cou	THPLACE (State or Foreign intry)
224-28-6077 1  9e. FACILITY NAME (If not institution, give street		THS.	Oh CITY TOWN	OR LOCATION OF DEA	April 27	9c. COUNTY OF	VIRGINIA
FAIRFIELD NURSING				SVILLE	NI		E ARUNDEL
RESIDENCE OF DECEDENT	HOHE		CROWN	) A T L L L		ANIN	E ARONDEL
10a. STATE 10b. COUNTY			, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?
MARYLAND ANNE  100. STREET AND NUMBER	ARUNDEL	ANI	NAPOLIS	f, ZIP CODE		40 - OTTITEN OF	1 YES 2 NO
The state of the s			10				
4 C BENS DRIVE	. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DE	21403 CENDENT OF HISPANI	C ORIGIN? (Specify Year	U.S.	
I I I Marino	P. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR D		If yes, s	ecify Cuban, Mexican 2 X NO Specify:	, Puerto Rican, atc.)		ACE — American Indien, ack, White, etc. ec/ly:
3 🖟 Widowed 4 🗌 Divorced				opean,		"	BLACK
15. DECEDENT'S EDUCATI (Specify only highest grade con		16a. DECEDENT'S I	ork done during m	ON ost of working	16b. KIND OF BUSI	NESS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	III. Do NOT usi	•				
17. FATHER'S NAME (First, Middle, Last)		DOME	3110	Las martines and	ME (First, Middle, Maiden S		
JOHN W. WATSON					E. FISHER	umeme)	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		oute Number, City or Town.	State, Zio Code)	
HALLIE PLEASANTS					, NEW YORK		10467
20s. METHOD OF DISPOSITION	20	b. PLACE OF DISPOS	ITION (Name of ce	metery, crematory or	<del></del>	ATION — City or	
1 Buriel 2 Cremetion 3 Remova 4 Donation 5 Other (Specify)	I from State	IT. ZION	CHURCH	CEMETERY	PA	INTER,	VIRGINIA
21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE		22. NAME A	ND ADDRESS OF FAC	BLITY 821 WES	T ST40A	NNAPOLIS, MD.
- Larry D	Reese		WILL	IAM REESE	& SONS MO		
23. PART I. Enter the disease, or con ahock, or heart failure. Lis iMMEDIATE CAUSE (Finel disease or condition resulting in death)	it only one cause on a		i (	a C	olon	atory arreat,	Approximata Interval Between Onset and Daath
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reautting in death) LAST		A CONSEQUENCE OF					
PART II. Other significant conditions of SAP CAP PART III. OTHER SIGNIFICANT CONDITIONS OF THE S	eontributing to death	perpendicular in the second control of the s	n the underlyle	CAMINIS	Pert I. 24s. WAS AN PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				PLACE OF DEATH (Che	ick only one)		
	OSPITAL:	tpetient 3 DOA	OTHER: 4 Nursing Ho	me 5 🗆 Reeldence	6 Other (Specify)		
27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)		URY W	JURY AT ORK?	28d. DESCRIBE HOW IN	JURY OCCURED	,
1 Natural 5 Pending Investigation				YES 2 NO			
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, atc. (Spi		street, factory, off	ce	28f. LOCATION (Street a City or Town, State)	nd Number or Rui	tal Route Number,
29e. CERTIFIER (Check only one) 2	AN: To the best of my know						se(e) and manner as stated.
296 SIGNATURE AND TITLE OF CERTIFIER	Zufe	nta w	)	29co LICENSE NUN	ABER 1438	29d. DATE SIGN	NEO Month, Day, Joseph
30. NAME AND ADDRESS OF REASON WHO O	COMPLETED CAUSE OF D		Print) R10	SIEU F	THE HELD	, Ann	TAPOLO Mod
31. DATE FILED (1000). Day. (57) 1000	2. AEGISTIAN'S SIG				77	/	21401

3. TIME OF OEATH

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	Lovie	J		Car	roll					May	31	1	990	3:32 P.	M
	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs.	In yrs. last birthday) IF UNDER 1 YEAR			IF UNDER		7. DATE OF	BIRTH		6. BIRTH	BIRTHPLACE (State or Foreign Country)	
	220-03-9937		1 🗆 M 2 🗡 F	84	YRS.	MONTHS	DAYS	HOURS	MIN.	111-	18-19	05	Obdinit	" Del	Î
	9a. FACILITY NAME (If not in	stitution, give a	treet and number)		9b. CITY, TO			N OR LOCATION OF CEATH				9c. COU	NTY OF D	EATH	┪
۳ ا	Memoria	1 Hc	snital			1	East	ston				Talbot			
DIRECTOR	RESIDENCE OF DEC	CEDENT					011							ᆿ	
Ĭ	10e. STATE	10b. COUNT					OR LOCAT	ION						10d. INSIDE CITY LIMITS?	
5	MD	Card	oline			Pent	on						- 1	1 🗌 YES 2 🄀 NO	
4	10e. STREET AND NUMBER						101.	ZIP COD	E			10g. CIT	IZEN OF W	VNAT COUNTRY?	П
E	Rt. 1 Box 2	33						2162	29			l	JSA		H
BY FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN			13				NIC ORIGIN? (S		or No-	14. RACE	— American Indian,	╗
	1 Never Married 2		FORCES? 1		NO	7	If yes, spe			n, Puerto Rica y:	n, etc.)		Speci	t, White, atc.	
6	<b>3℃</b> Wildowed 4 □ Divo	broad						701						<sup>∜:</sup> White	
		EDENT'S EDU y highest grade	16a.	DECEDENT'S								DUSTRY		П	
. I	Elementary/Secondary (0		College (1-4 or 5	+)	life. Do NOT u	se retired.	.)	most of working							
<u> </u>	8 th				facto	ry v	work			Pla	ytex	Inc			
COMPLETED	17. FATHER'S NAME (First, M	fiddle, Lest)			18. MOTHER'S NAME (First, Middle, Malden						Sumame)			П	
BEC	Charles Joh	ın Jon	es					Mai	ry (	unkno	wn)	Jone	es		
	19a. INFORMANT'S NAME (	Type/Print)			19b. MAILING	ADDRES	SS (Street a	nd Numbe	r or Rural	Route Number,	City or Tow	n, State, Zi	p Code)		
임	Leon Griffit	th		196. MAILING ADDRESS (Street and Number or Rural Route Number, City or R 1111 N. Main St, Greensboro, N						o, M	D 2	1639		- 1	
	200. METHOD OF DISPOSIT			SITION (F	Name of cen	netery, crer	natory or		20c. LO	CATION -	City or To	wn, Stata			
	1X Buriel 2 ☐ Cremetic 4 ☐ Donation 5 ☐ Other	othe	other place) Greensboro				emet	ery	Gree	ensb	oro,	MD	- 1		
- 1	21. SIGNATURE OF FUNERA	ini T	22. NAME AND ADDRESS OF FACILITY Greens							ensboro, MD 21639					
	dien	. 1													
	ruge	un	eque	Fleegle-Hlefenbein Fn H									_		
			Liet only one cau			not ente	er the nio	ue or uy	ing, suc	m aa cardia	; or reap	natory an	ivat,	Interval Between	
	IMMEDIATE CAUSE (Findisease or condition	nei	4 4					0	1					Onset and Deat	th
	resulting in death)	$\rightarrow$			carchioma of colon										
			DUE TO	(OR AS A CON	CONSEQUENCE OF):										
N N	Sequentielly list condit	tions,	b.	(OB AC A COA											
CERTIFICATION	If any, leading to imme cause. Enter UNDERLY	diete	OOE 10	(OH AS A COI	CONSEQUENCE OF):									İ	
[ 일	CAUSE (Disease or inju		COUE TO	(OR AS A COR	SEQUENCE O	)FI:						1.		<u> </u>	$\dashv$
	that initiated events resulting in death) LAS	T T				,,								1	
岚			d											+	
	PART II. Other significa	ent condition	na contributing to	deeth but n	ot reculting	in the t	underlying	cause	given in	Part i. 24				. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	S
3	Atrial .	Fib.	Dences	ssion	. An	em	6				YES 2			COMPLETION OF CAUSE	
MEDICAL		)	-5-4		,					— I.	□ 159 E			OF DEATH?	
2										_					
AN	25. WAS CASE REFERRED ]	TO MEDICAL	1				26 PI	ACE OF I	DEATH (C)	neck only one)					Н
PHYSICIA	EXAMINER?	,	HOSFITAL:	7 F0 10 A 11		ОТНЕ	ER:			00 may 1	201.1				
<u>₹</u>	1 YES 2 NO		1 inpetient 2		28b. Til		28c. INJ		asidenca	6 Other (S		NJURY O	CUBED		⊣
	_	Pending	(Month, L			JURY	WO	RK7 YES 2	□ NO						
B	2 Accident	Investigation	28e, PLACE C	OF INJURY — A	t home, term.	street, fa				281. LOCATI	ON (Street	and Numbi	er or Rural i	Route Number,	$\dashv$
	3 Suicide 6 4 Homicide	Could not be determined		, atc. (Specify)			,	-			Town, State				
COMPLETED	29a. CERTIFIER														$\dashv$
릴	(Check only		ICIAN: To the best o												
Į į	2 MED	DICAL EXAMIN	ER: On the besis of a	xamination and	d/or investigati	lon, In my	y opinion, d	eath occu	ared at the	time, data an	d placa, ar	nd dua to	the cause(	a) and menner as stated.	
	29b. SIGNACUHS AND TITL	рог сентине	н						ENSE NU	-		29d. DA	TE SIGNED	(Month, Day, Year)	
BE	1000	5	)					D	337	294			6/1	90	
임	30. NAME AND ADDRESS O	F PERSON WI	10 COMPLETED CAU	SE OF DEATH	(ITEM 27) (Typ	e, Print)		۸ .							
	RobLepa	7.7 M	ND F	6 Bo	x 12	2 1	Gold	lsbo	50.	Md	. 2	163	6		
	31. DATE FILED MAIN DOM	Hogh	32. REGISTR	ADIO DIONIATIN	DE					, -,					
- 1	QUII	L YH	: icho	Davidso	1- Hand	.00.									- 1

DALLIMONE, MANTLAND	secuted within 24 nours after death. Page 6 may be retained by the host	nd completely filled in by the funeral director, page 5 should be detache burial, cremation, or removal.	atic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOA 13148,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

2

31. DATE FILED (MINDOY, 8) 290

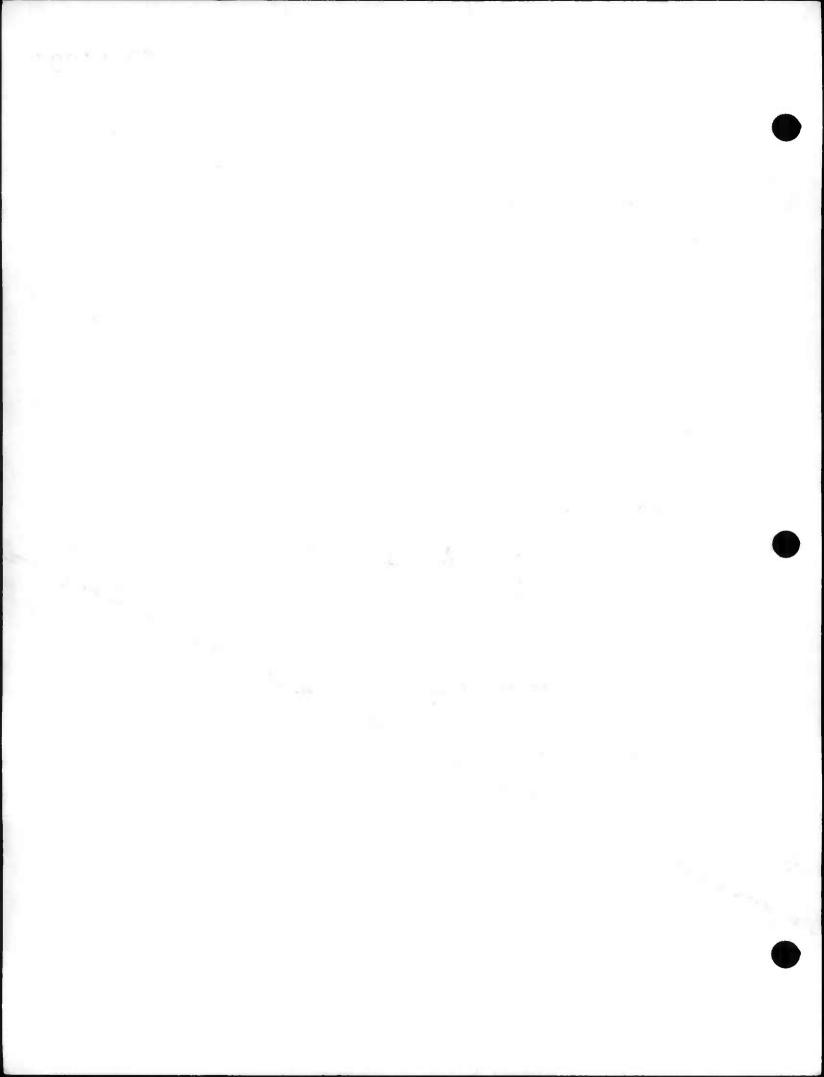
AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

ANDREA AUSN POBO

32. REGISTRAPIS SIGNATURE
Juna Davidson-Randell

	FOR 1 - STATE REGISTRAR	STATE OF M	MARYLAND /		TMENT 0				HYGIEN BEG. NO.			, 210	90
	1. DECEDENT'S NAME (First, Middle, Last)		- 01	-MIII	ICAIL	/ DEA		2. DATE OF			_	3. TIME OF DEATH	
,	I BEOLDEN S HAME (First, Micord, 2001)	m1			0	1		MONTH	OLAIII O	AY	YEAR		
		Thomas				eely		6	5		90	12:55	p
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les	• •	IF UNDER 1 YE		R 24 HRS. MIN.	7. DATE OF (Month, L	Day, Ybar)		Count		ыgn
	059-09-4341	1 M 2 - F	86	YRS.	1 2	176		, ,	<u> 1903</u>			land	
	9e. FACILITY NAME (If not institution, give st	reet and number)				WN OR LOCAT		EATH			INTY OF D		
DIRECTOR	Memorial H	ospital			Ea	ston				Ta	albo	t	
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR L	CATION						10d. INSIDE CITY LIMITS?	
ᅙ	Maryland	Caroli	ne			D	ento	on				1 X YES 2 . P	NO .
4	10e. STREET AND NUMBER					10f. ZIP COL	DE			10g. CIT	IZEN OF	WHAT COUNTRY?	
FUNERAL	Hobbs Road					216	29			Ţ	J.S.	Α.	
Z	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AF	RMED				NIC ORIGIN?		or No-	14. RAC	E — American India	n,
	1 Never Married 2 Norried	FORCES? 1	YES 2	МО		yes 2 X NO		n, Puerto Ric	en, atc.)		Blac Spec	ck, White, etc.	
¥	3 Widowed 4 Olvorced	IF 1ES, GIVE V	AN ON DATES			LES S MY INC	у эрвсп	у.				casian	
0	15. DECEDENT'S EDUC	CATION	16a, Df	ECEDENT'S	USUAL OCCU	PATION		16b, K	IND OF BUS	SINESS/IN		Casian	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5	(0	live kind of Do NOT u	work done durin	g most of work	ing	333					
12	Elementary/Secondary (0-12)	College (1-4 or 5	·	15m O	~ C C:	10±03	ian	Fa	rmin	~ / T:	ani+	oral	
Ž	17. FATHER'S NAME (First, Middle, Lest)		Fo	irme	r & Ci			ME (First, Mid			anıı	Olai	
	17. PATHER'S NAME (First, MIDDIR, List)					10.000		,					
H	John Conne	elv						or Fl		_			
5	19e. INFORMANT'S NAME (Type/Print)		19	H. MAILING	ADDRESS (St	eet and Numb	er or Rural	Route Number	City or Tow	n, State, Zi	ip Code)		
-	Kathryn V. Con	neelv		Rt.	1 B	ox 37	, De	enton	, Ma	ryla	and	21629	
	20e. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION — City or Town, State												
1 by Burdel 2 Cremation 3 Removal from State Denton Cemetery Denton, Marylar								Maryland	Ė				
	21. SIGNATURE ON FUNERAL SERVICE LIC	h P /	loove		Moo		nera	al Ho yland			•		
	23. PART I. Enter the diseases, or o										rrest,	Approxime	ite
	ahock, or heart fellure.	List only one car	use on each line	0.	DAME OF THE PARTY							Interval Be Onset and	
	iMMEDIATE CAUSE (Finel disease or condition	(2)	Dans was Att mars						Onset and				
	resulting in death)		OR AS A CONSE	Tha	cens	wx		177				1	
		011	(On AS A CONSE	overce C	tu	justice pelmonay desar 104							
징	Sequentielly list conditions,	·	wull	00	sull	euce.	1940	een	ona	y a	COL	26 107	
CERTIFICATION	If any, leeding to immediate cause, Enter UNDERLYING	DUE TO	(OR AS A CONSE	QUENCE C	N-):					U		i	
<u>   </u>	CAUSE (Disease or Injury	c	100 10 1 00100										
ᄩ	thet initiated events resulting in deeth) LAST	DUE TO	(OR AS A CONSE	QUENCE C	NF):							i	
1111	readiting in deedily EXST	d											
0	PART II. Other significant condition	s contributing to	death but not	resulting	in the under	lving cause	niven in	Part I 2	4a. WAS AN	ALTTOPSY	24	b. WERE AUTOPSY FIF	NDINGS
EDICAL	atherenel	7 /1-	COLO			2 Beech	2 0	1 10 0	PERFO	RMED?		AMAILABLE PRIOR 1	TO .
首	francosce.	owne	Cow	no	y Ve	Colle	and	LAR	YES :	2 🕍 🖟		OF DEATH?	MUSE
뿔					0							1   YES 2   N	10
	1												
<u>X</u>	25. WAS CASE REFERRED TO MEDICAL					6. PLACE OF	DEATH (C	heck only one)					
HYSICIAN:	1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHER:	Home 5 🗆	Residence	S 🗆 Other	(Specify)				
≩	27. MANNER OF DEATH	28a, DATE O	FINJURY	26b. Til	ME OF 28	. INJURY AT		_	RIBE HOW	INJURY O	CCURED		
0	1 Natural 5 Pending	(Month, I	Day, Year)	- IN	IJURY M 1	WORK?	□ NO						
B	2 Accident Investigation	28e PLACE	OF INJURY — At h	ome, farm.				28f LOCAT	ION (Street	and Numb	er or Rumi	Route Number,	
TEO	3 Suicide S Could not be 4 Homicide determined		, etc. (Specify)	,	,				Town, State				
	290. CERTIFIER , MODERNING PHYSI	ICIAN: To the heart o	d my knowledge	lanth	med as the sta	deta and no		a to the sec	of and and		edad.		
COMPL	(Check only one)  2 MEDICAL EXAMINE											(e) and manner as st	lated.
8												/	
ш	29b. SIGNATURE AND TITLE OF CERTIFIED	(E)				29c. L.I	CENSE NU	MBEH	and	29d. DA	IL SIGNE	(Mongh, Day, Year)	

6old shore



TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detact		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notifiled at once	
8		7	
pno		E E	
S sh			
90		9	
f, pa		늏	
ecto		Ē	
è		Je	
nerg		E E	
he fu	al.	exi	L
Ø.	ĎĘ.	23	
≘.	20.00	B	
E E	ou,	e	
tely	natio	3	
nple	ē	Ven	
8	nai,	9 3	
and.	0	nat	
cian	100	I S	
llysi	е р	other traumatic event, the medic	
g.	gien	ş	
endi	Ę	6	
B att	enta	ř	l
y th	2	宣	l
B .	h an	any	l
sign	lealt	12	l
Gen .	ō	. Pho	l
S De	ept.	23	l
le h	te D	E	l
ifical	Sta	1	l
Cert	- th	1,0	l
this	M	rke	l
ther	eath	ша	l
R.	p Ja	is is	l
8	s aft	1 28	l
DIR	hour	ten	I
SAL	2	=	I
JNE	thi	H.	I
E	M P	E	ı
E	fle	2	l

	- STATE REGISTRAR		CEF	RTIFIC	ATE OF	DEATH	REC	G. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DE		YEAR	3. TIME OF OEATH
	Aller	1	Edward		Culp	)	7-18	-90 BAY	TEAR	8:00PM M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last b	irthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR	тн	8. BIRT	HPLACE (State or Foreign
	705-12-5706	XXM2□F	70	YRS.	NTHS DAYS	HOURS MIN,	(Month, Day,		Coun	
- 1	9a. FACILITY NAME (If not institution, give s		/C		OITY TOWN O	R LOCATION OF DE			COUNTY OF	t Virginia
~ l	New C & O Canal-		Dirrom	31		ncock	AIN		5 5 5 5 7 5 6 7	ton County
2	RESIDENCE OF DECEDENT	POLOMAC	KTAGT		па	ICOCK		VVC	ishirig	con country
<u>ස</u>	10a. STATE 10b. COUNTY	Υ		10c. CITY. T	OWN OR LOCAT	ION				10d. INSIDE CITY
<u>=</u>	Maryland Wash	ington	1							LIMITS?
	100, STREET AND NUMBER	LING LOIT		паі	ncock	ZIP CODE		100	CITIZEN OF	WHAT COUNTRY?
A I	18 High Street					21750			SA	
FUNERAL DIRECTOR	11. MARITAL STATUS	Les was proposed	T EVER IN U.S. ARMI	-		ENDENT OF HISPAN	ue enienie /e			
5	1 Never Married 2 Married	FORCES?	XYES 2 NO	:D	If yes, ap-	cify Cuban, Maxica	n, Puerto Rican,		Ble	CE — American Indian, ck, White, atc.
B	3 X Widowed 4 Divorced	IF YES, GIVE W			1 TYES	2 NO Specify	y:		Spe	White
	15. DECEDENT'S EDU	WII 19		DENT'S US	UAL OCCUPATION	IN .	16h KIND	OF BUSINES	S/INDUSTRY	MIIITE
COMPLETED	(Specify only highest grade	completed)	(Give		done during mo		1000 10110			
٦	Elamentary/Secondary (0-12)	College (1-4 or 5	•)				م ط	O Rai	1	
₹ I	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA				
8	Walter Culp								1110)	
BE	19a. INFORMANT'S NAME (Type/Print)		405	MAII INC. AT	PPERO (01-11-1	Margar	et F. K		7-0-4-1	
2	W.Eugene Michael		1							E/11
.						Berkel			WV • Z	
	20a. METHOD OF DISPOSITION 1 ABurial 2 Cremation 3 Rem	ioval from Stata	other place	9)		netery, crematory or			20	
	4 Donation 5 Other (Specify)	between	Greenw	ay Ce	emetery	ID ADDRESS OF FA		Berke.	Ley Sp	rings, W.
1	ST. SIGNATURE OF FUNERAL SERVICE IN	The Party of the P			22, NAME A	ID ADDRESS OF PA	Grov	e Fun	eral H	lome
	*Kur -	2//	h		141 W	est Main	Street	Hanc	ock, M	ld. 21750
	23. PART i. Enter the diseases, or	complications the	t caused the deal	h. Do not	anter the mo	de of dying, suc	h as csrdiac o	r respirator	y srreat,	Approximsta
	shock, or heart failure. IMMEDIATE CAUSE (Finel	List only one cau	ise on each line.							intarval Batween Onset end Death
	disease or condition	. Drowni	na							
	resulting in deeth)		(OR AS A CONSEOL	ENCE OF):						
-		6								
DICAL CERTIFICATION	Sequentially list conditiona, if any, leading to immediate	DUE TO	(OR AS A CONSEQU	ENCE OF):						
ZAT	cause. Enter UNDERLYING									
Ĕ	CAUSE (Disease or Injury that initieted events	DUE TO	(OR AS A CONSEQU	ENCE OF):				_		
E	resulting in death) LAST	d								
2			d at E a a a	ant			- L.			
AL	PART II. Other algorificant condition							WAS AN AUTO		Ib. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
음	Hypertensive an	rteriosci	erotic c	ardio	vascula	ar diseas	se xx	YES 2   N	10	OF DEATH?
W										YES 2 NO
Ë										
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				ACE OF DEATH (C)	heck only one)			
Si	1 → YES 2 □ NO		ER/Outpatient 3	00A 4	THER:	a 5 🗆 Rasidance	6 - Other (Spe	offy) In F	River	
PHYSICIAN: ME	27. MANNER OF DEATH	28s. OATE Of (Month, I	INJURY Day, Year)	28b. TIME (	OF 26c. IN.	URY AT	28d, OESCRIB			
BY I	1 Natural 5 Pending  2 Accident Investigation			4:30P			Subj	ect di	cowned	
	3 Suicide 6 Could not be	28e. PLACE (	OF INJURY — At home atc. (Specify)	e, farm, atro	et, factory, offic		26f. LOCATION	(Street and N	lumber or Rura	I Route Number,
TE	4 Homicide datarmined		1000		ac Rive					otomac River
Ž	29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best o	f my knowledge, deat	h occurred	st the time, date	and place, and-du	Hancoc.	and menner	SILLIGE e stated.	on county, MD
COMPLETED	one) MEDICAL EXAMIN	ER: On the beels of	xamination and/or in	vestigation,	in my opinion,	leath occured at the	time, data and p	olaca, and du	s to the cause	(a) and manner as stated.
	296. SCHATURE AND TITLE OF CERTIFIC	_				29c. LICENSE NU				ED (Month, Day, Year)
BE	VIDALES	me Un	19			OCME	MDEN	200	DAIE SIGNI	7-19-90
2	20 NAME AND ADDRESS OF PERSON WE	HO COMPLETED CO	SE OF DEATH STEEL	270 /5	rimt)	CCINE				, 10 00
	30. NAME AND ADDIESS OF PERSON WI		OF DEATH (ITEM	≖rj(nype, P		L Penn St	treat D	al+im	ore MD	21201 vc
	LIMI/QWI(TTA H. V(	التلاتا والتلتكايات			11.	r term o	LL CCL, D	CT CTIII		ZIZUI VC
	DA DATE EN ED GALLE DE MEN	00.0000	A DIO CION ATTICE							
	31. DATE FILED (Month, Dev. Year)	32 REGISTR	AR'S SIGNATURE	1.00						

O	- Dan
1	0
CA	Æ
	S
Z	4
4	£
BALTIMORE, MARYLAND 212	3
~	8
4	ig
3	E
-	2
ш	1
Œ	E
0	9
2	20
	-
-	te de
\$	0
Ш	te.
	60
	ž
	ı
	4
	돌
တ်	3
4	8
8	5
7	8
×	2
0	9
m	25
o.	E
0	0
0	eath
10	D S
8	6
7	Te.
0	S
$\ddot{o}$	ire
Ш	8
$\alpha$	*
-	80
<	2
	-
>	3
L	Sic
0	F
7	9
0	N
$\frac{3}{2}$	N
5	-
2	0
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	LOB ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mours after death. Page 6 may be retained by the hospital or

03-3146

TO THE HOSPIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a series of safe, Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If Nem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT	0F	<b>HEALTH</b>	AND	<b>MENTAL</b>	HYGIENE
CERTIFICATE	0	F DEAT	ГН		REG. NO.

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			MENTAL HYGIE		
1. DECEDENT'S NAME (First, Middle,	Last)	OLIVII IO	AIL OI L	7 to 73 1 1 1	2. DATE OF DEATH		3. TIME OF DEATH
Opal Martha		COURTNEY			July 1		90 a N
4. SOCIAL SECURITY NUMBER		(in yrs. last birthday)		IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign
217-32-698 90. FACILITY NAME (II not institution,	1 M 2 X F	63 YRS.	CITY, TOWN OR	LOCATION OF DE	July 21,		Vest Virginia
54 West Main	Street		Hancock			100	ington
	ashington	10c. CITY, TO	own on locatio	N	4		10d. INSIDE CITY LIMITS? 1 XYES 2 NO
10e. STREET AND NUMBER			10f. Z	IP CODE		10g. CITIZEI	N OF WHAT COUNTRY?
54 West Main	Street		2	1750		USA	
11. MARITAL STATUS  1 Never Married 2 Married  3/2/2/Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	2 X NO		fy Cuben, Mexica	IIC ORIGIN? (Specify ) n, Puerto Ricen, etc.)	fea or No 14	RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT' (Specify only highes Elementary/Secondary (0-12) UNKNOWN	S EDUCATION Il grade completed) College (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use rei Homema	done during most tired.)	of working	16b. KIND OF B	USINESS/INDUS	TRY
17. FATHER'S NAME (First, Middle, La	ast)	11011101101		IS. MOTHER'S NA	ME (First, Middle, Maid	on Surname)	
Ivan Unger				Icy Sn			
19e. INFORMANT'S NAME (Type/Prin	9)	19b. MAILING AD	DRESS (Street and		Number, City or T	own, State, Zip Co	ode)
Barbara Jean Yo	ounker				Hancock,		750
20a. METHOD OF DISPOSITION 1 XBuriel 2 Cremation 3 4 Donation	Removal from State	b. PLACE OF DISPOSITE other place) t.Olivet P	resbyte	tery, cremetory or rian Ce	metery Ha	LOCATION - CIT	
21. SIGNATURE OF PUNERAL SERV	IOE DOENHEER			ADDRESS OF FA		Funeral	
IMMEDIATE CAUSE (Finel disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	c	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):	ncin	y Fa	i Coure	dias	Criticon
PART II. Other aignificant cor	d	but not resulting in t	he underlying	cause given in	PERF	AN AUTOPSY ORMED? 2 D NO	24b. WERE AUTOPSY FINDING: AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDI	ICAL		26 PLA	CE OF DEATH (C)	seck any one)		1
EXAMINER?	HOSPITAL: 1   inpatient 2   ER/Ou		THER:	Co			
27. MANNER OF DEATH	26e. DATE OF INJURY	28b, TIME O	F 28c, INJU	RÝ AT	8 Other (Specify) 28d. DESCRIBE HO	W INJURY OCCU	RED
1 Netural 5 Pendin	(Month, Day, Year) getion 28e, PLACE OF INJUST	INJUR	M 1 YE	K? S 2 NO			Rural Route Number,
4 Homicide daterm	not be building, etc. (So				City or Town, Sta		
one)	PHYSICIAN: To the best of my kno XAMINER: On the basis of examinati						
29b. SIGNATURE AND TUTLE OF CE	de 1	410		29c. LICENSE NU	MBER YS )	29d. DATE :	SIGNED (Month, Day, Year)
T.A. PASKA	SON WHO COMPLETED CAUSE OF D		CC S	7. t	Fage	stoc	m MD 21
31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIG	Anature Pandelle			ð		

\*

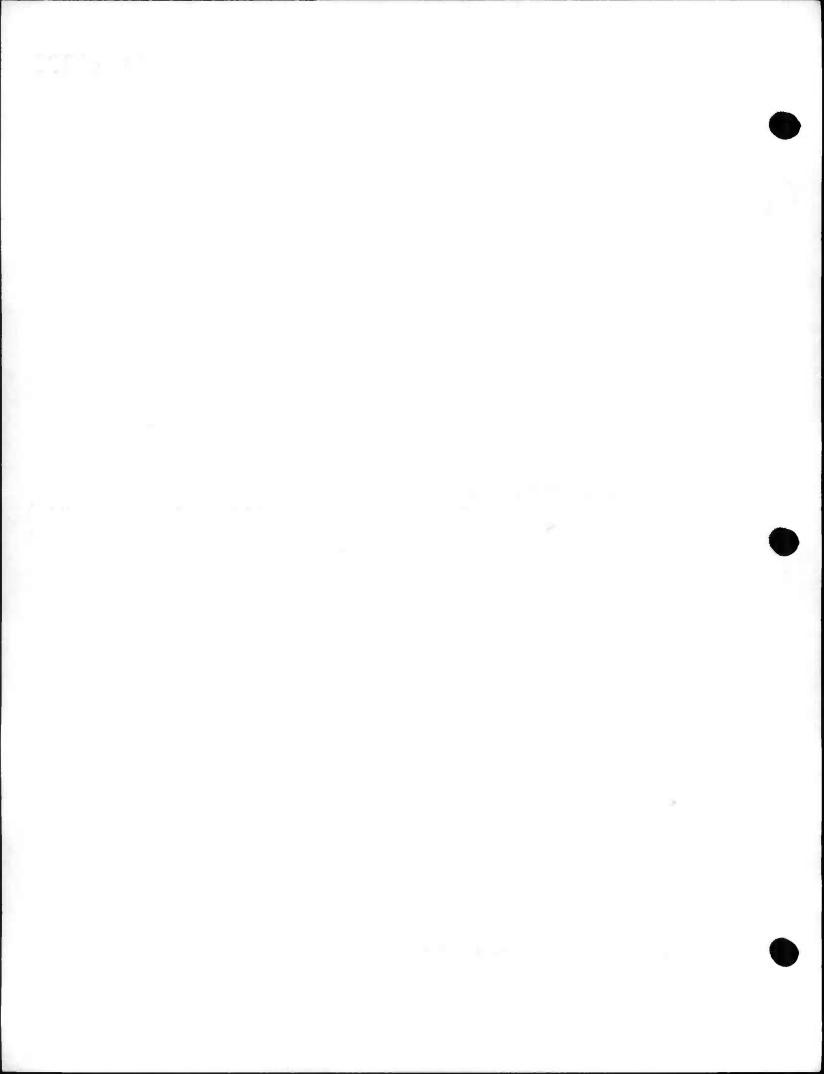
## BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
HOSPITAL OR ATTEND	UNERAL DIRECTOR:	rithin 72 hours after of	ANT: If Item 28 Is
TO THE	THE OT	be filed	IMPOR

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERT	IFIC/	TE OF	DEATH	F	EG. NO.				
	1. DECEOENT'S NAME (First, Middle, Last)						2. DATE OF				3. TIME OF OE	ATH
	EDWARD	LEE		CT	TPP. S	R	MONTH 7	1 7		YEAR	1:00	ъм
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lesi birthd		NOER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH	1	8. BIRTHP	LACE (State or	Foreign
	216-38-2230	1½ M 2 □ F	49 YRS			HOURS MIN.	Oct.	2, 19	940	Mary		
	9a. FACILITY NAME (If not institution, give a			9b.		R LOCATION OF DE	EATH		9c. COU	NTY OF DE	ATH	
DIRECTOR	615 Mulberry S	treet			Hage	rstown			Was	shing	ton	
<u></u> [	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY	·	10c.	CITY. TO	WN OR LOCAT	ION				$\overline{}$	10d. INSIDE CI	TY
<u>E</u>	Maryland Wash	nington			gerstow						LIMITS?	
	10e. STREET AND NUMBER	-21-60-1				ZIP CODE		-	10a, CIT		HAT COUNTRY	
FUNERAL	615 N. Mulberry S	St.				21740			USA			
5	11. MARITAL STATUS	12. WAS DECEDENT E FORCES? 1				ENDENT OF HISPAP			or No-	14. RACE Black,	— American In White, atc.	dian,
ВУ	1 Never Married 2 Amerried 3 Widowed 4 Divorced	IF YES, GIVE WAR				2 NO Specifi		,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Spec#y Whit		
	15. OECEOENT'S EDU				AL OCCUPATIO		18b. Kil	ND OF BUS	SINESS/IND			
E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind life. Do NO	of work of use ret	done during mos ired.)	st of working						
COMPLETED	12	0	po	t li	ne ope	erator		East	talco	)		
S	17. FATHER'S NAME (First, Middle, Last)		•			18. MOTHER'S NA						
BE C	Richard Edward Cl	Lipp				Franc	ces Ir	ene l	Nalle	3 y		
10	19a. INFORMANT'S NAME (Type/Print)					nd Number or Rural					7/0	
	Nancy L. Clipp					ry St.,	надет					
	20e. METHOD OF DISPOSITION 1 □MBurlel 2 □ Cremation 3 □ Rem	oval from State	20b. PLACE OF OIS							City or Tow		
	4 □ Donation S □ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	Cedar L	awn		Lal Park	CILITY	на	gersi	town,	Md.	
	~ SCATI	Dinnie	1		MINNI	CH FUNE	RAL HO			h a 7 770	MJ 2	1740
	23. PART I. Enter the diseases, pr			In not		E. Wilson					Approxi	
	ahock, or heart failure.			ob not i	miter the mo	de or dynig, add	ar as cardiac	or reap	retory an	rout,	Interval	Between
	IMMEDIATE CAUSE (Final disease or condition	0									Onset a	nd Death
	resulting in death)		act gunsh		of hea	<u>d</u>					-	-
_	_		TAS A CONSECULIO	201).							į	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	OUE TO (OF	R AS A CONSEQUENC	E OF):								
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	C										
E	that initiated eventa resulting in death) LAST	DUE TO (OI	R AS A CONSEQUENC	E OF):								
H	resoluting in death) CAST	d									-	
10	PART II. Other algnificant condition	na contributing to de	ath but not result	ing in ti	ne underlyln	g cauae given in	Part I. 24	a. WAS AN		24b.	WERE AUTOPS	
PHYSICIAN: MEDICAL								PERFOR			COMPLETION C	
							_ I.	1120 2			OF DEATH?	□ NO
≥							_				45 120 0	
M	25. WAS CASE REFERRED TO MEDICAL				26. PI	ACE OF DEATH (C/	heck only one)					
Sic	EXAMINER?  1 XYES 2 NO	HOSPITAL:	R/Outpetlant 3 D DO		THER:	ne 5 🔀 Residence	6 Other (S	ineclfv)				
H	27. MANNER OF DEATH	2Se. DATE OF IN	JURY 28b	TIME O	F 28c. INJ	TURY AT	28d. DESCR		NJURY OC	CURED		
7	1 Netural 5 Pending	(Month, Day, 7-17-C		INJURY		PRK? YES 2 1 NO	Subj	ect	shot	self	f	
ВУ	a W autota	28e. PLACE OF I	NJURY — At home, fa	rm, stree	t, factory, offic	a	29f. LOCATI	ON (Street	and Numbe		loute Number,	
回	4 Homicide 6 Could not be detarmined	building, etc		ome				ilber		t I	Hagerst	own.
9	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the hest of m				and place, and du					Md.	
COMPLETED	(Check only one) 2 MEDICAL EXAMIN										) and manner a	a stated.
	296 SIDNATURE AND TITLE OF CERTIFIE	100 Ac **	h 1	1	1	29c. LICENSE NU	MDER		29d. DA	TE SIGNED	(Month, Day, Va	erj
D BE	Mous F	Adle	AT M	1	FOR	_ OCM	ΙE		•	7-18	3-90	117
٩	30. NAME AND ADDRESS OF PERSON W	10 COMPLETED CAUSE	OF DEATH (ITEM 27)	April Pd	×0 /							
	James A. Kapla			l Pe	nn Str	eet	Balt	imor	e. M	ld. 21	1201	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	s signature doon-Randall									
_ 1	18 90	Dune mant	down-Naviano	_								



rurs after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

- 1	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE O	F DEATH DA	ıv	YEAR	3. TIME OF DEATH
	LeNora France	s Condon							July		2	199	D 10:15Am
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. less	t birthday)	IF UNDER	DAYS	IF UNDE	R 24 HRS.	7. DATE OF BIRTH 8. BIRTHPL (Month, Day, Year) Country)		HPLACE (State or Foreign		
	215 34 0063	1 M 2 7 F	54	YRS.					09-36		Vir	ginia	
	9a. FACILITY NAME (If not institution, give a	itreet and number)						ION OF DE	HTA		9c. COU	INTY OF E	EATH
FUNERAL DIRECTOR	9 West George Str	eet			₩e	estm:	inste	er			Car	roll	
<u> </u>	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNT	Υ		10c, CIT	Y. TOWN	DR LOCA	TION						10d, INSIDE CITY
E	Maryland C		stmir								LIMITS?		
اد	10e. STREET AND NUMBER	arroll		I IICL	CILLI		. ZIP COD	E			10a. CIT	IZEN DF	WHAT COUNTRY?
RA								States					
ž	11. MARITAL STATUS		IT EVER IN U.S. AR	MED	13.	WAS DEC			NC DRIGIN?	(Specify Yes			E — American Indian, k, White, etc.
BY FI	1 Never Married 2 Married 3 Widowed 4 Divorced		YES 2 A	40		If yes, sp	ecify Cubi		n, Puarto Ri			Spec	
	15, DECEDENT'S EDU (Specify only highest grade	CATION	16a. DE	CEDENT'S	USUAL O	CCUPATI	DN	laa	16b.	KIND OF BUS	BINESS/IN	DUSTRY	-
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 6	+1	ive kind of a Do NOT us				n ng					
필	8		N	Machi	ne (	Opera	ator			Shoe	Manu	ıfact	uring
Ö	17. FATHER'S NAME (First, Middle, Lest)									ddle, Maiden			
BE (	Herman Fred Thom	oson					Jua	anita	Fran	nces (	Clark	2	
0	19a. INFORMANT'S NAME (Type/Print)									r, City or Tow			011
-	Tom Thompson		3	y Wes	st Ge	org	e Sti	reet,	West	minst			21157
	20a. METHOD OF DISPOSITION 1 N Burial 2 Cremation 3 Ram	noval from Stata	20b. PLACE other pla	DF DISPO	SITION (N	ame of ce	metery, cre	matory or		20c. LO	CATION -	- City or T	own, Stata
	4 Donation 6 Other (Specify)		_ Meado	ow Br						W∈	estmi	inste	er, MD
	21, BIGNATURE OF FUNERAL SERVICE LI	1 M	-		I	Myer:	s Fur		L Home				21157
- 1	23. PART I. Enter the diseases, or	+ IVISE	_							Westn			MD 21157 Approximate
7	ahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	Kes	OT AS A CONSEC	ny	For	ASS	mg	(Ann	nev				Interval Between Onset and Death
CATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	OUE TO	OR AS A CONSEC	QUENCE O	f):								400
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO	OR AS A CONSE	OUENCE O	F):								
	PART II. Other eignificant condition	ne contribution to	death but not a	reguiting	in the s	nderlyla	C COUICO	alven in	Part I	24s. WAS AN	AllTORey		b. WERE AUTOPSY FINDINGS
MEDICAL										PERFOR	RMED?		AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 ND
ä													
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ОТНЕ		LACE OF	DEATH (C	neck only one	)			
YS	1 TYES 2 TO NO	1 Inpetient 2	☐ ER/Outpetient 3		4 □ Nu	raing Hor		tesidence	6 🗆 Other				
F	27. MANNER OF DEATH  1 Natural 5 Pending	26a. DATE D (Month,	F INJURY Day, Year)	28b, TIN	ME OF JURY	W	JURY AT DRK?		26d. DES	CRIBE HOW I	INJURY O	CCURED	
BY	2 Accident Investigation	00: 01.457	OF IN HIRE		M		YES 2	∐ NO					
	3 Suicide 6 Could not be determined	building	OF INJURY — At he , etc. (Specify)	ome, farm,	street, fac	ctory, offic	CO		261. LOCA City o	TION (Street r Town, State)	and Number	er or Rural	Route Number,
COMPLET	ane)	SICIAN: To the best of											(a) and menner as stated.
	29b. BIGNATURE AND TITLE OF CERTIFIE						,						
TO BE	Muslu	(WW)					D	33	599		29d. DA	2	22 Qu.
F	30. NAME AND ADDRESS OF PERSON W	BUND	ISE OF DEATH (ITE	M 27) (Type		rle	-, W	W	2015	7			V
	31. DATE FILED (Monte, Day, 1687)	32. RAGISTR	AR'S SIGNATURE	Pandal						/			

9.30 AM M

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign Country)

300 ARmory

Plance

1990

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

Charlie Leslie Causey

5. SEX

	9	77
BALTII	ath.	ner
₹	de	il a
ш	afte	# >
	55	40
	3	Pe
		All I
9	rithin	detely
9	P	amic
=	35	1 C
-	exe	200
×	2	ian
õ	ate	MSK
10	tiffe	lo c
o	ě	dinc
o.	ath	Hen
-	eg-	2
2	the	# >
Œ	hat	d b
0	Sa	OUG
	-in	0
Œ	9	hee
	NE	38
4	The	d a
	×	hear
>	CEA	arti
F	3	ie c
0	4	r th
Z	NG	A PP
9	8	à.
S	E	6
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	R	RE
	0 7	Ć
	IOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	INFRAT DIRECTOR: After this certificate has been sinned by the attending physician and completely filled in by the funeral
	9	=

2

40. NAME AND ADDRESS OF PERSON WHO

31. DATE FILED (Month, Day, Year)

HNHAR

Secritically Make and minimizery, plus and minimizery  Secritically Se		4. SOCIAL SECURITY NUMBER 242-07-0337	5. SEX	8. AGE (In yrs. In 100	ret birthday) YRS.	MONTHS D	EAR	HOURS	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) 10-13-1	.889	B. BIRTHP Country)	LACE (State or Foreign th Caroli
THE REPORT OF DEFORM TO MANUAL TATUES  10. STREET AND NUMBER  50. STREET AND NUMBER  50. POPULAR AVE  10. STREET AND NUMBER  50. POPULAR AVE  10. STREET AND NUMBER  50. POPULAR AVE  10. STREET AND NUMBER  50. POPULAR AVE  10. STREET AND NUMBER  50. POPULAR AVE  10. STREET AND NUMBER  50. POPULAR AVE  10. STREET AND NUMBER  50. POPULAR AVE  10. STREET AND NUMBER  50. POPULAR AVE  10. STREET AND NUMBER  50. POPULAR AVE  10. STREET AND NUMBER  50. POPULAR AVE  10. STREET AND NUMBER AND STREET AND NUMBER AND STREET AND STREET AND NUMBER AND STREET AND STREE		9a. FACILITY NAME (If not institution, give	e street and number)							ATH	9c. COU	NTY OF DE	ATH
TOUR STREET AND NUMBER  520 POPLAT AVE  11. MAN PAILS STATUS  11. New Marked 2   Married 10 PMCCSS 1   YES 30 900  11. NAM PAILS STATUS  11. New Marked 2   Married 10 PMCCSS 1   YES 30 900  12. NAM DECEMBERT OF HISPANC CHROINT (Speech) Yes or No PMC 1 R. RACK PAIR AND THE STATUS 1   Yes 30 900  13. NAM DECEMBERT OF HISPANC CHROINT (Speech) Yes or No PMC 1   R. RACK PAIR AND THE STATUS 1   Yes 30 9000  14. DECEMBERT OF HISPANC CHROINT (Speech) Yes or No PMC 1   R. RACK PAIR AND THE STATUS 1   Yes 2   NO PMC 1   R. RACK PAIR AND THE STATUS 1   Yes 2   NO PMC 1   R. RACK PAIR AND THE STATUS 1   Yes 30 9000  15. PAIR THE THREE HAME (First, Model, Last)  16. NAM OF BUSINESS/INDUSTRY  17. PATHETS NAME (First, Model, Last)  18. NAM DECEMBERT OF HISPANC CHROINT (Speech) Yes or No. 1   R. RACK PAIR AND THE STATUS 1   Yes 2   NO PMC 1   Yes 2   Yes	OR		y Center	<u> </u>		Owi	ng	s M:	ills		Ba	altir	nore
The STREET AND NUMBER    10. APPENDING   12. WAS DECEDENT EVER IN U.S. ARMED   13. WAS DECEDENT OF HERMAN CONDITY (Speech Year or No. 1. R.A. ADMED)   15. WAS DECEDENT OF HERMAN CONDITY (Speech Year or No. 1. R.A. ADMED)   15. WAS DECEDENT OF HERMAN CONDITY (Speech Year or No. 1. R.A. ADMED)   15. WAS DECEDENT OF HERMAN CONDITY (Speech Year or No. 1. R.A. ADMED)   15. WAS DECEDENT OF HERMAN CONDITY (Speech Year or No. 1. R.A. ADMED)   15. WAS DECEDENT OF HERMAN CONDITY (Speech Year or No. 1. R.A. ADMED)   15. WAS DECEDENT OF HERMAN CONDITY (Speech Year or No. 1. R.A. ADMED)   15. WAS DECEDENT OF HERMAN CONDITY (Speech Year or No. 1. R.A. ADMED)   15. WAS DECEDENT OF HERMAN CONDITY (Speech Year or No. 1. R.A. ADMED)   15. WAS DECEDENT OF HERMAN CONDITY (Speech Year or No. 1. R.A. ADMED)   15. WAS DECEDENT OF HERMAN CONDITY (Speech Year or No. 1. R.A. ADMED)   15. WAS DECEDENT OF HERMAN CONDITY (Speech Year or No. 1. R.A. ADMED)   15. WAS DECEDENT OF HERMAN CONDITY (Speech Year or No. 1. R.A. ADMED)   15. WAS DECEDENT OR NO. 1. R.A. ADMED)   15. WA	ECI		NTY		10c. CIT	Y, TOWN OR	LOCAT	ION					IOd. INSIDE CITY
The Marking Strutus    The Marking Strutus   10   New Becomposit Evers in U.S. A. S. P. Cool   10   New Marking   2   Marriad   10   New Marriad   2   New Marriad   2   New Marr			Carroll	L			in	ste					LIMITS?
Type   2   No.   Secotor	VERA		Ave				101.				10g. CIT		
Emmentary/Secondary (c): 1   College (1-d or 5-)    Supervisor   Super	ВУ	1 Never Married 2 Married	FORCES?	YES 3		If y	es, sp	ecify Cuba	n, Mexica	n, Puerto Ricen, atc.)	or No—		2 24 8 4
Supervisor  To parties MANE (Pier, Modes, Last)  To parties MANE (Pier, Modes, Manes, Constant)  To parties Manes Manes Manes (Pier, Modes, Last)  To parties Manes Manes Manes (Pier, Modes, Last)  To parties Manes Manes Manes (Pier, Modes, Last)  To parties Manes Manes Manes (Pier, Modes, Last)  To parties Manes Manes Manes Manes (Pier, Modes, Last)  To parties Manes M	TED			16a. D	Give kind of	USUAL OCCI	JPATIC	ON st of workli	ng	16b. KIND OF BU	SINESS/INC	DUSTRY	
The state of the s	MPLE	3	College (1-4 or 5	+)		,				Cox Lu	mber	Con	npany
PAUL E. CAUSEY  196. MALING ADDRESS (Great and Number or Paul Brook Munic, City or Days, State, 129 Code)  197. State of Desposition  198. MALING ADDRESS (Street and Number or Paul Brook Number, City or Days), State 197.		Daniel Cause	У								Surname)		
Value   Valu			У	1	520	Popl	ar	AV6	or Rural F	Stminste	n, State, Zip	Code)	21157
21. SIGNATURE OF DIVERAL SERVICE/LUCRISEE  22. RANK A RAN ADDRESS OF SUPERAL SERVICE/LIFE CAUSE (Fine) disease or condition resulting in deeth)  DUE TO (OR AS A CONSCOURNE OF):  DUE TO (OR AS A CONS		125 Buriel 2 Cremetion 3 R	emoval from State	Prier	e of dispos	Sition (Name	of con	netery, crer	natory or	y Hig			
23. PART I. Enter the diseases, of complications that settled this death. Do not enter the mode of dying, such ea cardisc or respiratory arrest, shock, or heart feiture. Liet only one cells of seach line.    IMMEDIATE CAUSE (Fine)		21. SIGNATURE OF PUNERAL SERVICE	Hote			Tho H3	me an ma:	D AODR	95 OF PA	etcher &	Sor	r.F	Ι.
OUE TO (OR AS A CONSEQUENCE OF):  that initiated events resulting in deeth) LAST  DART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I.  PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I.  PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I.  PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I.  PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I.  PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I.  PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I.  PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I.  PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I.  PART II. Other significent conditions contributing to death ocurred in the underlying ceuse given in Part I.  PART II. Other significant conditions contributing to death ocurred significant in Part I.  PART II. Other significant conditions contributing to death ocurred significant in Part I.  PART II. Other significant conditions contributing to death ocurred significant in Part I.  PART II. Other significant conditions contributing to death ocurred significant in Part I.  PART II. Other significant conditions contributing to death ocurred significant in Part II.  PART II. Other significant conditions contributions contributions.  PART II. Other significant conditions contributions.  PART II. Other significant conditions contributions.  PART II. Other significant conditions.  PART II. Other significant conditions.  PART II. Other significant conditions.  PART II. Other si	Z	iMMEDIATE CAUSE (Fine)				oscir	R09	Tic (	SPA	ONARY VA	ASCUL	DISC	interval Batwee Onset and Dea
PART II. Other aignificent conditions contributing to death but not resulting in the underlying ceuse given in Part i.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  25. WAS CASE REFERBED TO MEDICAL  EXAMINER?  1 YES 2 NO  25. WAS CASE REFERBED TO MEDICAL  EXAMINER?  1 PART II. Other aignificent conditions contributing to death but not resulting in the underlying ceuse given in Part i.  25. WAS CASE REFERBED TO MEDICAL  EXAMINER?  1 POSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA 4 Whursing Home 5 Residence 8 Other (Specify)  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined  28a. DATE OF INJURY At home, farm, street, factory, office  28b. TIME OF INJURY AT WORK?  1 YES 2 NO  28c. PLACE OF DEATH (Check only one)  28c. DATE OF INJURY AT WORK?  1 YES 2 NO  28c. PLACE OF INJURY AT WORK?  1 PERFORMED?  28d. DESCRIBE HOW INJURY OCCURED Willing, etc. (Specify)  28c. PLACE OF INJURY At home, farm, street, factory, office  28c. PLACE OF INJURY At home, farm, street, factory, office  28c. PLACE OF INJURY At home, farm, street, factory, office  28c. PLACE OF INJURY At home, farm, street, factory, office  28c. PLACE OF INJURY At home, farm, street, factory, office  28c. CERTIFIER (Check only or Rown, State)  28c. PLACE OF INJURY At home, farm, street, factory, office  28c. CERTIFIER (Check only or Rown, State)  28c. CERTIFIER (Check only or Rown, State)  28c. PLACE OF INJURY At home, farm, street, factory, office  28c. CERTIFIER (Check only or Rown, State)  28c. PLACE OF INJURY At home, farm, street, factory, office  28c. CERTIFIER (Check only or Rown, State)		If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	с		Hyl	ulin	~;	in	-	us ·		_	
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1		PART II. Other aignificent condit	lons contributing to	death but not	reaulting	in the under	oriying	g ceuse	given in	PERFO	RMED?		WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	Σ				-					-			1 YES 2 NO
27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29s. PLACE OF INJURY — At home, farm, street, factory, office 29s. LOCATION (Street and Number or Rural Route Number, City or Town, State)  29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.	SICIA	EXAMINER?	HOSPITAL:	☐ ER/Outpatient	3 DOA								
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.	Y PHY	1 Natural 5 Pending	28a. DATE O (Month,	F INJURY	28b. TIN	IE OF 25	Bc. INJ WO	URY AT			INJURY OC	CURED	
29s. CERTIFIER 1 Concerning Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.  (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as a stated.	ED	3 Suicide 6 Could not	28e. PLACE building	OF INJURY — At I	home, farm,	street, factor	, offic	•				or Or Rural Ro	ute Number,
29c, LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Ye	4	(Check only											and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Dey, Ye  7 23 9	ш	296. SIGNATURE AND TITLE OF CERTIF	A Klas	de Dans	4	)_		29c. LIC	ENSE NUR	0	29d. DAT	TE SIGNED	A

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MD

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8. AGE (In yrs. lest birthdey) IF UNDER 1 YEAR IF UNDER 24 HRS.

2. DATE OF DEATH

7. DATE OF BIRTH

DHMH-16 Rev 1/89

U 400 21201

tained by the hosp	should be detached	tifled at once.	
n. Page 6 may be n	eral director, page 5	niner must be n	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept, of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fiber within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	raumatic event,	
he death certificate	the attending physical Mental Hygiene pr	njury, or other t	
law requires that t	has been signed by Dept. of Health and	23 shows any i	
4G PHYSICIAN: The	ter this certificate I	marked, or Item	
ITAL OR ATTENOIN	RAL DIRECTOR: After de	: If item 28 is r	
TO THE HOSP	TO THE FUNE be filed within	IMPORTANT	

1 - STATE REGISTRAR	STATE OF MARYI	AND / DEPARTM			IENTAL HYGIEN	E	
1, DECEDENT'S NAME (First, Middle, La.	arvin Wesle				2. DATE OF DEATH DATE OF THE D		3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	0.1	BIRTHPLACE (State or Foreign
217-14-6251	1 M 2 F	69 YRS.	NTHS DAYS	HOURS MIN.	2/12/19:	21 N	Maryland
	ton Rd.		Upper			Carr	
10a. STATE 10b. COU			OWN OR LOCA	TION			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
	TOLL	I Opp		. ZIP CODE		10g, CITIZEN	OF WHAT COUNTRY?
4009 Carrollt	on Rd.			21155		USA	
100. STREET AND NUMBER 1009 Carrollt 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF FORCES? 1 VES 2 NO 15 YES, GIVE WAR OR DATES 1 VES 2 NO				, Puerto Rican, atc.)	or No 14.	RACE — American Indian, Black, Whita, etc. Specify:
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12) 11 17. FATHER'S NAME (First, Middle, Last)	EDUCATION rade completed)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n	done during me	ON at of working	15b. KIND OF SUS	SINESS/INDUST	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Too	1 & D	re Maker	Gene	rel E	lectric
17. FATHER'S NAME (First, Middle, Last)		100	4 00 1		AE (First, Middle, Maiden		20001 20
	Carroll M.	Davidson			rma Murr		
100 INFORMANT'S NAME (Tono (Brief)	Odii Ozi				loute Number, City or Tow	- 1/2	de)
Mrs. Ruth Da	vidson	4009	Carro	Liton Re	d., Uppe:	rco, I	Md. 21155
20a. METHOD OF DISPOSITION  1  Buriel 2  Cremetion 3  R  4  Donation 5  Other (Specify)	Removal from State	other place)		cemetery or Cemetery or		cation - city	
21, SIGNATURE OF FUNERAL SERVICE	LICENSEE	110		ND ADDRESS OF FAC	CILITY		
P. Luca	Shakling	0					meral Chape
disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	A CONSEQUENCE OF):  A CONSEQUENCE OF):	MXLEN	vent c	blom ce	21100	340
PART II. Other significant condi	tions contributing to death	but not resulting in	the underlylr	g ceuse given in	Part I. 24s. WAS AN PERFO		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 U YES 2 NO 27. MANNER OF DEATH					1 YES :	200	DF DEATH?
25. WAS CASE REFERRED TO MEDICA	L L		26. P	LACE OF DEATH (Che	ick only one)		
EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Ou		THER:	ne 5 Residence	5 Other (Specify)		
27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	OF 28c, IN	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	ED
9 Pulaida	be 25e. PLACE OF INJUI	TY — At home, farm, streecify)	et, factory, offi	ca .	251. LOCATION (Street City or Town, State		Rural Route Number,
TOTAGON OTHY	HYSICIAN: To the best of my known MINER: On the basis of axeminat						ause(a) and manner as stated.
290. SIGNATURE AND TITLE OF CERT	esurella	de		29c. LICENSE NUM	0000	29d. DATE S	IGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF I	DEATH (ITEM 27) Type, P	rint)				
31. DATE FILED (Month, Day, Year)  JUL 1 9 '90	32. ABBISTRAR'S SK	SWATURE Randall					

10110-01

Company of the compan

Part of the same o

FOR STATE REGISTRAR

룹	ă		
9	the		
B	SS		
atte	83		
6	3		
E	2		
spi	Ped		
2	acl		8
36	de		5
8	2		Ħ
P	P		0
ine	20		He
eta	S		8
9	0)		=
2	pag		ă
Ĕ	7,		S
9	Di S		Ē
30	F		60
0	100		Ē
ath.	nei		E
de	事	-	ex
ter	5	Sya	100
3	2	E	alc.
NA.	=	11	Jec
E	lled	0 .	61
47	111	tio	Ĕ
hin	100	E	£
W	용	Cre	E
8	100	लं	6
5	P	E	He
8	an	0 0	E L
8	igu	7 70	30
te i	Sic	pric	F
fica	듄	De	e
erti	8	gie	0
5	IDU	Ŧ	6
aatt	atte	ıtal	7.
op a	9	Jen	5
the	#	P	E
hat	5	an an	È
S	9	틒	6
Jire	Sig	He	N.
edt	ue.	0	100
×	be	2	60
100	has	8	2
Ē	ate	ate	E
ä	fica	S	===
ICI	ine:	the	0
33	S	垂	Pe
4	=	3	Ĕ
NG	fter	Bath	Ē
9	A	r di	.00
TE	8	ffe	00
A	ECI	S	2
8	DIR	90	len
7	7	2 4	=
TIC	BA	7 1	-
SS	JNE	E P	3
Ŧ	E.	*	E
w			
E	里	led be	P
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nous after death. Page 6 may be retained by the hospital or attending ph	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bu	e filed	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF	MARYLAND / DEPAR CERTIF	TMENT OF HI		MENTAL HYGIENE REG. NO.
NATHANTEL Z	DE BERR, SR.			JUNE OF DEATH
5. SEX	6. AGE (in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH

DWARD DWA RNA	THANKEL DE	BERR, SR	•	2	MONTH 16,	1990	YEAR 3	35AN A. M	
4. SOCIAL SECURITY NUMBER 217-36-3477	1 MAL2ED F	AGE (in yrs. last birthday) 81 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. 7.	Month Day Year	MA	8. BIRTHPLA Country) RYLAN	D CE (State or Foreign	
9a. FACILITY NAME (If not institution, give street and number)  CARROLL COUNTY GENERAL HOSP.  BESIDENCE OF DECEMENT  9b. CITY, TOWN OR LOCATION OF DEATH  WESTMINSTER  CARROLL									
	RÖLL	TION		10d INSIDE CITY YIMMTS? 1 YES 2 NO					
O1 STEELUE RIDGE AV	E.	10	101. ZIP COPE 21776 10g. CITIZEN OF WHAT COUNTRY?						
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 GIVE WAR	If yea, sp	ENDENT OF HISPANIC ecity Cuben, Mexican, F 2 NO Nopecity:			14. RACE — Black, W	American Indian, Thita, etc.		
15, DECEDENT'S (Specify only highest g		USUAL OCCUPATE work done during mo se retired.)	DAIRY						
17. FATHER'S NAME (First, Middle, Lest) ABRAHAM H. DERR		18. MOTHER'S NAME ADA F.		den Surname)					
EDWARD N. DERR,		1555 OT	TERDALE	nd Number or Rural Roun MILL TANE		Yown, State, Zip	Code) MD	21787	
20a. METHOD OF DISPOSITION BU.  1  Burial 2  Cremation 3  F 4  Donation 5  Other (Specify)	XIAL lamoval from State	206. PLACE OF DISPO	CEMETER	7	W	OODSBO	RO, M	D	
21. SIGNATURE OF FUNERAL SERVICE	O. Xac	bler	22. NAME A	NEW WIND			LER &	SONS	
23. PART i. Enter the diseases, or complications that cented the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due To (OR AS A CONSEQUENCE OF):  Due To (OR AS A CONSEQUENCE OF):  Due To (OR AS A CONSEQUENCE OF):  Due To (OR AS A CONSEQUENCE OF):  Due To (OR AS A CONSEQUENCE OF):									
	PART II. Other algnificent conditions contributing to death but not resulting in the underlying the second						Part I. 24s. WAS AN AUTOPSY PERFORMED? AMAILABLE PRIOR COMPLETION OF COFF DEATH?  1 YES 2 NO COMPLETION OF COFF DEATH?		
25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:	R/Outpatient 3 DOA	OTHER:	LACE OF DEATH (Check		· · · ·			
27. MANNER OF DEATH  1 Natural 5 Pending	28s. DATE OF IN. (Month, Day,	JURY 26b. TIR	ME OF 28c. IN	NURY AT 20RK7 YES 2 NO	ed. DESCRIBE HO	OW INJURY OCC	CURED		
2 Accident investigati 3 Suicide 6 Could not 4 Homicide detarmine	be 28e. PLACE OF II	NJURY At home, farm, (Specify)	street, factory, offic	2	81. LOCATION (Str. City or Town, S		or Rural Rou	ts Number,	
CONSTRUCTION CONTY	HYSICIAN: To the best of my							nd manner as stated.	
29b. SIGNATURE AND TITLE OF CERT	- Syl	day	Orient	D 250	S 2	29d. DAT	7/16	onth, Day, Year)	
HAFEEZ A	SYED	20 CROSS	ROADS,	DRIVE,	O WIA	165 1	77/11	9 mn 7	
31. DATE FILED (Month, Day, Year)	'90 32. REGISTRAR'S	ruha Davidson	Mandala						

					•						91	1 5110
	FOR STATE REGISTRAR	STATE OF MAI			TMENT O			MENTA	AL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Las	Ø.						2. DAT	E OF DEATH	.,		3. TIME OF DEATH
1 1	Junior E. D.	anger							'-18-9		YEAR	2004 M
	4. SOCIAL SECURITY NUMBER	5. SEX 8.	AGE (In yrs. ies)	birthday)	IF UNDER 1 YE	EAR IF I	JNDER 24 HRS	8. 7. DATE	E OF BIRTH	-	8. BIRTHI	PLACE (State or Foreign
	222 54 2045	M 2 DF		res.	MONTHS D/	AYS HOL	JRE MIN.		nth, Day, Year)		Country	
	232-54-2945  9e. FACILITY NAME (If not institution, give		55		9b. CITY, TO	1	CATION OF		10-35	1 00 000	Wes:	<u>t Virginia</u>
l ~ l		•			96. CITY, 10	WN OR LC	CATION OF	DEATH		90, 000	NIT OF DE	Ain
0	Anne Arundel	Medical	Center		Anna	logs	<u>is                                    </u>			Ann	e A	rundel
<u>[</u>	10a, STATE 10b, COUP				Y. TOWN OR L	OCATION	_					10d. INSIDE CITY
DIRECTOR	1100	e Arundel			napol							LIMITS?  1 X YES 2 NO
4	10e. STREET AND NUMBER					10f. ZIP	CODE			10g. CIT	ZEN OF W	HAT COUNTRY?
FUNERAL	205 Presiden	t Stroot				21	403			USA		
Z	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARM	ED	13. WAS			PANIC ORIG	IN? (Specify Yes			— American Indien, , White, etc.
	1 Never Married 2 Married	FORCES? 1		)	If ye		Cuben, Mex	kican, Puerto	Rican, etc.)		Black Specif	
ВУ	3 Widowed 4 Divorced											WILLE
	15. DECEDENT'S E (Specify only highest gra	DUCATION ide completed)	(Gh	e kind of	Work done during		working	10	b. KIND OF BUS	SINESS/INI	DUSTRY	
<u> </u>	Elementery/Secondary (0-12)	College (1-4 or 5+)	life. i	Do NOT u	se retired.)						· 7	
를	8		Dis	pat	cher			B	evera	ge 1	naus	stry
COMPLETED	17. FATHER'S NAME (First, Middle, Last)								, Middle, Malden			
l w	Howard Charl	es Danser				N	elli	e 0.	Jack	son		
0 8	19a. INFORMANT'S NAME (Type/Print)	Dies Dans	19b.						mber, City or Tow			WD 01400
-	Virginia L.	Rice Danse							t, An			
	20e. METHOD OF DISPOSITION  ty Burlel 2 Cremetion 3 Re	emoval from State	20b. PLACE O	F DISPO	sition (Name at Cen	of cometen	cremetory	or			City or To	wn, State Lle, MD
	Donetton 5 ☐ Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE	LICENSES	Dane				DDRESS OF	EACH ITY	Pav.	Lasc	/11 V	iic, no
1 1	21. SIGNATURE OF FUNERAL SERVICE	A A	12						al Ho	ma E	Δ	
	Thomas	114101	desa	1								MD 21401
	23. PART I. Enter the disesses, I											Approximate
		e. List only one ceuse	on each line,				•					Onset and Death
1 1	IMMEDIATE CAUSE (Final disease or condition	· Seein	010 (	ONE	RCO	and.	MA	Ren	veg a	110	$\mathscr{L}$	Aresto
	resulting in deeth)	DUE TO OF	R AS A CONSEO	UENCE C	D - Co	-60	2/4		11	1000	1_	
-	_	- Cerel	Bral 0	net	alla	res	/		U			1 / year
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate	DUE TO (OF	R AS A CONSEO	UENCE C	IF):							0
I ₹ I	cause. Enter UNDERLYING	Mela	elali	2	Mal	Zau	erva	t to	- Gra	in v	_	ļ
[ 문 ]	CAUSE (Disease or Injury that initiated events	DUE TO (OF	R AS A CONSEQ	UENCE C	F):							
E	resulting in death) LAST	· e	wer									ļ
빙												
4	PART II. Other significant condit	lona contributing to de	eth but not re	aulting	in the unde	rlying ca	use given	in Part I.	24a. WAS AN PERFOI		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL	Aseli	we							t TYES 2	NO		COMPLETION DF CAUSE OF DEATH?
										/		t TYES 2 NO
NA I	25. WAS CASE REFERRED TO MEDICAL	. 1				28. PLACE	OF DEATH	(Check only	one)			
PHYSICIAN:	EXAMINER?	HOSPITAL: 1 ☐ Inpatient 2 X E	R/Outpatient 3	□ no₄	OTHER:	a Home S	☐ Beelden		ther (Specify)			
ž	27, MANNER OF DEATH	280. DATE OF IN		28b. Til		c. thjury			ESCRIBE HOW	NJURY O	CURED	
	1 Natural 5 Pending	(Month, Day,		in	JURY	WORK?	2 🗌 NO	1				
B	2 Accident investigation	28e. PLACE OF II	NJURY — At hor	ne ferm					OCATION (Street	and Numbe	er or Burni F	Poute Mumber
0	3 Suicide 6 Could not	be building, etc	c. (Specify)	110, 101111,	actory inclory	, omce			ity or Town, State,		, or 1101011	nous realisas,
Ē	20a CERTIFIER			-								
1P	(Onech only	IYSICIAN: To the best of my										
COMPLET	2 MEDICAL TRAN	INER: On the basis of exam	mination and/or in	nvestigati	on, in my opin	nion, death	occured at	the time, de	ete end place, e	nd due to	the cause(e	) end manner as stated.
ш	296. SIGNATURE AND TITLE OF MENTS	FIEN	. 1			29	LICENSE	NUMBER		29d. DA	TE SIGNED	(Month, Day, Year)
0 8	Mexim	2	(4)				123	-14			1/19	170
$1 \in \mathbb{I}$	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CALLED	OF DEATH (ITEM	4 273 /Sep	a Drintl							

PLETED CAUSE OF DEATH (ITEM 27) (1/po, Print)

LY (1)

2.5 SHAW

22. REGISTRAR'S SIGNATURE

LANGUAGE

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

APPLICATION

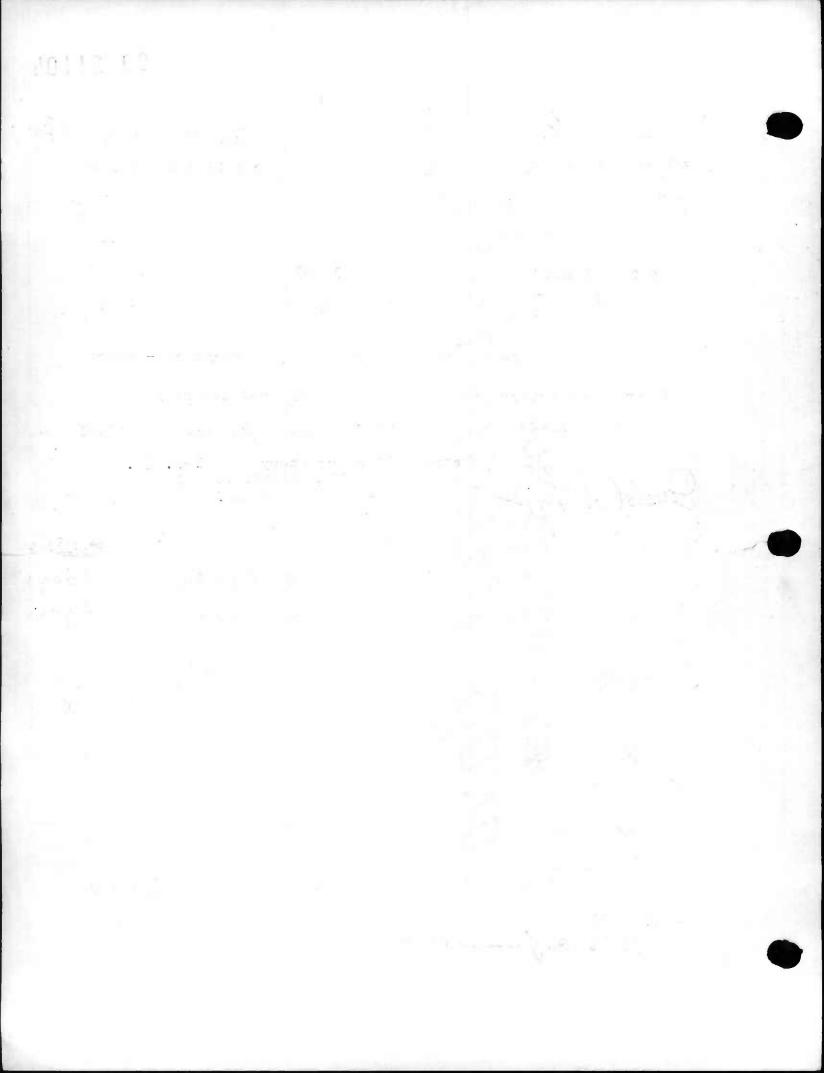
APPLICATION

APPLICA

use as the burial-transit permit. Pages 1, 2, 3 should

TO BE CO	CONTRACTION OF THE PROPERTY OF
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
al,	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,
he funeral director, page 5 should be detached for	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for
r death. Page 6 may be retained by the hospital of	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nouns after death. Page 6 may be retained by the hospital of

	FOR 1 - STATE REGISTRAR	STATE OF MARY		RTMENT OF			ENTAL HYGIEN	_	21104	
	1. DECEDENT'S NAME (First, Middle, Last SIDNEY	"A DOSSE		,		-	, DATE OF DEATH		3. TIME OF DEATHO	
	4. SOCIAL SECURITY NUMBER 218 28 9566 9e. FACILITY NAME (If not institution, gh	1 X M 2 🗆 F	E (In yrs. last birthday)  VRS.	IF UNDER 1 YEAR MONTHS DAYS  9b. CITY, TOWN	BIRTNPLACE (State or Foreign Country) ENGLAND YOF DEATN					
TOR		MEDICAL CEN	TER	ANNAP				ANNE	ARUNDEL	
DIRECTOR	MD ANNE	ARUNDEL	NAPOLI							
FUNERAL	100. STREET AND NUMBER  2 Ø CITY (		10f. ZIP CODE 21401			10g. CITIZE	N OF WHAT COUNTRY?			
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	N IN U.S. ARMEO S 2 NO DATES	If yes,			ORIGIN? (Specify Ye Puerto Rican, etc.)	a or No—	I. RACE — American Indian, Black, White, etc.		
COMPLETED		15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  5+  Teal ESTATE							Broker	
TO BE CO	17. FATNER'S NAME (First, Middle, Last) Arthur C. Do  19a. INFORMANT'S NAME (Type/Print)				M :	ildr or Aural Rou	ed Cock ute Number, City or Tox	rell vn, State, Zip C		
	20a. METHOD OF OISPOSITION 1 Burlel 2 Cremation 3 R 4 Donation 5 Other (Specify) 1. SIGNATURE OF FUNERAL SERVICE	0//1	cob. PLACE OF DISPO other place)	itan (	cemetery, creme	tory or	AT	ex. V	y or Town, Stata	
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart feliure. Let only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  ANNAPOLIS MARYLAND  Approximation and cause of dying, such as cardiac or respiratory arrest, interval Bellonset and interval Bello									
PHYSICIAN: MEDICAL CERT	PART II. Other algnificant condi	N AUTOPSY PRMEO? 2 NO	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO							
SICIAN	25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO	HOSPITAL:	utnationt 3 🗆 DOA	OTHER:	PLACE OF OR		k only one)			
ВУ РНУ	27. MANNER OF DEATN  1 Natural 5 Pending 2 Accident Investigati	28e. DATE OF INJUR (Month, Day, Yea	Y 28b. TI	ME OF 28c.	INJURY AT WORK?	1	28d. DESCRIBE NOW	INJURY OCCU	RED	
	3 Suicide 6 Could not be determined  26e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)  26e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)									
COMPLETED	anni	IYSICIAN: To the best of my kn							1. cause(a) and menner as stated.	
BE	296. SIGNATURE AND TITLE OF CENT	Cert M	D		29c. LICE	43S	PER 4	29d. DATE	SIGNEO (Month, Day, Year)	
10	50. NAME AND ADDRESS OF PERSON	51 FRANK	LINI S	ST A	NNt	Poc	us Mo	121	401	
	31. DATE FILEO (Month, Day, Year)	90 Filia Daydo	gnature marke							



2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages has elical within 70 hours after death with the State Death of Health and Mental Horiene prior to burial cremitation or removal	
ician.	al-transit po	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	as the buri	
pital or atte	od for use	
by the hos	be detache	at once.
e retained	5 should	notified
е 6 тау б	ector, page	must be
death. Pag	funeral dir	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ours after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fire and within 70 hours after death with the State Dent of Health and Mental Honden prior to build cremation or removal	medical
ith	letely filler	nt, the
pacuted w	and comp	natic eve
ifficate be	physician ane prior to	ther traur
death cer	e attending	ury, or o
es that the	afth and N	s any inj
law requir	as been si	23 show
CIAN: The	ertificate h	or item
ING PHYSI	outh with	marked,
R ATTEND	RECTOR: A	m 28 is
DSPITAL O	INERAL DI	NT: If Ite
TO THE H	THE FI	IMPORT

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

291- SIGNATURE AND TITLE OF CERTIFIER

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE	STATE OF MARYL	AND / DEPART	MENT OF H	EALTH AND	MENTAL HYGIEI	NE.	20 2110
REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)		CERTIFIC			REG. NO		3. TIME OF DEATH
Pal T	1				MONTH	DAY	YEAR 1 130
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	190	8. BIRTHPLACE (State or Foreign
	1 M 2 F	VDC M	ONTHS DAYS	HOURS MIN.	(Month, Day, Year)	1913	Country)
578-01-3591  Se. FACILITY NAME (If not institution, give s		/6	D. OUTH TOWN				Washington, Do
Lelen & Me	morial H	03012	Rive	er alocation of D	2	D -	NTY OF DEATN
Maryland Prince	e George's		town or locat ttsvill				10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITI	ZEN OF WHAT COUNTRY?
5621 29th Avenue				20782		U.S.	. A .
11. MARITAL STATUS	12. WAS DECEDENT EVER II	N U.S_ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Y		14. RACE — American Indian.
Never Married 2 X Merried	FORCES? 1 TYES	2 NO	If yes, sp	ecify Cuben, Mexic	en, Puerto Rican, etc.)		Black, White, atc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 [] YES	2 NO Speci	ly:		Specify: White
15. DECEDENT'S EDU	CATION	16s. DECEDENT'S US	RUAL OCCUPATIO	NAI .	16b, KIND OF B	ISINESS /IND	
(Specify only highest grade	completed)	(Give kind of wo	rk done during mo	at of working	160. KIND OF BI	JOINE SO/IND	OSINI
8th Grade	College (1-4 or 5+) None	Housewi				77	
	Hone	nousewi	Le			1 Home	2
7. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Maide	,	
Soccorso LiCalzi				Cather	ine Milana	ı	
9e. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street a	nd Number or Rural	Route Number, City or To	wn, State, Zip	Code)
Edward Dimler (Sp	ouse)	5621 29	th Ave	nue, Hva	ttsville,	Mary 1	and 20782
Rem. METHOD OF DISPOSITION  C Burlal 2 Cremation 3 Rem.  Donetion 5 Other (Specify)  M. SIGNATURE OF FUNERAL SERVICE LICE	oval from Stats	other place) Fort Linco	1n Ceme	etery	Вт	entwo	ood, Maryland
· Christe	na L.T	9995	4739 1	Baltimor	e Ave. Hya	ttsvi	Home, P.A. 11e, Md. 20781
23. PART I. Enter the diseases, or a shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	Liet only one cause on e	the death. Do no ech line.	Ca	de of dying, au	Seps	S	est, Approximata Interval Betwee Onset and Dea
Sequenticity list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	METASTI	A CONSEQUENCE OF):	OBSTI PANCE	PUCTION DI	- PANO	REA	-5
PART II. Other algnificant condition	a contributing to death b	out not resulting in	the underlyin	g Cause given ir		N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL	- mi		26. PI	ACE OF DEATN (C	heck only one)		
EXAMINER?  1 YES 2 NO	HOSPITAL:		OTHER:				
77. MANNER OF OEATN	28a, DATE OF INJURY	28b. TIME			6 Other (Specify)  28d. DESCRIBE NOW	IN HIPV CO	MIDED
1 Netural 6 Pending 2 Accident Investigation	(Month, Day, Year)	INJUI	M 1 🗆	PRK? YES 2 NO	29G. DESCRIBE NOW	MIJORT OC	CONED
3 Suicide 8 Could not be determined	26e. PLACE OF INJURY building, atc. (Spe	f — At home, ferm, str cf(y)	eet, factory, offic	•	28t. LOCATION (Stree City or Town, State	t end Number e)	or Rural Route Number,
cond only	CIAN: To the best of my know						

29c. LICENSE NUMBER

verda

12

29d. DATE SIGNEO (Month, Day, Year)

1	STATE REGISTRAF

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - REGISTRAR		CERTIFIC	CATE (	OF DEATH		REG. NO.		
1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF MONTH	DEATH DAY	YEAR	3. TIME OF DEATH
Arthur T. DEARSTI					July	17	1990	
4. SOCIAL SECURITY NUMBER			IF UNDER 1 YE		7. DATE OF (Month, D	lay, Year)	8. BIRTI Count	HPLACE (State or Foreign try)
217-14-7095	1 XM 2 □ F 66				02/0			attsville, M
9a. FACILITY NAME (If not institution, give a				WN OR LOCATION OF D	EATH	9c. C	OUNTY OF E	
AMI DRS HOSPITAL	OF PG COUNT	TY	Lar	nham			Princ	ce George
10a. STATE 10b. COUNTY			TOWN OR L	DCATION				10d. INSIDE CITY LIMITS?
Maryland Princ	e George's	G	lenn	Dale				1 YES 2 NO
10e. STREET AND NUMBER				10f. ZIP CODE		10g.	CITIZEN OF	WHAT COUNTRY?
3315 Glen Avenue				207	69		U.S.A	A.
11. MARITAL STATUS	12. WAS DECEDENT EVER I	2 NO		DECENDENT OF HISPA s, specify Cuban, Mexic			- 14. RAC Blac	E — American Indian, ck, White, etc.
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 🗆	YES 2 NO Speci	fy:		Spec	White
15. OECEOENT'S EDU	CATION	18a. DECEOENT'S U	SUAL OCCU	PATION	18b. KI	NO OF BUSINESS	/INDUSTRY	wille
(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of wo	ork done durin retired.)	g most of working				
7 th		Plumber				Owner		
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA		die, Malden Surnam	(0)	
Frederick Dearst	ine			Florence	ce Nic	holson		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	ADDRESS (St	reet and Number or Rural			Zip Code)	
June D. Dearstin	e	3315 G	len A	venue, Gle	enn Da	le, Mary	land	20769
20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Ram	oval from State			of cemetery, cremetory or		20c. LOCATION		
4 Donation 5 Other (Specify)	M		tate	Vets. Ceme	etery	Che1te	nham.	Maryland
21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE / //			ncis Gascl		nc Funct	1 II .	
Muster	ad 501	DENC						me, PA Le. MD 20781
23. PART I. Enter the diseases, or ahock, or heart failure.  IMMEDIATE CAUSE (Final	complications that couse List only one cause on o							Approximate interval Between Onset and Death
disease or condition resulting in death)	a. DUE TO (OR AS	A CONSEQUENCE OF	MAN	•	MANA	4		Bru vin
		A CONSEQUENCE OF		Actore				
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF)	:					
ceuse. Enter UNDERLYING CAUSE (Disease or Injury	c							
that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF)						
	d,							
PART II. Other aignificant condition	na contributing to death	but not resulting in	the under	iying cause given ir	Part I. 2	4e. WAS AN AUTOP PERFORMED?	SY 24	b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
COPD					1	YES 2 AND		COMPLETION OF CAUSE DF DEATH?
Chara	N ST	MB	5	TON ACA	4-			1   YES 2   NO
BROKE	man!	KSZDOWA			9			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	6. PLACE OF DEATH (C	heck only one)			
1 □ YES 2 □-NO	1 ☑ Inpetient 2 ☐ ER/Out	patient 3 DOA	4 - Nursing	Home 6 - Residence				
27. MANNER OF DEATH  1 Natural 6 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY	: INJURY AT WORK?	28d, DESCI	RIBE HOW INJURY	OCCURED	
3 Suicide 6 Could not be determined	28e. PLACE OF INJUR building, etc. (Spo	Y — At home, farm, at holly)	reet, factory,	offica	28f. LOCATI City or	ION (Street and Nur Town, State)	nber or Rural	Route Number,
CONSTRUCTION OF THE PARTY OF TH	ICIAN: To the best of my know							(a) and manner as stated
			y wpoliti					
206. SIGNATURE AND TITLE OF CERTIFIE	Massell	1140	1	29c. LICENSE NO	G A	29d.	MIE SIGNE	(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF O	EATH (ITEM 27) (Time	Print)	1010	11		1-	一十十十
LC EXMY	9330 1	ST HAME	Sova	w yu	7 6	A sum	. \	m 20 Wg
31. DATE FILED (Month, 141 162)	0 32. REGISTRAS SIG	NOWER SOME IN	Marine					

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21203-3146

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. 6 (VA)

5		
מבושרו		once.
8		To or
Strong		otified
p		6
Š		0
וופרות,		mus
THIS CERTIFICATE HAS DEET SIGNED BY THE ARCHITICATE OF COMPANIES IN ME THIS OF THIS OF THE SIGNED BY STREET OF COMPANIES		irked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once."
010	Oval	e
5	E H	육
2	6	Ë
y me	n with the State Dept. of Health and Mentai Hygiene prior to burial, cremation, or removal.	the
200	ema	Ħ,
1	, C	2
2	ouna	읟
8	2	Ē
SICIO	Dio	E
5	an e	her
2	ypie	등
EGIN.	ig H	9
a a	Ment	3
5	2	트
3	重	98
Š	Hea	8
200	6	sho
ds o	Dept.	23
alle I	ate	E
S E	e St	7
ce	#	1, 0
CHIS	with	rkec

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND /	DEPARTMENT	0F	HEALTH	AND	<b>MENTAL</b>	HYGIEN	Ē
CI	ERTIFICATE	OF	DEAT	H		REG. NO	

FOR STATE REGISTRAR		STATE OF M		/ DEPAR				MEI	NTAL HYGIEN	E		
1. DECEDENT'S NAME (First,	, Middle, Last)								DATE OF DEATH			. TIME OF DEATH
Alta		Cat	herine		Dir	nger			7-18-90	)	YEAR	2:00AM M
4. SOCIAL SECURITY NUME		s. SEX	8. AGE (In yrs.		IF UNDER	1 YEAR	IF UNDER 24 HRS	. 7.	DATE OF BIRTH (Month, Day, Year)		8. BIRTHPL Country)	ACE (State or Foreign
498-18-2784	1	I □ M 2 🖔 F	78	YRS.	MONTHS	DAYS I	HOURE MIN.		pril 1,	1912		ouri
9a. FACILITY NAME (If not in	astitution, give stree	et and number)		_	9b. CITY,	TOWN OR	LOCATION OF	DEATH		9c. COUN	TY OF DEA	тн
3304 Andov					Te	mple	Hills			Prin	ice G	eorges Court
RESIDENCE OF DEC	10b. COUNTY			100 017	ry, town o						Ta	Dd. INSIDE CITY
Maryland		George	96		Temp1							LIMITS?
10s. STREET AND NUMBER		dedige			тешрт		TTS			10g CITIZ		AT COUNTRY?
3304 Andov		•				10	748					
11. MARITAL STATUS		2. WAS DECEDEN	IT EVER IN U.S.	ARMED	13. V			PANIC C	ORIGIN? (Specify Yea	USA	14. RACE	- American Indian,
1 Never Married 2		FORCES? 1	YES 2	No	H	yes, spec		ican, P	uarto Rican, atc.)		Black, \ Specify:	White, atc.
3 📉 Widowed 4 🗌 Divo	orced	11 123, 0112 1	WIN ON DATES			129 2	M NO Spi	nony.			Specify.	white
15. DEC	EDENT'S EDUCAT	FION (mpleted)	16a.	DECEDENT'S	USUAL OC	CUPATION	of working		16b. KIND OF BUS	SINESS/IND	JSTRY	
Elementary/Secondary (I	1	College (1-4 or 5	+)	(Give kind of life. Do NOT u	ise retired.)	miny must	w mounting					
		4	H	omemal	ker				Own Home	9		
17. FATHER'S NAME (First, M							18. MOTHER'S	NAME (	First, Middle, Maiden	Surname)		
John N. Der	ksen						Vettie	An	n Brother	rton		
19a. INFORMANT'S NAME (	.,								Number, City or Tow			
Robert Dinge				743 Pe	eg St	reet	Rive	rcr	est Cali			
20a. METHOD OF OISPOSIT		al Irom Stata	other	piace)			tery, crematory	or	20c. LO	CATION C	ity or Town	n, Stata
4 Donation 5 Dither	(Specify)	1	Ced	ar Hi					Sui	tland	Mary	land
21. SIGNATURE OF FUNERA	A SERVICE LICEN	MSEE 0/	111				ADDRESS OF		r lm Funera	1 11.	7	
150/10A	+ 90	N10	W/R						nd 20746	at noi	ne, 1	.nc.
23. PART I. Enter the d										ratory arre	est,	Approximata
	eert fallure. Li	et only one ca	use on each I	ine.								Interval Between
IMMEDIATE CAUSE (Finding of condition	nei	Arter	ioscler	otic	card	07720	cular	die	2220			
resulting in deeth)	0.		OR AS A CON			LOVAS	Cuiui	Q.L.	case			<del> </del>
												1
Sequentially list condit if any, leading to imme		DUE TO	(OR AS A CON	SEOUENCE (	OF):							
cause. Enter UNDERLY	ING											
CAUSE (Disease or Injute that initiated events		DUE TO	(OR AS A CON	SEQUENCE (	OF):							
resulting in death) LAS	d.			_								
PART II. Other algnifica	ent conditions	contributing to	death but no	y maulting	In the un	dedylna	cause alven	In Par	1 1. 24e, WAS AN	ALITOPRY	245. 1	VERE AUTOPSY FINDINGS
Tratt III Other alginion	unt gonanione	continuoung to	domin but no	or readming	,	derlying	cadao givon		PERFO		1	MAILABLE PRIOR TO
									_ XXXEs a	□ NO		OF DEATH?
			-						-		XX	YES 2 NO
25. WAS CASE REFERRED 1 EXAMINER?		HOSPITAL:			OTHER		CE OF DEATH	(Check	only one)		-	
1 □XIES 2 □ NO	1	1 Inpatient 2			4 🗆 Nun	sing Home	-		Other (Specify)			
27. MANNER OF DEATH	On die	28a. OATE O (Month,	F INJURY Day, Year)	28b. TI	JURY	28c. INJU WOR	K?	28	id. DESCRIBE HOW	INJURY OCC	URED	
2 Accident	Pending Investigation				М		S 2 NO					
3 Suicide 8 4 Homicide	Could not be determined	28e. PLACE building	OF INJURY — AI , etc. (Specify)	home, ferm	, street, faci	ory, office		28	H. LOCATION (Street City or Town, State,	and Number	or Rural Ro	ute Number,
	determined											- 50
Check carry —		_							the cause(a) and ma			
SACCONINEC	DICAL EXAMINER:	On the basis of	examination end	or investigat	tion, in my o	pinion, de	ath occured at	the tim	e, data and placa, as	nd due to the	cause(a)	and menner as stated.
296. FIGHATURE AND-STU	E OF CERTIFIER		-			T	29c. LICENSE	NUMBE	R	29d. DATE	SIGNED (	Month, Day, Year)
1	In	$\sim$				]	OCM	E		•	7-	18-90
30. NAME AND ADDRESS O	F PERSON WHO	COMPLETED CAN	JSE OF DEATH (	ITEM 27) (Typ	oe, Print)							
JAMES KAI	PLAN, MD			11	1 Per	n St	reet.E	alt	imore,MD	2120	1	vc
31. DATE FILED (Month, Day		32. REGISTR	AR'S SIGNATUR				,					
חפי 20 וווו	L	Sa Navida	n- Rande	22								

DHMH-16 Rav 1/89

	ach		8
the	det		0
8	90		at
ined	Douk		fied
reta	5 8		noti
9	906		pe
E B	, p		ısı
9.9	rection		Ĕ
S.	al di		ner
ath.	nue		E
er de	the fi	2	ex
aft.	à	ешо	dica
300	P .	10	E
7.7	file.	JOH,	he
thin	stely	BE	1, 1
×	Age.	Cle	ver
Curte	00.	unai	lic (
8	an an	2	ша
Be	iciar	10	neu
icate	phys	e D	ы
erti	g.	1016	oth
th c	문:	Ľ.	5
295	e .	55	_
deal	e afte	Лепта	ury,
t the deal	by the afte	nd Mental	injury, o
that the deal	ned by the atte	In and Mental	amy injury, o
uires that the deal	signed by the atte	Hearth and Mental	ws any injury, o
requires that the deal	een signed by the atte	. of Health and Mental	shows any injury, o
law requires that the deal	as been signed by the atte	Dept. of Health and Mental	23 shows any injury, o
The law requires that the deal	ate has been signed by the atte	tate Dept. of Health and Mental	lem 23 shows any injury, o
IAN: The law requires that the deal	rtificate has been signed by the atte	he State Dept. of Health and Merital	or item 23 shows any injury, o
YSICIAN: The law requires that the deal	s certificate has been signed by the atte	th the State Dept. of Health and Mental	ed, or item 23 shows any injury, o
PHYSICIAN: The law requires that the deal	r this certificate has been signed by the atte	h with the State Dept. of Health and Mental	arked, or item 23 shows any injury, o
DING PHYSICIAN: The law requires that the deal	After this certificate has been signed by the atte	death with the State Dept. of Hearth and Mental	marked, or item 23 shows any injury, o
ENDING PHYSICIAN: The law requires that the dear	DR: After this certificate has been signed by the after	ther death with the State Dept. of Health and Membal	8 is marked, or item 23 shows any injury, o
ATTENDING PHYSICIAN: The law requires that the dear	RECTOR: After this certificate has been signed by the atte	rs after death with the State Dept. of Hearth and Merital	m 28 is marked, or item 23 shows any injury, o
. OR ATTENDING PHYSICIAN: The law requires that the dear	DIRECTOR: After this certificate has been signed by the atte	hours after death with the State Dept. of Health and Mental	item 28 is marked, or item 23 shows any injury, o
1TAL OR ATTENDING PHYSICIAN: The law requires that the dear	RAL DIRECTOR: After this certificate has been signed by the atte	72 hours after death with the State Dept. of Hearth and Merital	: If item 28 is marked, or item 23 shows any injury, o
IOSPITAL OR ATTENDING PHYSICIAN: The law requires that the dear	UNERAL DIRECTOR: After this certificate has been signed by the atte	rithin 72 hours after death with the State Dept. of Health and Merital	ANT: If item 28 is marked, or item 23 shows any injury, or
4E HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the dear	4E FUNERAL DIRECTOR: After this certificate has been signed by the atte	ed within 72 hours after death with the State Dept. of Health and Mental	DRTANT: If item 28 is marked, or item 23 shows any injury, or
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 mours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept. of Health and Merical Hyglene prior to build; cremation, or removal,	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH CERTIFICATE OF DEAT	
1. DECEDENT'S NAME (First, Middle, Lest)	Daley	2. DATE OF DEATH DAY
4 COCIAL CECHDITY NUMBER	CEV & ACE (In use lest blobded) IF INDER 4 YEAR OF IMPER	AL UPO T DATE OF BUTTU

	1. DECEDENT'S NAME (First, Middle, Lest)	DATE OF DEATH MONTH / A DAY YEAR	3. TIME OF DEATH			
	Daniel Daley	7/21/90	10:50 A.M. M			
		DATE OF BIRTH 8. BIRT	HPLACE (State or Foreign			
- 8	214-09-5262 10 M 2 D F 80 YRS. MONTHS DAYS HOURS MIN.	(Month, Day, Year) / 1909 Court	PA			
	9a. FACILITY NAME (if not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH					
B	Washington Lounty Hospital Hagerstown, M	d 21740 wash	inggen Co.			
DIRECTOR	RESIDENCE OF DECEDENT		0			
R	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION	. 21740	10d. INSIDE CITY LIMITS?			
	Maryland Washington Hagerstown, Mc	1 YES 2 NO				
FUNERAL	100. STREET AND NUMBER  101. ZIP CODE  2 1 740	10g. CITIZEN OF	WHAT COUNTRY?			
ME	130.00					
5	11. MARITAL STATUS  1 Never Married  12. WAS DECEDENT EVER IN U.S. ARMEO  13. WAS DECEDENT OF HISPANIC  14. WAS DECEDENT OF HISPANIC  15. WAS DECEDENT OF HISPANIC  16. WAS DECEDENT OF HISPANIC  17. WAS DECEDENT OF HISPANIC  18. WAS DECEDENT OF HISPANIC  19. WAS DECEDENT OF HI	CE — American Indian, ck, White, atc.				
BY	3 ☐ Wildowed 4 ☐ Divorced IF YES, GIVE WAR OR DATES 1 ☐ YES 2 ☑ NO Specify:	IF YES GIVE WAR OR DATES " 1 YES 2 W NO Specify: Specify:				
	15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION	16b. KIND OF BUSINESS/INDUSTRY				
2	(Specify only highest grade completed) (Give kind of work done during most of working	Too. Kind of Bookseemboom				
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) laborer	self-employed				
MO		(First, Middle, Maiden Surname)				
	Angle Martin Daley Rachel Sus	san Myers				
BE	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Rout					
2	Kathryn C. Blake Daley Rte. 6, Box 148, Hagerstown	MD 21740				
	20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or	20c. LOCATION — City or 1	Town, State			
	1 Donation 5 Other (Specify) Pleasant Hill U.B. Church Cemeter	y Coseytown, PA				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILI					
L Ø	The state of the s	Funeral Home, 112 E.	Baltimore St.,			
	Greencastle, PA  23. PART I. Enter the disesses or complications that caused the death, Do not enter the mode of dying, such a		Approximate			
	ehock, or heart fellure. List only one cause on each line.	sa cerdiec or respiratory errest,	Interval Between			
	IMMEDIATE CAUSE (Finel disease or condition )	1	Onset and Deeth			
	disease or condition resulting in death)  s. ARThorio Schotic heart D; some to (or as a consequence of):	scan	15 /00			
	Dia beter mellits		201/			
N	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):		noyuns			
AT	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):					
FIC	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):		+			
E	resulting in death) LAST					
CE	d					
MEDICAL	PART II. Other significent conditions contributing to death but not resulting in the underlying ceuee given in Pa	ort I. 24a. WAS AN AUTOPSY 24 PERFORMED? 24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
S		_ 1 _ YES 2 NO	COMPLETION OF CAUSE OF CEATH?			
ME		_	1   YES 2 NO			
			/			
SIA	25. WAS CASE REFERREO TO MEDICAL  EXAMINER?  COTHER.	only one)				
SIC	HOSPITAL: 1   YES 2 NO   1   Inpatient 2   ER/Outpatient 3   DOA   4   Nursing Home 5   Residence 6	Other (Specify)				
PHYSICIAN:	27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT (Month, Day, Year) INJURY WORK?	8d. DESCRIBE HOW INJURY OCCURED				
ВУ	1 Matural 5 Pending 2 Accident Investigation M 1 YES 2 NO					
		8f. LOCATION (Street and Number or Rura City or Town, State)	Route Number,			
ш						
-	4 Homicide detarmined					
LET	4 Homicide detarmined	the cause(a) and manner as stated.				
MPLET	4 Homicide detarmined		(a) and manner as stated.			
COMPLETED	4	ne, data and place, and due to the cause				
BE	4	ne, data and place, and due to the cause	(e) and manner as stated.			
	4	ne, data and place, and due to the cause				
BE	4	ne, data and place, and due to the cause				
BE	4	ne, data and place, and due to the cause				

Table 1

L RECORDS, T.O. BOA 13148, BALLIMONE, MANTLAND 21203-3146	) THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a river death, Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should by the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VIEW RECORDS, F.O. BOA 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 Is marked, or Item 23 shows any injury, o

	1 - FOR STATE OF MAI	RYLAND / DEPAI CERTIF	RTMENT OF			IENTAL HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Lost)  MARGARET, KELLEY DA	NIELS				2. DATE OF DEATH MONTH 24 DA	90	3. TIME OF DEATH 9:30 D M
		AGE (In yrs. last birthday)				7. DATE OF BIRTH	8. BIS	TTHPLACE (State or Foreign
	215 16 8106 1 M 2 X F	86 YRS.	9b. CITY, TOWN		MIN.	9/12/03	MA	ARYLAND
HC	Frostburg Community Hospita	1	Frost		OH OF DEA	ATH	Sc. COUNTY OF	
CL	RESIDENCE OF DECEDENT  10e, STATE  10b, COUNTY		TY. TOWN OR LOC					10d. INSIDE CITY
FUNERAL DIRECTOR	MARYLAND ALLEGANY		ROSTBUE					LIMITS?
1AL	10e. STREET AND HUMBER			of. ZIP COD			10g. CITIZEN O	F WHAT COUNTRY?
NE	68 BROADWAY  11. MARITAL STATUS  12. WAS DECEDENT E	(ED IN II C ADMED	40 1400 0	2153		0.0000000000000000000000000000000000000	USA	
BY FU	1 Hever Merried 2 Married 3 Widowed 4 XDivorced	YES 2 XHO	If yes,		n, Mexican	C ORIGIN? (Specify Yes , Puerto Rican, etc.)	Bi	ACE — American Indien, ack, White, atc.
ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind of	S USUAL OCCUPATION Work done during it		na	16b. KIND OF BUS	INESS/IHDUSTRY	1
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5 +)	Me. Do NOT	use retired.)			CATT DI	משענו	AM PROJECT
OM	17. FATHER'S NAME (First, Middle, Last)	_ I SE	SKETAK.	7		E (First, Middle, Melden		AM I ROJECI
BE C	THOMAS J KELLEY				LEN	NA CRAWFO	ORD	
10	19e. INFORMANT'S NAME (Type/Print)					oute Number, City or Town		
	MARTLYN NAIIGHTON  200. METHOD OF DISPOSITIOH	20b. PLACE OF DISPO	L LONG				IE MD	20715 Town, State
	1X Buriel 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)	other place)	PHILOS				rernpo	
	21. SIGNATURE OF THERAL SETTINGE LIGHTER  STORY	1		ERS F				MAIN ST.
	23. PART I. Enter the diseases, or complications that control in the control in t	auges to auges to	rie I	node of dy		- A	ratory arrest,	Approximate Interval Between Onset and Death
CERTIFICATION	cause. Enter UNDERLYING	AS A CONSEQUENCE	فس	and	ing	Di See	20	Devent
MEDICAL	PART II. Other algnificent conditions contributing to de  Devel Program  OSE expressors 4.  Selfme de se		hyper Ly	0.4	roid Egge	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
SICI	EXAMINER? HOSPITAL:	VOutpatient 3 DOA	OTHER:			8 Other (Specify)		
PHYSICIAN:	27. MANNER OF DEATH 28a. DATE OF IN. (Month, Day,		ME OF 28c. I	NJURY AT		28d. DESCRIBE HOW	NJURY OCCURED	
ВУ	2 Accident Investigation	IJURY — At home, farm, (Specify)		YES 2 [	НО	281. LOCATION (Street of City or Town, State)	and Number or Rur	ral Route Number,
COMPLETED	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAM: To the best of my one)  2 MEDICAL EXAMIMER: On the basic of exam							se(e) and manner as stated.
BE	29b. SIGHATURE AND TITLE OF CERTIFIER S	udhi	RM &	29c. LIC	ENSE NUM	BER 464	29d, DATE SIGN	IED (Month, Day, Year)
TO	30. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE Dr. S. Lal Sandhir 48 Ta	rn Terrace		urg,	MD 2:	1532		
	31. DATE FILED (MORE) 99 (Par) Julia Juridson-Me							

56.24

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24							)						•	ı
	HYSIC!	3	The	WB	requires	that	the	death	certific	ate 1	9	xecuted	within	1

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Kaplan

James A. H

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

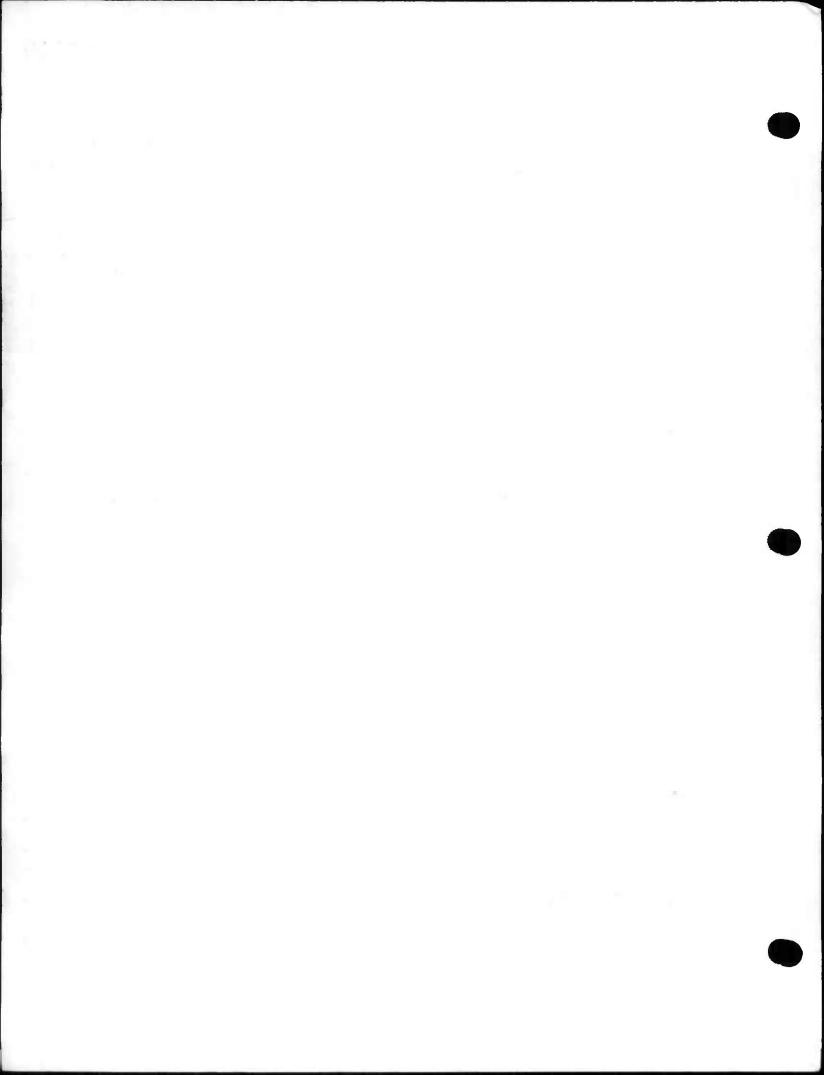
32. REGISTRAR'S SIGNATURE

M.D

4. SOGAL SECURITY NUMBER 213-06-8972  170 M 2 F No. AGE (in yrs. inst britiday) 17 YRS.  98. FACILITY NAME (if not institution, pive street and number) Prince George's General Hospital  17 YRS.  99. CITY, TOWN OR LOCATION OF DEATH PRINCE GEORGE'S  190. CITY, TOWN OR LOCATION OF DEATH PRINCE GEORGE'S  190. CITY, TOWN OR LOCATION OF DEATH PRINCE GEORGE'S  190. CITY, TOWN OR LOCATION CHAPEL OAKS  101. ZIP CODE  102. AND OR COUNTY OF GEATH PRINCE GEORGE'S  102. STREET AND NUMBER 12. WAS DECEDENT EVER IN U.S. ARMED FORCES'S 1 YES, OVER WAR OR DATES 11. MARITAL STATUS 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES'S 1 YES, OVER WAR OR DATES 13. DECEDENT'S EQUATION (Speedly) only highest grade complained) Elementary/Secondary (0-12) College (1-4 or 5 +) 12. Charter's NAME (First, Middle, Last) WILLIE EUBANKS  100. MALINO ADDRESS (Street and Number or Paral Fourth Number, City or Town, State LANDOVER, MARYLAND)  101. MARITAL TATUS 102. WAS DECEDENT'S USUAL OCCUPATION (Whe fourth of working) Elementary/Secondary (0-12) College (1-4 or 5 +) 12. Charter's NAME (First, Middle, Last) WILLIE EUBANKS  100. MALINO ADDRESS (Street and Number or Paral Fourth Number, City or Town, State LANDOVER, MARYLAND)  101. STREET CHAPEL OAKS, MARYLAND  102. PART I. Enter the diseases, or compilication that coused the deeth. Do not enter the mode of dying, such as certalize or respiratory arrest, Approximate	1	FOR STATE REGISTRAR	STATE OF MARY				HEALTH AND I	MENTA	L HYGIENI REG. NO.			
LANONT  213-06-8972  152 NS N   P   A AGE (Pury New Add Princy New	1		<del></del>					2. DATE	OF DEATH	Y YE		TIME OF DEATH
21.3—0.6—8972   12 w = p   17 vm.   comme   corp   comme   max   comme   corp   comme   corp	L							7	1.			400
Prince George's General Hospital Cheverly Prince George's TRESIDENCE OF ORCECORT  WILDINGS GEORGE'S  WILDINGS GEORGE GEORGE GEO		213-06-8972	1 🔀 M 2 🗆 F		7 YRS. MO	NTHS DAYS	HOURS MIN.	6 <del>-3</del>	0F BIRTH 0-73	W	rshi	NGTON, D.C.
TO. STREET AND NUMBER  100. STREET AND NUMBER  12. WAS DECEMBER OF THE STREET  101. ZOP CODE  102. CITIZEN OF WHAT COUNTRY  11. WAS DECEMBER OF HISBANC ORGANITY SEA OF THE STREET  12. WAS DECEMBER OF THE STREET  12. WAS DECEMBER OF THE STREET  13. WAS DECEMBER OF THE STREET  14. MARTIAL STREET  15. WAS DECEMBER OF THE STREET  15. WAS DECEMBER OF THE STREET  15. WAS DECEMBER OF THE STREET  15. WAS DECEMBER OF THE STREET  15. WAS DECEMBER OF THE STREET  15. WAS DECEMBER OF THE STREET  15. WAS DECEMBER OF THE STREET  16. DECEMBER OF THE STREET  17. STREET  18. DECEMBER OF THE STREET  18. DECEMBER OF THE STREET  19				pital	91			ATH				
12. WAS DECERDET FOR BLUE, ABRIED TO CORRESPOND TEVER BLUE, ABRIED TO CORRESPOND TO CO												LIMITS?
Black White, etc.   Superind   PONCESS     Yes, speeting Capter, Marchaer, Purson Rosen, etc.   Speechy   BLACK   Speechy   Spee						10		743				
College (1-4 or 5-1)   College (1-4 or 5-1)   College (1-4 or 5-1)   College (1-4 or 5-1)   STUDENT   UNEMPLOYED		1 Never Married 2 Merried	FORCES? 1 Y	ES 2XXN	MED O	If yes, sp	ecify Cuben, Mexica	n, Puerto			Black, V	/hite, etc.
Tr. ATHER'S MANE (First, Middle, Latt)  WILLIE EUBANKS  198. MOTHER'S MANE (First, Middle, Latt)  MR. & MRS. WILLIE EUBANKS  1203 NYE STREET CHAPEL OAKS, MARYLAND 20743  1203 NYE STREET CHAPEL OAKS, MARYLAND 20743  1203 NYE STREET CHAPEL OAKS, MARYLAND 20743  1204 NYE STREET CHAPEL OAKS, MARYLAND 20743  1205 NYE STREET CHAPEL OAKS, MARYLAND 20743  1206 NASTURE (First Indicated Notes)  1207 NYE STREET CHAPEL OAKS, MARYLAND 20743  1208 NYE STREET CHAPEL OAKS, MARYLAND 20743  1209 NYE STREET CHAPEL OAKS, MARYLAND 20743  1200 NYE STREET CHAPEL OAKS, MARYLAND 20743  1200 NYE STREET CHAPEL OAKS, MARYLAND 20743  1200 NYE STREET CHAPEL OAKS, MARYLAND 20743  1200 NYE STREET CHAPEL OAKS, MARYLAND 20743  1200 NYE STREET CHAPEL OAKS, MARYLAND 20743  1200 NYE STREET CHAPEL OAKS, MARYLAND 20743  1200 NYE STREET CHAPEL OAKS, MARYLAND 20743  1200 NYE STREET CHAPEL OAKS, MARYLAND 20743  1200 NYE STREET CHAPEL OAKS, MARYLAND 20743  1200 NYE STREET CHAPEL OAKS, MARYLAND 20743  1200 NYE STREET CHAPEL OAKS, MARYLAND 20743  1200 NYE STREET CHAPEL OAKS, MARYLAND 20743  1200 NYE STREET CHAPEL OAKS, MARYLAND 20743  1200 NYE STREET CHAPEL OAKS, MARYLAND 20743  1200 NYE STREET CHAPEL OAKS, MARYLAND 20743  1200 NYE STREET CHAPEL OAKS, MARYLAND 20743  1200 NYE STREET CHAPEL OAKS, MARYLAND 20743  1200 NYE STREET CHAPEL OAKS, MARYLAND 20743  1200 NYE STREET CHAPEL OAKS, MARYLAND 20744  1200 NYE STREET CHAPEL OAKS, MARYLAND 20744  1200 NYE STREET CHAPEL OAKS, MARYLAND 20744  1200 NYE STREET CHAPEL OAKS, MARYLAND 20744  1200 NYE STREET CHAPEL OAKS, MARYLAND 20744  1200 NYE STREET CHAPEL OAKS, MARYLAND 20744  1200 NYE STREET CHAPEL OAKS, MARYLAND 20744  1200 NYE STREET CHAPEL OAKS, MARYLAND 20744  1200 NYE STREET CHAPEL OAKS, MARYLAND 20744  1200 NYE STREET CHAPEL OAKS, MARYLAND 20744  1200 NYE STREET CHAPEL OAKS, MARYLAND 20744  1200 NYE STREET CHAPEL OAKS, MARYLAND 20744  1200 NYE STREET CHAPEL OAKS, MARYLAND 20744  1200 NYE STREET CHAPEL OAKS, MARYLAND 20744  1200 NYE STREET CHAPEL OAKS, MARYLAND 20744  1200 NYE STREET CHAPEL OAKS, MARYLAND		(Specify only highest grade Elementary/Secondery (0-12)	completed)	(Gh	ve kind of work Do NOT use n	done during metired.)	ON ost of working	160		12-7-1-	RY	
MR. & MRS. WILLIE EUBANKS    1203 NYE STREET CHAPEL OAKS, MARYLAND   20743		17. FATHER'B NAME (First, Middle, Last)							Middle, Meiden			
1 Sequential 2   Greenition 3   Removal from State   HARNONY MEMORIAL CEMETERY   LANDOVER, MARYLAND   21. SIGNATURE OF FUNERAL SERVICE LICENSEE   22. NAME AND ADDRESS GRECHT   HOME, INC.   23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, software and policy and software a			ELEUBANKS									20743
ROLLINS FUNERAL HOME, INC.  4339 HUNT PLACE, N.E. WASH. D.C. 20019  23. PART I. Enter the diseases, or complicatione that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, interval Between abook, or heart feiture. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  a. EXSANGUINATION  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING  CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  1. DUE TO (OR AS A CONSEQUENCE OF):  24a. WAS AN AUTOPSY PRIOR ARABLABLE PRIOR OF CAUSE		1 😾 Burial 2 □ Cremetion 3 □ Remo	oval from State	206. PLACE OF PLACE O	OF DISPOSITI	ON (Name of ce	metery, cremetory or L CEMETE	RY				
ahock, or heeft fellure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  Traumatic amputation of lower extremeties  DUE TO (OR AS A CONSEQUENCE OF):  Traumatic amputation of lower extremeties  DUE TO (OR AS A CONSEQUENCE OF):		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE								D <b>.</b> C.	. 20019
Sequentially list conditions   Sequentially list   Sequentially list	I					enter the me	ode of dying, suc	h ae cer	diac or respi	ratory arrest,		Interval Between
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.  PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.  PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.  PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.  PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.  PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.  PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.  PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.  PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.  PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.  PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.  PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.  PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.  PART II. Other algnificent conditions and III. Other algnificent conditions and III. Other algnificent conditions and III. Other algnificent conditions and III. Other algnificent conditions and III. Other algnificent conditions and III. Other algnificent conditions and III. Other algnificent conditions and III. Other algnificent		diseese or condition	Exsang	uinati	ion DUENCE OF):							Onset and Desth
DUE TO (OR AS A CONSEQUENCE OF):  reculting in death) LAST  d.  PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part I.  24a. WAS AN AUTOPSY PERFORMED? 1  YES 2 NO  25. WAS CASE REFERRED TO MEDICAL  EXAMINER? 1  YES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH 1  Inputient 2  ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)  27. MANNER OF DEATH 28a. DATE OF INJURY 28b. DATE OF INJURY OF	Sequentially list conditions, frany, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  Due to (or as a consequence of):  d.  Due to (or as a consequence of):  d.  PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.  PERFORMED?  1 X YES 2 NO  OF DEATH?											
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANLABLE PRIOR OF CAUSE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  27. MANLABLE PRIOR OF CAUSE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  27. MANLABLE PRIOR OF COMPLETION OF CAUSE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY  28. DATE OF INJURY AT WORK?  7-14-90  9:35p M  1 YES 2 NO  Passenger in auto/fixed obj  28. LOCATION (Street and Number or Fouril Route Number of Pouril Route Number												
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  1 Inpatient 2 Re/Outpetient 3 DOA  4 Nursing Home 5 Residence 6 Other (Specify)  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 2 Accident Investigation Investigation Investigation Edition of Certifier  3 Sulcide 6 Could not be determined Street								MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?				
1   Inpatient 2   ER/Outpetient 3   DOA   4   Nursing Home 5   Residence 6   Other (Specify)  27. MANNER OF DEATH  1   Natural 5   Pending Investigation 2   Sec. INJURY   Althorn   Dev. New   Description 2   Sec. INJURY   Althorn   Dev. New   Description 2   Sec. INJURY   Althorn   Dev. New   Description 2   Description 2   Description 2   Description 2   Description 2   Description 2   Description 2   Description 2   Description 2   Description 2   Description 2   Description 2   Description 2   Description 2   Description 2   Description 2   Description 2   Description 3   Description 4   Description 3   Description 4   Description 3   Description 4   Description 4   Description 4   Description 4   Description 4   Description 4   Description 4   Description 4   Description 4   Description 4   Description 4   Description 5   Description 4   Description 4   Description 5   Description 4   Description 5   Description 4   Description 5   Description 6   Description 7   Description 7   Description 7   Description 7   Description 7   Description 7   Description 7   Description 7   Description 7   Description 7   Description 7   Description 7   Description 7   Description 7   Description 8   Description 8   Description 8   Description 8   Description 8   Description 8   Description 8   Description 8   Description 8   Descript						26. F	PLACE OF DEATH (C/	heck only o	ne)			
1 Natural 2 Accident 3 Suicide 4 Homicide 4 Homicide 5 Pending Investigation 5 Could not be determined  28e. PLACE OF INJURY — At home, farm, street, factory, office 5 Street  29e. CERTIFIER  1 CERTIFIER  1 CERTIFIER  1 DEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and menner as stated.  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29d. DATE SIGNED (Month, Dey, Year)				Outpetient 3			me 5 🗆 Residence	6 🗆 Oth	er (Specify)			
2 Accident 3 Suicide 4 Homicide 6 Could not be distermined  28e. PLACE OF INJURY — At home, farm, street, factory, office		The state of the s	(Month, Day, Ye	ar)	INJUR	Y W	ORK?					
street Balto/Wash. Pkwy. & Riverdal  29e. CERTIFIER (Check only 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner as stated. P. G. Co.  2011 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner es stated.  2021 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner es stated.  2022 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner as stated.  2023 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner as stated.  2024 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner as stated.  2025 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner as stated.  2026 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner as stated.  2026 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner as stated.	ı	A second										
29e. CERTIFIER (Checf only 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner as stated. P. G. CO.  2 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end menner as stated.  29e. LICENSE NUMBER  29e. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)			200. PLACE OF INJ building, etc.	Specify)			ce					
296. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)	-	(Check only		nowledge, de	eth occurred	st the time, dat		to the ca	ruse(s) end me	nner as stated.	Ρ.	G. Co.
OCME 7-15-90	ŀ	4			- Continue							
DEDCON WANTOND ETED CAIRE OF DEATH (ITEM 27) (See Driet)		1 m					OCM	Œ		7	-15·	-90

111 Penn Street

Baltimore, MD 21201



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatte event, the medical examiner must be notified at once.

							9	0 21111
	1 - FOR STATE REGISTRAR	STATE OF MARYLAND		MENT OF H		MENTAL HYGIEN REG. NO.	_	
	1. DECEDENT'S NAME (First, Middle, Last)  ELHER CH	Elmer Charles	L Ehle	パ		2. DATE OF DEATH MONTH DA	YEAR	
		5. SEX 6. AGE (In yrs.	lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.80	RTHPLACE (State or Foreign
		12 M 2 □ F 84	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 10-25-190	5 Il	linois
OR	99. FACILITY NAME (If not institution, give stre Frederick Memorial RESIDENCE OF DECEDENT	· ·			erick	EATH	Frede	
DIRECTOR	10a. STATE 10b. COUNTY	ederick	100, 01, 1	town on Locat				10d. INSIDE CITY LIMITS?  1
FUNERAL	100. STREET AND NUMBER 1610 Rock Creek D	rive		101	21701		10g. CITIZEN O	F WHAT COUNTRY?
BY FUN		12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	ARMED NO	If yes, spe		NC ORIGIN? (Specify Yes n, Puerto Rican, atc.) y:	S	ACE — American Indien, lack, White, etc.
	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION 16a.	DECEDENT'S U	SUAL OCCUPATION	ON starting	18b. KINO OF BU	771	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	lanage	ork done during mo retired.)	st or working	J. C. F	onnou's	
OM	12 years 17. FATHER'S NAME (First, Middle, Last)	1 1/	arage		18. MOTHER'S NA	ME (First, Middle, Maiden		
BE C	Charles Ehler				Anna	Josephine	Liefst	Lom
10	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow		
	Jean Pimper 200. METHOD OF DISPOSITION	20b. PL A			netery, crematory or		CATION — City o	
	1 Buriel 2 Cremation 3 Removed 4 Donation 6 Other (Specify)	val from State other	place)					
	21. SIGNATURE OF FUNERAL SERVICE LICE	:NSEE	ins buri	22. NAME AN	OTH ID ADDRESS OF FA			eal Home
	Sharon (a	mille Cli	ue	1621	0possumt	town Pike,		
	#3. PART I. Enter the diseases, Dr co	omplications that caused the list only one cause on each li		ot enter the mo	de of dying, suc	h as cardlec or resp	iratory arrest,	Approximate interval Between
	IMMEDIATE CAUSE (Final							Onset and Death
	disease or condition resulting in death)	DUE TO (OR AS A CON	CELL	CARC	NOHA	OF TITE L	-UNG	
_		DUE TO (OH AS A CON	SEGUENCE OF	):				
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate	DUE TO (OR AS A CON	SEQUENCE OF	):				
2	cause, Enter UNDERLYING CAUSE (Disease or Injury							
F	that initiated events resulting in death) LAST	DUE TO (OR AS A CON	SEQUENCE OF	):				
E E	d.							
MEDICAL	PART II. Other significent conditions	contributing to death but no	ot resulting i	n the underlying	g cause given in	PERFO	RMED?	24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE
ED	Alzheimers	DISEAG	<u>L_</u> <u> </u>	OK STITE		1 YES :	2 KNO	OF GEATH?  1 YES 2 NO
	11 chances	0120130			-	_		1 123 2 110
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOODITAL	т		ACE OF DEATH (C/	neck only one)		
PHYSICIAN:	1 TES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outpatient				6 Other (Specify)		
	27. MANNER OF OEATH  1 Natural 5 Pending	28a, DATE OF INJURY (Month, Day, Year)	28b. TIMI INJI	URY WO	PK?	28d. OE\$CRIBE HOW	INJURY OCCURE	•
B	2 Accident Investigation	28e. PLACE OF INJURY — AI	home, ferm, a		YES 2 NO	261, LOCATION (Street	end Number or Ru	ral Route Number,
	4 Homicide 6 Could not be determined	building, etc. (Specify)	,	, , , , , , , , , , , , , , , , , , , ,		City or Town, State		
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSIC	ZIAN: To the best of my knowledge,	, death occurre	d at the time, date	end place, end du	to the cause(e) and ma	nner as stated.	
OM	CONSTRUCTION /	3: On the basis of examination and						se(e) end manner ee stated.
BEC	29b. SIGNATURE AND TITLE OF CERTIFIER	· · · ·	/		29c, LICENSE NU	MBER	29d. DATE SIG	NED (Month, Day, Year)
10	(sent ! t	mil	4.0		D105	-17	<b>&gt;</b> 7	14/90
1	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF DEATH (	ITEM 27) (Type,	Print)				

32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year)

DHMH-16 Rev 1/89

-

ta a jla te

TO DE CT	S DE CORDI ETED DY DUVENIAN. MEDICAL CEDIEICATION
al. examiner must be notified at once.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
he funeral director, page 5 should be detache	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache
ir death. Page 6 may be retained by the hosp	TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the hosp
מוציווויסיר, וויסווויויסים	DIVISION OF VITAL RECORDS, T.O. DON 19149,

31. DATE FILED (Month, Day, Year)

I. DECEDENT S NAME (	Stone Adjetetto Lones	ENN LED D	DUGLAS F			DEAT	1	REG. NO.		3. TIME OF DEATH		
VO.	A A TO	THE DE	ELL ST.	ICLD				MONTH DA		2300		
4. SOCIAL SECURITY NU		6. SEX	6. AGE (In yrs. last	birthday)	IF UNDER 1 YEAR	IF UNDER 2	4 HRS.	7. DATE OF BIRTH	6. (	BIRTHPLACE (State or Foreig		
577-48-017	<b>'</b> 3	1 X M 2 🗆 F	61	YRS.	MONTHS DAYS	HOURS	MIN.	1/26/29	A	LBERTA, CAN		
9a. FACILITY NAME (# no	ot institution, give at	treet and number)			9b. CITY, TOWN	OR LOCATIO	N OF DEA		9c. COUNTY			
	RITAGE	PLACE			WAL	DORF,	MD		CHA	ARLES		
RESIDENCE OF D	10b. COUNTY			10c. CITY	, TOWN OR LOCA	TION				10d. INSIDE CITY		
VA	WES	TMORELAN	D		COLONIA	L BEA	CH			1 YES 2 W NO		
10e. STREET AND NUMB					10	H. ZIP CODE	40			OF WHAT COUNTRY?		
11. MARITAL STATUS 1 Never Married 2 3 X Wildowed 4 0		12. WAS DECEDEN	IT EVER IN U.S. ARI X YES 2 N NAR OR DATES KOREA	MED O	If yes, s	pecify Cuban	HISPANI	IC ORIGIN? (Specify Yea n, Puarto Rican, atc.)	or No.— 14.	RACE — American Indian, Black, Whita, atc. Specify:		
15. I (Specify Elementary/Secondar	only highest grade	CATION completed) College (1-4 or 5	(GI	CEDENT'S we kind of w Do NOT us	USUAL OCCUPAT rork done during m e retired.)	ION ost of working	7	16b. KIND OF BUS	INESS/INDUST	TRY		
	RADE		"	METR	O DRIVE	R		D.C.	TRANS	SIT		
17. FATHER'S NAME (Firs						1 .		ME (First, Middle, Meiden				
(THE LAT	E) BEN	T NICHOL	AS FIELD			(THI	E LA	TE) MARY	BELICE	<		
BENTON H								RT, LORTON		22079		
20a. METHOD OF DISPO 1 M Burlal 2 Crem 4 Donation 5 0	ation 3 - Ram	ovel from State	20b. PLACE ( other pla	OF DISPOS	ITION (Name of co	emetery, crem	atory or	20c. LO	CATION — City	or Town, State		
21. BIUNATURE OF FURE	and the second property of	CEMBEE /	LNATIO	YAL P	1EMORIAL	PARK			rz chn	RCH, VA		
H/101	1113	lella	1	>	THE	HUNTT	FUN	ERAL HOME, WALDORF		20604		
23. PART Penel the shock, o IMMEDIATE CAUSE disease or condition resulting in deeth)	r heart failure. (Final	List only one ca	Denic		arli	ode of dyli	ng, such	as cardiac or reap	retory arreat	Approximete Interval Betwoon Conset and C		
Sequentially list cor if any, leading to im cause, Entar UNDEF	mediate RLYING Injury	c	O (OR AS A CONSECU			chez	na	ndu				
CAUSE (Disease or that initieted eventa resulting in death) L	AST	d						Part I. 24s. WAS AN		24b. WERE AUTOPSY FIND		
CAUSE (Disease or that initieted eventa		as contributing to	o deeth but not r	eaulting	In the underlyl	ng cause g	iven in	PERFO	RMED?	AMAILABLE PRIOR TO COMPLETION OF CALL OF DEATH?  1 YES 2 NO		
CAUSE (Disease or that initiated eventa resulting in death) L PART II. Other signi	ficent condition		o deeth but not r	eaulting		ng ceuse g		PERFOI	RMED?	MAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?		
CAUSE (Disease or that initieted eventa resulting in death) L	ficent condition	HOSPITAL:	deeth but not r		26. OTHER:	PLACE OF DI	EATH (Chi	PERFOI	RMED?	MAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?		
CAUSE (Disease or that initieted events resulting in death) L  PART II. Other signi  25. WAS CASE REFERRE EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5	ficent condition	HOSPITAL: 1   Inpetient 2 28e. DATE 0	□ ER/Outpatient 3	DOA 28b. TIM	26. OTHER: 4   Nursing Ho E OF 28c. II	PLACE OF DI	EATH (Che	PERFOI  1 TYES :	MED?	AMALABLE PRIOR TO COMPLETION OF CAL OF DEATH?  1 YES 2 NO		
CAUSE (Disease or that initieted events resulting in death) L  PART II. Other signi  25. WAS CASE REFERRE EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 2 Accident	ficent condition	HOSPITAL: 1 Inpetient 2 28e. DATE O (Month,	□ ER/Outpatient 3 F INJURY	DOA 28b. TIM	26. OTHER: 4   Nursing Ho E OF 28c. II URY M 1	PLACE OF DI	EATH (Che	PERFOI  1   YES :  ack only one)  8   Other (Specify)	INJURY OCCUR	AMALABLE PRIOR TO COMPLETION OF CAL OF DEATH?  1  YES 2 NO		
CAUSE (Disease or that initieted eventa resulting in death) L  PART II. Other eigni  25. WAS CASE REFERRE EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Metural 5 2 Accident 3 Suicide 8 4 Homicide  29a. CERTIFIER (Check only)	D TO MEDICAL  Pending investigation  Could not be detarmined  CERTIFYINO PHYS  MEDICAL EXAMINE	HOSPITAL: 1   Inpetient 2 28a. DATE O (Month, 26a. PLACE building	□ ER/Outpatient 3 FINJURY Day, Year) OF INJURY — At ho , etc. (Specify) If my knowledge, de	29b. TIM INJ	26. OTHER: 4   Nursing Ho IE OF 28c. II URY M 1   street, fectory, off	PLACE OF DI	EATH (Che eldenca	PERFOI  1 VES :  1 VES :  2 VE	INJURY OCCUP	AMALABLE PRIOR TO COMPLETION OF CAL OF DEATH?  1  YES 2 NO  RED  Rural Route Number,		

DHMH-16 Rev 1/89

10 THE FUNERAL DIRECTURS REDUITING THE STATE THIS CHEMISTRY WE alterioring president and compressly intended by the authoring president and weither the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF N	MARYLAND / DEPAI CERTIF					MENTAL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last) Bartholomew	Edward		eney				2. DATE OF DEATH MONTH 07/16	90	YEAR 3. TI	ME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last birthday)	IF UNDE		F UNDER 2	24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 02/26/07		8. BIRTNPLAC Country) MASS	E (State or Foreign
	028-09-9798  9s. FACILITY NAME (If not institution, give	1 M 2 - F	83 YRS.		Y, TOWN OR		N 05 D5			MASS ITY OF DEATN	•
<u>س</u>	North Arundel				len Bu			ATH		ne Arui	ndel
6	RESIDENCE OF DECEDENT								(M)		
DIRECTOR	10s. STATE 10b. COUNT And	ne Arunde	1 10c. C	TY, TOWN	or Location na Pai	k				1.00	INSIDE CITY LIMITS? YES 2 NO
FUNERAL	100. STREET AND NUMBER 219 Kathy Cour	t			10f. Z	IP CODE	211	.46	10g. CITE	.S.A.	COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1	T EVER IN U.S. ARMED		. WAS DECEN If yes, speci 1 YES 2	fy Cuban	F HISPAN I, Maxicar Specify	IC ORIGIN? (Specify Yes n, Puerto Rican, atc.)	or No—	Black, White	merican Indian, ta, etc. nite
COMPLETED	15, DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5	He. Do NOT	work done ise retired.;	during most		9	16b. KIND OF BUS		USTRY	1
MP	12	+	Mili	tary	Offic			U.S. A			
BE CO	17. FATHER'S NAME (First, Middle, Lest) Patrick Feeney							ME (First, Middle, Malden Buckley	Surname)		
2	190. INFORMANT'S NAME (Type/Print)  Mrs. Frances S	. Feeney			ss (Street and y Cour		or Rural F	Severna Severna			21146
	20s. METHOD OF DISPOSITION  1	noval from Stats	20b. PLACE OF DISPO	SITION (N	lame of come	ery, crems	story or	20c. LO	CATION —	City or Town, S	tota
	21. SIGNATURE OF FUNERAL SERVICE	CENNER	- INRE//V®	22	, NAME AND	ADDRES	S OF FAC	ошту 495 ј	Ritch	ie Hwy	2071
	* Roberts G	2	1	B	arrand	co Fi	uner	al Home Se		_	
	23. PART i. Enter the diseases, Dr shock, or heart fallure.			not anta	r the mode	of dylr	ng, suci	h ae cardiac or respi	ratory arr	reat,	Approximete interval Batween
	IMMEDIATE CAUSE (Final disease or condition resulting in deeth)		33	em/	c-	600	(1~	<b>-</b>			Onset and Death
Z	Sequentially list conditions,	b. Cor	OR AS A CONSEQUENCE	OF):	cus	~					degre
CATIC	If any, leading to immediata cause. Enter UNDERLYING	C	(OR AS À CONSEQUENCE	OF):							
ERTIFI	Sequentielly liet conditione, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
CAL C	PART II. Other significant condition	na contributing to	death but not resulting	In tha u	inderlying	ceuae g	iven in		AUTOPSY		E AUTOPSY FINDINGS
								1 TES 2		COM	PLETION OF CAUSE DEATH?
: MEDI	Careful	Longer	difa					_		1 🗆	YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL				28. PLA	CE OF DE	EATN (Ch	eck only one)			
SIC	EXAMINER?  1   YES 2   NO	HOSPITAL:	ER/Outpetlent 3 - DOA	OTHE 4   No		5 🗆 Res	sidencs	6 Other (Specify)			
BY PHYSICIAN:	27. MANNER OF DEATN  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, L		ME OF JURY M	28c. INJUI WOR	RY AT K? S 2 [	NO	28d. DESCRIBE NOW	INJURY OC	CURED	
	3 Suicide 8 Could not be determined	28a. PLACE ( building	OF INJURY — At home, ferm, etc. (Specify)	, street, fe	ctory, offica			28f. LOCATION (Street City or Town, State)		or Rural Route	Number,
COMPLETED	(Oriota orin)		f my knowledge, death occu								menner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	er m	n.			29c. LICE	ENSE NUM		29d. DAT	E SIGNED (Mon	th, Day, Year)
5	30. NAME AND ADDRESS OF PERSON W	NO COMPLETED CAU	ISE OF DEATN (ITEM 27) (Ty)	e, Print)		-0-				1	
	31. DATE FILED (Month, Day, Year)  JUL 19 1990	32. REGISTR	AR'S SIGNATURE								

	N
o,	within
BOX 13146	executed
Κ.	8
. r. c. ac	certificate
7.	death
3	all the
r	that
ÉCC C	remires
-	38
A	The
OF V	PHYSICIAN:
DIVISION OF VITAL RECORDS, I	PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-
5	G
	PITAL

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mous after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. or Health and Mental Hyglene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
---

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MEN'	TAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND		MENT OF		MENTAL	HYGIEN REG. NO.	E				
	1. DECEDENT'S NAME (First Middle, Lest) (LAST NAME) FARRELL W	(First Name)	(M.I. B	)		2. DATE O	DE DEATH DA		3. O_	3:15		
	Difference and the second seco	SEX 6. AGE (In yrs. 88		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	Jan.	PERTH Day Year)	1902	Country)	York	əlgn	
FOR	98. FACILITY NAME (If not institution, give street  NORTH ARUNDEL  RESIDENCE OF DECEDENT				OR LOCATION OF DE			ANNE		H UNDEL		
DIRECTOR	10a. STATE 10b. COUNTY  New York				town or location ings-On-Hudson						NO	
FUNERAL	32 Fraser Place			1	10706		10g. CITIZEN OF WHAT COUNTRY?					
В		ARMED	If yes, s	CENDENT OF HISPAN pecify Cuben, Maxice \$ 2000NO Specify	n, Puarto R		or No— 14.	Black, W Specify:	American India hita, atc. White	n,		
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con  Elamentary/Secondary (0-12)  12	ON 16e.	Give kind of with Do NOT use	ork done during n retired.)	done during most of working stired.)			ome				
	17. FATHER'S NAME (First, Middle, Last) Edward Brennan		Tromemo	ike i	16. MOTHER'S NA		liddle, Malden					
TO BE	19a. INFORMANT'S NAME (Type/Print)  Joan Moon				and Number or Rural	Route Numb	er, City or Tow			K 107	06	
	Joan Moon  32 Fraser P1, Hastings-on-Hudson, NEW YORK 1070  20e. METHOD OF DISPOSITION 1 Xi Burlel 2   Cremation 3   Removal from State 4   Donation 6   Other (Specify)   New Hope Cemetery  10 Donation 10 Other (Specify)   New Hope Cemetery											
	21. SIGNATURE OF FUNERAL BERVICE LICENS	lus		Kirk	ley Funer Crain Hwy	al Ho		en Bur	nie.	MD 21	061	
NOI	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Cerebre Vascular Accident  Due To (or as a consequence of):  Athero sclera fix Cardio vascular disease  Due To (or as a consequence of):  Due To (or as a consequence of):											
CERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF)											
MEDICAL	PART II. Other algorificant conditions of Hypen tens, Antic	ng cause given in	Part I.	24a. WAS AN PERFOR 1 YES 2	RMED?	CC	ERE AUTOPSY FI BILLABLE PRIOR OMPLETION OF C F DEATH?	TO AUSE				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		26. OTHER:	PLACE OF DEATH (C)	neck only on	0)					
HYSI	1 YES 2 NO 1 27. MANNER OF DEATH	☐ Inpatient 2 ☐ ER/Outpatien  2se. DATE OF INJURY	26b. TIM	4 Nursing Ho	www 5 - Residence	_		NJURY OCCU	REO		_	
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ		VORK? VES 2 NO							
	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY — A building, etc. (Specify)	t home, ferm, s	itreet, factory, of	ice		ATION (Street or Town, State)	and Number or	Rurel Rou	te Number,		
COMPLETED	CORDER OTHY	N: To the best of my knowledge On the besia of axamination and								nd manner as a	tated.	
BE	290. SIGNATURE AND TITLE OF CENTIFIER	ud MM.			29c. LICENSE NU	MBER 316	02	29d. DATE S	d. DATE SIGNED (Mooth, Day, Year)			
01	GEORGE CAVANAU			0.501				MARYL	AND	2111	4	
GEORGE CAVANAUGH. M.D. 3 VILLAGE GREEN CROFTON, MARYL  31. DATE FILEO (Month, Day, Your)  32. REGISTRAR'S SIGNATURE  JUL 1 7 1990 Schie Deviden Pondere												

#11 FF 37

A STATE OF THE STA

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1 -	STATE REGISTRA	٩f
1.1	DECEDENT'S	N/

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

_	TIEGIOTIAN						Tied. No.				
	1. DECEDENT'S NAME (First, Middle, Last)	THOS					2. DATE OF DEATH DA	Y	YEAR 3.	TIME OF DEATH	
	HATTIE	FASS					7-10-90			M	
	4. SOCIAL SECURITY NUMBER 5. SEX		In yrs. lest birthday)	MONTHS D		IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	1	Country)	ACE (State or Foreign	
	217-26-9005 10M	2 XF	80 YRS.	monins t	09/01/09				MAKYLAND		
	9a. FACILITY NAME (If not institution, give street and r	number)		9b. CITY, TO	OWN OR	LOCATION OF OE	ATH	9c. COUNT	Y OF OEAT	Н	
5	ST JOSEPH HOSP	ITAI		BA	1+1	MORE		TO	W50	1/	
E 1	RESIDENCE OF DECEDENT	11/10				,				/ /	
DIRECTOR	10a. STATE 10b. COUNTY	10c. CI1	Y, TOWN OR	LOCATION	N			10	d. INSIDE CITY LIMITS?		
<u>a</u>	MARYLAND		P	ALTIM	ORE				1	YES 2 NO	
A	10e. STREET AND NUMBER					IP CODE		10g. CITIZ	EN OF WHA	T COUNTRY?	
8	5220 YORK RD. APT. 9	M			21	212		ŦŢ	S.A.		
FUNERAL	11. MARITAL STATUS 12. WAS	U.S. ARMEO		S DECEN	DENT OF HISPAN	IC ORIGIN? (Specify Yea			American Indian, hite, etc.		
	IE A	2 X NO ATES	1 T	res, specif	NO Specify	n, Puarto Rican, etc.)		Specify:	nite, etc.		
ВУ	3 Widowed 4 Divorced								BLAC	CK	
	15. DECEDENT'S EDUCATION (Specify only highest grade completes	3)	16a. DECEDENT'S	Work done dur	UPATION	of working	16b. KIND OF BUS	INESS/INDU	STRY		
<u>—</u>		e (1-4 or 6+)	ilfe. Do NOT u	work done dur							
<u>P</u>				COOK							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				1	18. MOTHER'S NAI	ME (First, Middle, Malden	Surname)			
BE (	DAVE COVINGTON				EMMA	BROWN					
	19a. INFORMANT'S NAME (Type/Print)				Route Number, City or Town						
5	WILLIAM FASSETT		5220	YORK I	RD.	APT. 9	M BALTIMO	RE, M	D. 21	1212	
	20a. METHOD OF DISPOSITION	201	PLACE OF DISPO	SITION (Name	of cemet	tery, crematory or	20c. LO	CATION — C	ity or Town,	Stata	
	↑ Surial 2 Cremation 3 Removal from 4 Donation 5 Other (Specify)	n Stata	BREWER	HILL (	CEME	TERY	ANN	APOLI	S. MA	ARYLAND	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1		22, NA	AME AND	ADDRESS OF FA					
	- U.A.	9		22. NAME AND ADDRESS OF FACILITY 821 WEST ST. 2ANNAPOL.						/ <u>-</u>	
	darry H.D	eese		WI	LLIA	M REESE	& SONS MO	RTUAR	Y, P.	Α.	
	23. PART i. Enter the diseases, or compile shock, or heart fellura. List oni			not enter th	na moda	of dying, such	h aa cardlac or respi	ratory arre	at,	Approximate interval Between	
	IMMEDIATE CAUSE (Final	, 0114 04000 011 0	acir mic.							Onset and Death	
	disease or condition resulting in deeth) a	CARDIA DUE TO (OR AS	C ARRY	THMI	4					15-20 nin	
z		P055/20	E CAI	edion	140/	ATHY				MONTHS	
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE (	OF):							
CA	cause. Enter UNDERLYING										
F	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):										
ERI	resulting in death) LAST										
	PART ii Other significant conditions contr	Ibuting to death I	out not regulting	in the und	arivino (	ceuse given in	Part i 24a WAS AN	ALITOPSV	24b W	ERE AUTOPSY FINDINGS	
MEDICAL	PART II. Other eignificant conditions contributing to deeth but not recuiting in the underlying ceuse given in Part I.  POSSIBLE ANGIODYSPLASIA, WITH BLEEDING, COLON 1 MES 2 NO									MAILABLE PRIOR TO	
ă	1 33186 797676	DYSTONS	14,0017	4 30	4600	NE COL	1 2 TES 2	□ NO		F DEATH?	
M									1.	YES 2 NO	
ä											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	NTAL:				CE OF DEATH (Ch	eck only one)				
Sil	1100	petient 2 - ER/Out	petiant 3 DOA	OTHER:		6 🗆 Raaldenca	6 Other (Specify)				
Ĭ	27. MANNER OF BEATH 20	Sa. DATE OF INJURY (Month, Day, Year)	26b. TI	ME OF 2	28c. INJUF		28d. DEŞCRIBE HOW	NJURY OCC	URED		
BY F	1 Netural 5 Pending 2 Accident Investigation	(,		М		S 2 NO					
	3 Suicide 6 Could not be	Y — At home, farm	street, factor	ry, offica		26f. LOCATION (Street City or Town, State		or Rural Rou	te Number,		
I	4 Homicide determined	building, etc. (Spe	,,,				0.7 0.70.1.7			_	
٣	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To	the best of my know	viedos, death occu	rred at the tim	ne, date a	nd place, and due	to the cause(s) and ma	nner as state	ed.		
COMPLETED	(Check only	400 100 100				STREET, TOTAL				nd manner as stated.	
8	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and								20,-0.1/2,00-22		
BE	200. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE NU	MBER	29d. DATE	SIGNEO (A	fonth, Day, Year)	
5	Jan 11		ton 4-1		,66Y	014	873	7	1111	90	
-	M. NAME AND ADDRESS OF PERSON WHO COMP	LETEO CAUSE OF D	EATH (ITEM 27) (Ty)								
1	VAMES WI GAG	AN, on	mo	DEN	7 0	F PAT	24,55,7	OSEPI	4 140	SP. TOWSON	
	31. DATE FILED (Month, Day, Year) 33	REGISTRAR'S SIG									
		WALLESTON - FROM	VIA IIV.								

#44jiaa 2...bj. ... 178

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be fined within 72 hours after death with the State Dent, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
---	--	--

1 6 1990

							J	0 21110				
	1 - FOR STATE REGISTRAR Irene L. F				F HEALTH AND N	MENTAL HYGIENI	E					
	1. DECEDENT'S NAME (First, Middle, Last)	1 7	./			2. DATE OF DEATH	V VEA	3. TIME OF DEATN				
	Trene	L. T41	Mer			MONTH - 9°	90°	1107PH				
	4. SOCIAL SECURITY NUMBER 5. S		(in yrs. last birthday)	IF UNDER 1 YEA		7. DATE OF BIRTH (Month, Day, Year)		RTNPLACE (State or Foreign ountry)				
		□ M 2 🖾 F 72	YRS.			9-5-17		Wash., DC				
_	Sa. FACILITY NAME (If not institution, give street a	1.1	1	01	WN OR LOCATION OF DE	ATN	9c. COUNTY O					
0	SOUTHERN MARY IN	tan Hospi	111	Cl	INTOH		PRIMC	e Georges				
DIRECTOR	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LO	DCATION		10d. INSIDE CITY					
	MD Anne	Arunde1	R	ose H	aven			1 YES 2 NO				
FUNERAL	10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZEN C	OF WHAT COUNTRY?				
5	7016 Charleston Ave	€.			20714		USA					
		WAS DECEDENT EVER IN FORCES? 1 YES			DECENDENT OF NISPAN I, specify Cuban, Maxical		or No— 14. R	IACE — American Indian, Black, White, etc.				
BY	3 Widowed 4 Divorced	r	S	pec/ly; White								
ا ۵	15. DECEDENT'S EDUCATIO		PATION	18b. KIND OF BUS	SINESS/INDUSTR	ïY						
	(Specify only highest grade comp	life. Do NOT u	work done during se retired.)	g most of working								
4	8		waitre	ss		Restau	ırant					
COMPLETE	17. FATHER'S NAME (First, Middle, Last)  John M.		21-			ME (First, Middle, Malden						
E E			Poole		Bertha	- 41151-014						
၉	19a. INFORMANT'S NAME (Type/Print) Daniel E. Fuller	s. Sr.			eet and Number or Rural F above	loute Number, City or low	n, State, Zip Code	)				
			b. PLACE OF DISPO	SITION (Name o	of cemetery, cremetory or	20c, LO	CATION — City o	or Town, State				
	20a, METNOD OF DISPOSITION  1  Burlel 2  Cremation 3 Removal 4 Donation 8 Other (Specify)	from State	Maryland	d Veter	ans Cemete	ery Chel	Ltenham	(PG) MD				
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	7101	1		E AND ADDRESS OF FA							
	1/1/ · ///rela	ed Phis	do	Rau	sch Funera	1 Home, C	Owings,	MD 20736				
	25 PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardisc or respiratory street,  Approximate interval Between											
	shock, Dr heart failure. List Dnly Dna causa Dn asch ilna. interval Between Onset and Daeth											
	disease or condition - The resultable Clubro-Co-choves culty dence											
	DUE TO OR AS A CONSEQUENCE OFX											
ERTIFICATION	Sequentially list conditions,  Due To (or As a consequence of):											
¥	if any, leading to immediate cause. Enter UNDERLYING											
	CAUSE (Disease or injury that initisted events	DUE TO (OR AS	A CONSEQUENCE O	F):								
	resulting in death) LAST											
١٢	PART II. Other algnificant conditions co	ontributing to death i	but not resulting	In the under	lying cause given in	Part I. 24s. WAS AN		34b. WERE AUTOPSY FINDINGS WAILABLE PRIOR TO				
2						1 YES 2		COMPLETION DF CAUSE DF DEATH?				
ME								1 - YES 2 - NO				
ä												
2	25. WAS CASE DEFERRED TO MEDICAL EXAMINER?	OSPITAL:		OTHER:	6. PLACE OF DEATH (Ch	eck only one)						
PHYSICIAN: MEDICAL	1 D YES 2 NO 1 C	Inpetient 2 ER/Out	patient 3 DOA 28b, Til		Nome 5 Residence	8 Other (Specify)  28d. DE\$CRIBE NOW I	N.IIIPY OCCUPE	n				
	1 Natural 5 Pending	(Month, Day, Year)	IN	JURY	WORK?	200. DEGOTIOE NOT	THE STATE OF THE S					
84	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJUR	Y — At home, farm,	atreet, factory,	office	28f. LOCATION (Street		ural Route Number,				
COMPLETED	4 Nomicide determined	building, etc. (Spe	ruiry)			City or Town, State)						
P.E.	29a. CERTIFIER 1 CERTIFYING PHYSICIAN	: To the best of my know	wiedge, death occur	red at the time,	data and place, and due	to the cause(s) and me	nner as stated.					
NO N	and the second s	n the basis of examination	on and/or investigati	lon, in my opini	on, death occured at the	time, data and piece, ar	nd due to the cau	use(s) and menner as stated.				
ш	296 SIGNATURE AND TITLE OF CERTIFIER		1		29c. LICENSE NUI	MBER	29d. DATE SIG	INED (Month, Day, Year)				
8	Hugusto P. Rod	mus/	MP		0212	30	17-1	10-90				

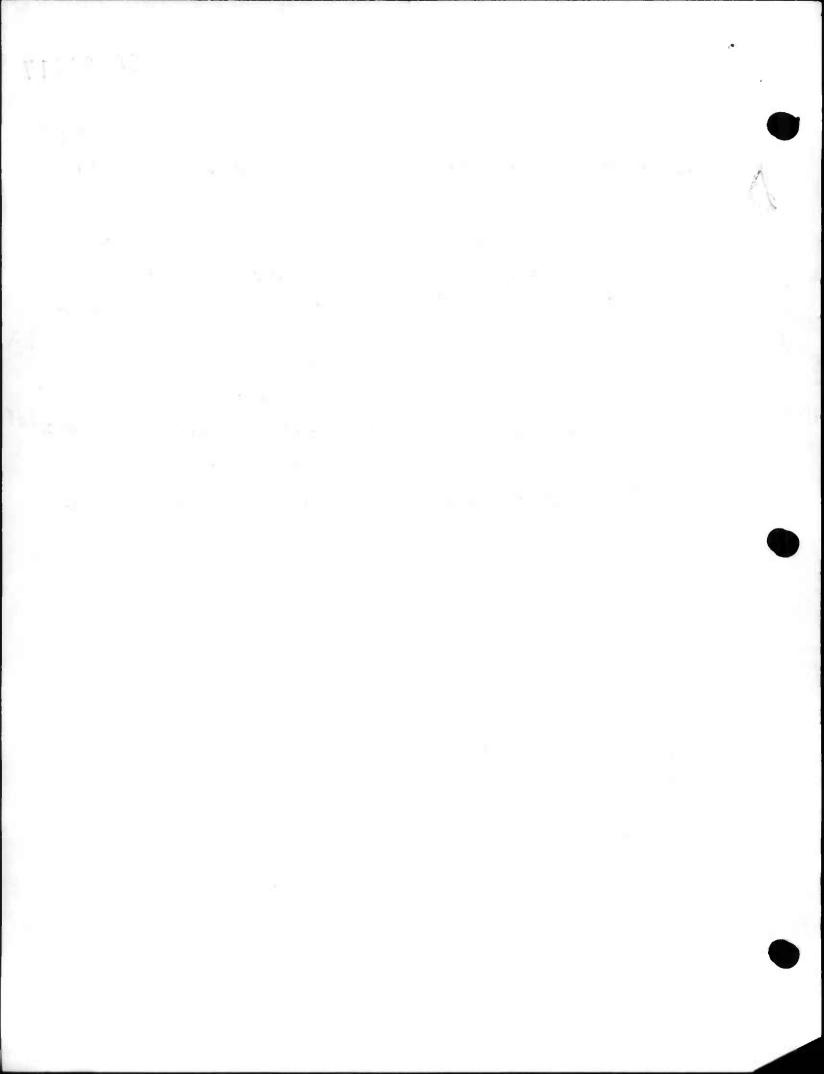
The state of the s

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 medis after death. Page 6 may be retained by the brospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

,	FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT RTIFICATE	OF HEALTH AND N	MENTAL HYGIENE REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last)	-			2. DATE OF DEATH		3. TIME OF DEATH					
	Etta	J	Fish	er	7 3	90	11:50 <sup>P</sup>					
		SEX 6. AGE (In yrs. last	birthday) IF UNDER MONTHS	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year)		HPLACE (State or Foreign					
	9a. FACILITY NAME (If not institution, give street		96. CITY,	TOWN OR LOCATION OF DE		9c. COUNTY OF I	DEATH					
TOR	Memorial I	Hospital	Ea	ston		Talbo	ot					
DIRECTOR	10e. STATE 10b. COUNTY	an Anne		10d. INSIDE CITY LIMITS? 1 YES 2 NO								
	10e. STREET AND NUMBER	een Anne	10g. CITIZEN OF WHAT COUNTRY?									
FUNERAL	Raut #1	139 24	MSA									
크	11. MARITAL STATUS  1 Never Married 2 Married	FORCES? 1 YES 2	0 1	NAS DECENDENT OF HISPAN 1 yes, specify Cuban, Maxica	n, Puerto Ricen, etc.)	Biac	Black, White, etc.					
Β¥	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	1	YES 2 YO Specify	r:	Spec	BIK					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade com	pleted) (Gh	CEDENT'S USUAL OC ve kind of work done of Do NOT use retired.)		16b. KIND OF BUSH	NESS/INDUSTRY						
PLE	Elementary/Secondary (0-12)	ollege (1-4 or 5+)	-	STIC								
No.	17. FATHER'S NAME (First, Middle, Last)				ME (First, Middle, Melden S	umame)	2					
	Johns	Veni	fev	Sev	24	7	Jeniter					
BE	19a. INFORMANT'S NAME (Type/Print)		MAILING ADDRESS	(Street and Number or Rural I		State, Zip Code)	,					
2	James L	teshou	Route	#I BOX.	247 Gra	SOM CICL	le md					
	20e. METHOD OF DISPOSITION  20b. PLACE OF DISPOSITION (Name of cometery, cremetory or other place)  20c. LOCATION — City or Town, State											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY											
	Leave to	Takes heal	0 3	319 Dou	N 5% &	as ton	md.					
	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock or head fallure. List only one cause on each line.											
	ahock, or heert failure. List only one cause on each line.  IMMEDIATE CAUSE (Fine)											
	disease or condition resulting in deeth) e	CARDIA	C HR	REST			IMPEDIATE					
		DUE TO (OR AS A CONSEC	UENCE OF):									
No.	Sequentially list conditions, b. Due to one as a consequence on.											
¥	if any, leading to immediate	leading to immediate										
CERTIFICATION	CAUSE (Disease or Injury  CAUSE (Disease or Injury  DUE TO (OR AS A CONSEQUENCE OF):											
E	thet initiated eventa DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST											
	d											
¥.	PART II. Other significent conditions conditions			iderlying ceuse given in	Part I. 24a. WAS AN A PERFORM		b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO					
PHYSICIAN: MEDIC		DIABETE	2/		1 🗀 YES 2	NO	OF DEATH?					
ME					_		1 _ YES 2 _ NO					
ÿ												
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	OTHER	26. PLACE OF DEATH (Ch	eck only one)							
IYS	1) TES 2 NO 1	Inpatient 2 ER/Outpatient 3  26a. DATE OF INJURY		aling Home 5 - Residence	6 Other (Specify) 26d. OESCRIBE HOW IN	HEN COMPED						
4	1 Natural 5 Pending	(Month, Day, Year)	28b. TIME OF INJURY	WORK?	260. DESCRIBE HOW IN	JUNY OCCUMED						
BY	2 Accident Investigation	28e. PLACE OF INJURY — At ho	me, farm, street, fact		28f. LOCATION (Street at	nd Number or Rumi	Poute Number					
	3 Suicide 6 Could not be 4 Homicide determined	building, stc. (Specify)	,		City or Town, State)	TO THE PROPERTY OF THE PARTY OF	, route realities,					
9	29a. CERTIFIER	N. To the head of the day of										
COMPLETED	and any	N: To the bast of my knowledge, de On the basis of examination and/or i					(s) and manner as stated.					
BEC	296. SIGNATURE AND TITLE OF CERTIFIER											
	C/W.	W. Fam 200250 > 7/3/9										
٥	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 415 E. DSVER, EASTON, TY, 21601 C.RW. BANTYD											
	31. DATE FILED (Month, Day, Your)	32. REGISTRAN'S SUDMATURE		1 1 1	1		7,1,					
- 1	OUL / 00	d										



יי אם מודר ימיימי דם מד	
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
78	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be detached for use as the burial	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial
ir death. Page 6 may be retained by the hospital or attending physic	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within urs after death. Page 6 may be retained by the hospital or attending physic

STATE (	0F	MARYLAND	1	DEPARTMENT	0F	HEALTH	AND	<b>MENTAL</b>	HYGIENE
			CI	ERTIFICATE	0	F DEAT	ГН		REG. NO.

1	FOR STATE REGISTRAR	STATE OF MARYLAI	ND / DEPARTM			MENTAL HYGIENI REG. NO.	E					
ì	1. DECEDENT'S NAME (First, Middle, Lest) ARTHUR	G. FOSTE	R.			2. DATE OF DEATH MONTH DA	1990	3. TIME OF DEATH 8:00 PM				
	4. SOCIAL SECURITY NUMBER 216-16-6103 99. FACILITY NAME (If not Institution, give str	1½ M 2 □ F 66	YRS. MO	UNDER 1 YEAR NTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12 01 2	Cour	nada				
OR	193 Riverview				ichaels		Talbot					
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  Maryland  Tall			own or Locat				10d. INSIDE CITY LIMITS? 1 X YES 2 NO				
ERAL	100. STREET AND NUMBER 193 Riverview				ZIP CODE 21663		U.S.	WHAT COUNTRY?				
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	J.S. ARMED 2 NO ES	If yes, sp	ENDENT OF HISPAN	NIC DRIGIN? (Specify Yearn, Puarto Rican, etc.)	Bia Spi						
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		(Give kind of work life. Do NOT use n	k done during mo		16b. KIND OF BUS	SINESS/INDUSTRY					
MPL	12	4	execu	tive	A ALCTUEDIO NA	Weste	rn Ele	ctric				
	17. FATHER'S NAME (First, Middle, Lest)  Arthur C. Foste				Tinkler							
) BE	19a. INFORMANT'S NAME (Type/Print)	<u></u>	19b. MAILING AD	ODRESS (Street a		Route Number, City or Tow						
5	Sarah H. Foster							21663				
	20a. METHOD OF DISPOSITION 7 6 9 0 1 Burtal 2 XI Cremation 3 Removal from State other place)  20b. PLACE DF DISPOSITION (Name of cometery, crematory or other place)											
	21. SIGNATURE/OF FUNERAL SERVICE LICENSEE  WE Service Licensee  CFS P  22. NAME AND ADDRESS OF FACILITY  Newnam Funeral Home  Easton, Maryland											
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, abock, or heert failure. Liet only one cause on each line.  Approximate interval Between Oneset and											
	ahock, or heert fallure. Liet Dnly Dne cause on each line.											
NO	DUE TO (OR AS A CONSEQUENCE OF):  METASTATIC LUNG CANCER											
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury  C. DISEASE A CONSEQUENCE OF):											
RTIF	that initiated eventa resulting in death) LAST  d.											
A	DART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. PERFORMED?  1 YES 2 1 NO											
PHYSICIAN: MEDIC						-		1 YES 2 NO				
MAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	MOCRITAL			LACE OF DEATH (C	heck only one)						
YSIC	1 TYES 2 TNO	HOSPITAL: 1   Inpatient 2   ER/Output	itlent 3 DOA 4			8 Other (Specify)						
HH /	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	RY W	JURY AT DRK? YES 2 NO	28d, DEŞCRIBE HOW	INJURY OCCURE					
TED BY	2 Accident Investigation 3 Suicide e Could not be 4 Homicide determined	2 Accident Investigation 3 Suicide e Could not be 26e. PLACE OF INJURY building, etc. (Spec				28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLETED	(Check only	ER: On the basis of axamination						se(a) and manner as stated.				
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	mh MD		D26350  29d. DATE SIGNED (Morith, Day, Year)								
	William S. Bre	emer, M.D.	800 S.	Talbe	ot St.,	St. Mic	haels,	MD 21663				
	31. DATE FILED (MULL DOT 10) '90	32. REGISTRAR'S SIGN	ATURE Fands	n.								

Pages 1, 2, 3 should

permit.

use as the burial-transit

ğ

filled in by the funeral director, page 5 should be detached on, or removal.

completely filled in rial, cremation, or

been signed by the attending physician and cont. t. of Health and Mental Hygiene prior to burlal,

certificate has be

THE FUNERAL DIRECTOR; After this of filed within 72 hours after death with

23

retained by the hospital or attending physician.

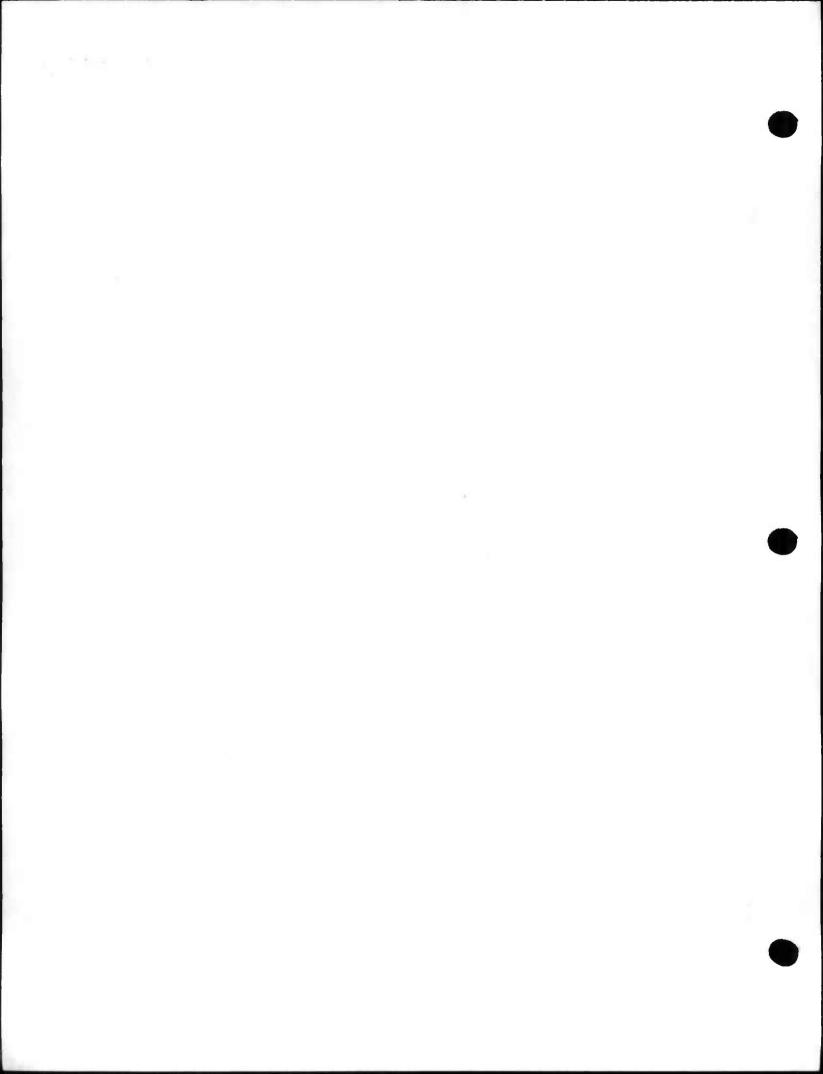
	- 6
ຜົ	DESTREE OF ATTRAINED PLINE PLANTING The law concluse that the death cartificate he executed within
4	2
E	Pith.
÷	QVO
P.O. BOX 13146,	2
8	ate
-	dif.
0	å
۵.	ath
	de
8	+
OF VITAL RECORDS,	+
Ö	200
ш	District of
Œ	
_	-
⊴	É
5	A Mit
	3
Ö	3
_	C
5	MAL
$\frac{1}{2}$	N.
DIVISION	1
$\leq$	0
	-
	250
	5

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATH Frost Pratt Morris 11 9 (FAR 5:30A M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS 1 X M 2 - F 112-36-2772 19 11 Missouri 9a. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Hospital Talbot Memorial Easton DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Queen Anne 1 TES 2 NO Maryland Queenstown FUNERAL 10a. STREET AND NUMBER 10a, CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE Route 2, Box 282A 21658 USA 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No---If yes, specify Cuban, Maxican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE - American Indian, Black, White, atc. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 2 NO 1 Never Married 2 Married 1 TES 2 X NO Specify: Specify: ΒY 3 Widowed 4 Divorced World War white 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp. (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 12 executive boatyard 17. FATHER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surname) to Frank J. Frost Margaret Pratt notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Jane S. Box 282A Queenstown MD pe 20e. METNOD OF DISPOSITION 7/
1 □ Burlal 2 ☑ Cremation 3 □ Remove
4 □ Donation 5 □ Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION - City or Town, State must Eastern Shore Crematorium Georgetown examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Newnam FUneral Home MAROL MERCERON Easton, Maryland medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart fallure. List only one cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Final the disease or condition DUE TO JOB AS A DONSEQUENCE OF: resulting in death) or other traumatic event, CERTIFICATION Sequantially list conditions, DUE TO (QR AS A CO BUTNICE OF: if any, leading to immediate cause. Enter UNDERLYING in CAUSE (Disease or injury TOR AS A CONSEQUENCE OF that initiated events resulting in death) LAST item 23 shows any Injury, PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i, 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AMILABLE PRIOR TO Caranen 1 | YES 2 | NG OF DEATH? 1 ☐ YES 2 ☐ NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) OTHER: 1 TES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Nome 5 - Rasidence 6 - Other (Specify) IMPORTANT: It Item 28 is marked, or 27. MANNER OF DEATN 28a. DATE OF INJURY 28b, TIME OF 26c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending M 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined ED 4 Homicide COMPLET 29a CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CENTIFIE 29c. LICENSE NUMBER 29d. DATE BIGNED (Month, Day, Year) BE D14537 9 30. NAME AND ADDRESS OF COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) 503 Datekmans Zas Lane 09 2160 32. REGISTRAN'S SIGNATURE

FOR

## CTATE OF MADVIAND / DEPARTMENT OF HEALTH AND MENTAL UNCLENE

	1 - STATE REGISTRAR	OINIE OI II		CATE OF		REG. N						
1. DECEDENT'S NAME (First, Middle, Lest)  2. DATE OF DEATH MONTH DAY YEAR  3. TIM												
	FLOR	RINE	FIELDS	•		07	13	90	10:33PM M			
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTH	IPLACE (State or Foreign			
	229-52-4035	1 🗆 M 2 🗐 F	73 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 3-21-17		GINTA				
	9a. FACILITY NAME (if not institution, give a	treet and number)	13	OR LOCATION OF DE		9c, CO	UNTY OF D					
DIRECTOR	PRINCE GEORGE'S HOSPITAL CENTER CHEVERLY PRINCE GE											
<u></u>	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?											
1	MARYLAND PRINCE GEORGE'S LANDOVER 15											
A	10e. STREET AND NUMBER			10	. ZIP CODE		WHAT COUNTRY?					
FUNERAL	7504 BRINDLE COL	ЛТ		20785					Α.			
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARMED YES 2 THO			IIC ORIGIN? (Specify		14 BAC	E — American Indian, k, White, atc.			
B	1 Never Merried 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE W			2 NO Specify	n, Puarlo Rican, alc.) /:			" BLACK			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		18e. DECEDENT'S	USUAL OCCUPATION	ON of working	16b. KIND OF I	BUSINESS/IN	DUSTRY				
	Elementary/Secondary (0-12)	College (1-4 or 5 -	Ille. Do NOT u	se retired.)		COLUED	NIM ATTACK	,				
M M	12th grade		SUCIA	SERVIC	E ALDE	GOVER	IMMEN I	MENT				
8	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maid	en Surname)					
BE	JOHN WATKINS					CE_EPPERS						
၉	19a. INFORMANT'S NAME (Type/Print) SILVA Y. FIELDS					NDOVER, M			20705			
-									20785			
	20a. METHOD OF DISPOSITION  1. Burlel 2 Cremation 3 Rem  4 Donation 5 Other (Specify)	oval from Stale	HARMONY I				NDOVE		ARYLAND			
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	$\Delta$	22. NAME A	LINS FUN	ERAL HOME	. INC	1				
	* Colmer	a. S	Du.						.C. 20019			
	23. PART I. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart feliure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Due To (OR/AS A CONSEQUENCE OF):  Approximate Interval Between Onset and Death  Onset and Death											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST											
	PART II. Other significant condition	ns contributing to	deeth but not resulting	In the underlyin	g ceuse given in	Part I. 24a. WAS	AN AUTOPS	Y 24	b. WERE AUTOPSY FINDINGS			
DICAL	Man in	n	bophag			PERI	ORMED?	_	AWAILABLE PRIOR TO COMPLETION OF CAUSE			
ED			11 1				2 1 10		OF DEATH?			
PHYSICIAN: ME			V			—		- }	I TES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (CA	eck only one)	-					
S	EXAMINER?  1 YES 2 NO	HOSPITAL:	ER/Oulpatient 3 DOA	OTHER:								
¥	27, MANNER OF DEATH	28a. DATE OF			JURY AT	8 Other (Specify) 28d. DESCRIBE HO	W INJURY O	CCURED				
	1 Netural 5 Pending	(Month, E	lay, Year) IN	JURY W	ORK? YES 2 NO							
В	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE C	OF INJURY — At home, farm,			281. LOCATION (Str		per or Rural	Route Number,			
	4 Homicide 8 Could not be	building,	atc. (Specify)			City or Town, St	nto)					
COMPLETED	29a. CERTIFIER	ICIAN: To the heat of	my knowledge, death occur	and at the time dat	and place and dur	to the sounds) and		totad				
MP	cont only		xamination and/or investigati						a) and menner as stated.			
8	29b, SIGNATURE AND TITLE OF CERTIFIER 29d, DATE SIONED (Month, Day, Year)											
BE	29Ь, SIGNATURE AND TITLE OF CERTIFIE	1	Attenday 1	hymician	29c. LICENSE NU	0000	29d. D.	ATE SIONE	Month, Dey, Year)			
10	30. NAME AND ADDRESS OF TERSON WI	O COMPLETED COM	SE DE DEATH STEN ON ST	() Pelest)	01	1071		1,	1779			
	70001	hover	Cor hway	Cou	en lu	Of Mal	20	7-	70			
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	AR'S SIGNATURE									
- 6	20.30	Ser.										
	= ::	Juna wavid	son-Mandale						DHMH-18 Rev 1/89			



IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	SIMIL OF I	C	ERTIF				H TH	EHIML	REG. NO.	•			
	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Lest)  W / LL / A M  4. SOCIAL SECURITY NUMBER	ond	-	7					2. DATE C	OF DEATH		WEAR.	3. TIME OF DEATH	
	W/LL/AM  4. SOCIAL SECURITY NUMBER	Good	DWIN	J					07	/ 2	8 1	990	1445	м
				st birthday)	IF UNDER		IF UNDER		7. DATE O	F BIRTH		8. BIRTH	PLACE (State or Foreign	7
	215-20-7619	1 🔼 M 2 🗌 F	65	YRS.	MONTHS	DAYS	HOURS	MIN.	3 <sup>Mon8. Del</sup> 1925			Mai	Maryland	
	9a. FACILITY NAME (If not institution, give str	eet and number)			9b. CITY	, TOWN C	R LOCATIO	ON OF DEA	TH		9c. COU	NTY OF D	ITY OF DEATH	
Œ.	Carroll Co. Gen	. Hosp:	ital		We	estn	ins	ter			C	arro	oll	_
5	RESIDENCE OF DECEDENT				_									
DIRECTOR	Maryland Car	roll			s tm								10d. INSIDE CITY LIMITS? 1 YES 2 NO	
7	10e. STREET AND NUMBER		-			101	. ZIP CODE	E					VHAT COUNTRY?	
ER/	202 East Main	Street					211	57			U.S.A.			- 1
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1	T-EVER IN U.S. A	RMED						(Specify Yes	or No-	14. RACE	E — American Indian, k, Whita, etc.	$\neg$
BY F	1 A Never Married 2 Married 3 Widowed 4 Divorced	WAR OF DATES	JNO				n, Maxican, Specify:		ican, atc.)			w. White		
COMPLETED	15. DECEDENT'S EDUC	ATION	16a. D	ECEDENT'S	USUAL O	CCUPATIO	ON		18b.	KIND OF BUS	INESS/IN	DUSTRY	-	$\neg$
	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5	- 4	Give kind of fe. Do NOT u	work done se retired.)	during mo	st of workin	ng						
	12			ales	man				A	utomo	bil	es		
	17. FATHER'S NAME (First, Middle, Last)						16. MOTH	HER'S NAM	IE (First, M	iddle, Malden	Sumame)	-		
	17. FATHER'S NAME (First, Middle, Lest) Harry Edward Goodwin						H	azel	. Ma	rie I	oyl	е		
) BE	19a. INFORMANT'S NAME (Type/Print)		1							er, City or Town				
5	Betty E. Blacks	ten		3 B	road	d Si	ree	t, I	'ane	ytown	1, M	ld.	21787	
	20e_METHOD OF DISPOSITION 1 🗗 Burlal 2 🗆 Cremation 3 🗆 Remo	ovel from State	20b. PLAC	E OF DISPO	SITION (N	ame of cer	netery, cren	natory or	ans	20c. LO	CATION -	City or To	ills, Md.	
	4 Donation 5 Other (Specify)										_			_
	21. SIGNATURE OF FUNERAL SERVICE LICENSES  22. NAME AND ADDRESS OF FACILITY Thomas D. Fletcher & Son F.1										.н.			
	21. SIGNATURE OF FUNERAL SERVICE LICENSES  22. NAME AND ADDRESS OF FACILITY Thomas D. Fletcher & Son F. 22. NAME AND ADDRESS OF FACILITY Thomas D. Fletcher & Son F. 22. NAME AND ADDRESS OF FACILITY Thomas D. Fletcher & Son F. 22. NAME AND ADDRESS OF FACILITY Thomas D. Fletcher & Son F.													
					not enter	r the mo	de of dy	ing, such	as card	lac or respi	retory er	rest,	Approximate interval Betw	
	ahock, or heart feliure. List only one cause on each line.													
	IMMEDIATE CAUSE (FINE)												ļ	
	resulting in death)  a. ANOXI C ENCEPHALO PATHY  DUE TO (OR AS A CONSEQUENCE OF):													
Z														
CERTIFICATION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):													
2	CAUSE (Disease or Injury C.													
F	that initiated events resulting in death) LAST	DUE 10	(OR AS A CONS	EOUENCE	OF):									
Ä		d											<del>-</del>	
7	PART II. Other significant condition	s contributing to	death but not	t resulting	in the u	nderlyin	g cause	given in I	Part i.	24a. WAS AN PERFOR		248	. WERE AUTOPSY FINDS	NGS
DICAL										1 TYES 2	-		AMAILABLE PRIOR TO COMPLETION OF CAUS DF DEATH?	SE
MED											(36)		1 TYES 2 NO	-
2									_					
A	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF D	DEATH (Che	ck only on	•)				
SIC	EXAMINER?	HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHE		ne 5 🗆 R	asidence (	6 🗆 Other	(Specify)				
PHYSICIAN:	27. MANNER OF DEATH	26a. DATE O		26b. TI	ME OF		JURY AT		26d. DES	CRIBE HOW I	NJURY O	CCURED		$\neg$
ВУ Р	1 Natural 5 Pending	(MONTH), I	Day, Year)		M		YES 2	□ NO						
	2 Delete	home, farm,	street, fac	ctory, offi	20			ATION (Street i		er or Rural	Route Number,			
TED	3 Suicide 6 Could not be building, etc. (Specify)									or rown, orace,				
Ē	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best o	f my knowledge.	deeth occur	red at the	time, dat	and place	n, and due	to the cau	rse(s) and mar	nner aa st	ated.		
COMPLET	(Check only one) 2 MEDICAL EXAMINE												(a) and manner as state	id,
	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. DATE SIGNED (										D (Month, Day, Year)	$\dashv$		
BE														
5	JOHN S. Harshey, M.D. DO4934 >7/18/90  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  JOHN S. HARSHEY, M.D. BANCHOR ST. WESTMINSTER, M.D. 21157  31. DATE FILED (Morrit, Day, Mar) 32. REGISTBAR'S SIGNATURE.													
	JOHN S. HARS	HEY W	1D 8	ANO	HOR	- 57	· W	ESTA	りル	STER	MD	, 21	157	
	21 DATE SHIED (Month Day Your)	22 DECISTO	A D'C CICNATIDE										•	_

JUL 19'90

Julia Davidson-Randall

DHMH-16 Rev 1/89

DHMH-16 Rev 1/89

FOR STATE REGISTRAR

1

		1. DECEDENT'S NAME (First, Middle, Lest)  Beryle Griffith flith							2. DATE OF GEATH			2 90 YEAR		3. TIME OF OEATH
		4. SOCIAL SECURITY NUMB	5. SEX		rrs. last birthday)	IF UNDER 1 YE	AR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)			8. BIRTHPLACE (State or Foreign Country)		
Pin		214-30-80	1 □ M 2 🔀 F	2 K F 92 YRS.				01 28 98				8 Maryland		
2, 3 should	R O	90. FACILITY NAME (If not institution, give street and number)  Dorchester General Hospital						96. CITY, TOWH OR LOCATION OF DEATH  Cambridge				Dorchester		
<del>-</del> -	DIRECTOR	RESIDENCE OF DECEDENT				10c. CIT	c. CITY, TOWN OR LOCATION				10d. INSIDE CITY			
it. Pag		Maryland Dorchester					Cambridge							LIMITS?
L bern		10e. STREET AND NUMBER	7						ZIP CODE					WHAT COUNTRY?
transit	FUNERAL	414 Penns	givar			SARMED	12 WMS		1613 ENDENT OF HISPAN	IIC OBIGINS (	Specify Ver	-	SA	— American Indian.
for use as the burial-transit permit. Pages	BY FU	1 Never Merried 2 3 Widowed 4 Divo		FORCES? 1	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑NO  IF YES, GIVE WAR OR DATES			s, spe	city Cuban, Mexice 2 NO Specify	n, Puerto Rici			Speci	, White, etc.
Se as	ED		EDENT'S EDU		16	16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)			16b. Ki	ND OF BU	SINESS/IND			
	E	Elementary/Secondary (0		College (1-4 or 5	+)									
detached	COMPLET	8 17. FATHER'S NAME (First, Middle, Lest)				Homemaker  18. MOTHER'S NAME			ME (First Mid	dia Mairian	Sumamal			
be de	ECC	Solomon M		ews					Anna Me		are, reraider	Guilletta		
5 should notified	00	19e. INFORMANT'S NAME (7				19b. MAILIN	G AOORESS (SI	_	nd Number or Rural I		City or Tow	rn, State, Zip	Code)	
	2	Pearl Gri	. —			414	Penns	y1	vania A	Ave.,	Car	nbri	dge	MD 21613
n by the funeral director, page removal. edical examiner must be		20e. METHOD OF DISPOSITION 1 Series 2 □ Cremation 4 □ Donation 5 □ Other	ther place)	E OF DISPOSITION (Name of cametery, cremetory or 20c. LOCATION — City or Town, State										
al din		21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Newnam Funeral Home										, <u> </u>		
the funeral divola.		JOHN R. MERCERON Easton, Maryland												
POE		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory errest, shock, or heart feliure. List only one ceuse on each line.  IMMEDIATE CAUSE (Finel disease or condition reculting in death)  Due TO (OR AS A CONSEQUENCE OF):  Approximate interval Between Onset and Death  Preumonia  Due TO (OR AS A CONSEQUENCE OF):												
physiclan and completely fille ne prior to burial, cremation, ner traumatic event, the	NOI	Sequentially list conditions, fit eny, leading to immediate OUE TO (OR AS A CONSEQUENCE OF):												
ending physician and c Hygiene prior to buria or other traumatic	RTIFICATIO	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa  DUE TO (OR AS A CONSEQUENCE OF):												
	ERT	resulting in deeth) LAST												
Wenta Menta njury,	L CE										. WERE AUTOPSY FINDINGS			
n signed by the att Health and Menta ows any injury,	MEDICAL	Organic Brain Syndrome									AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
of sh	-	1 YES 2 NO												
e has b te Dept.	SIAN:	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL					26. PL	ACE OF DEATH (Ch	eck only one)				
certificate h h the State d, or Item	YSICI	1 TYES 2 NO		HOSPITAL:	ER/Outpati	ent 3 🗆 DOA	OTHER:	Home	s 5 🗆 Residence	6 🗆 Other (	Specify)			
wit	ву рну	27. MANNER OF OEATH  1 Netural 5 2 Accident	Pending Investigation	28e. DATE OF		28b. TI	JURY	WO	URY AT RK? 'ES 2 NO	26d. DE\$CI	RIBE HOW	INJURY OC	CUREO	
after d	ETED 8	A D Bullette	Could not be determined	28e. PLACE ( building	of INJURY , etc. (Specify,	At home, farm,	street, tectory,	office	•	28t. LOCAT City or	ION (Street Town, State	end Number	r or Rural	Route Number,
42 =	COMPLE	contact only /		ICIAN: To the best of e										s) end manner ee stated.
TO THE FUNER be filed within IMPORTANT:	BE	29b. SIGNATURE AND TITLE	OF CERTIFIE	Same	iail				29c. LICENSE NU	MBER		29d, DAT		(Month, Day, Year)
2	TO	30. NAME AND ADDRESS O				nklin S			Cambridg	e, MD	216	513		
- 1		Eyup Ta:	6 '90	32, REGISTA	AR'S SIGNAT	URE CON-Pan	dell							

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

495.7 N.B. = 0

A " TI

-	70	
Ś	he	the
9	12	3
F-	=	8
$\ddot{\mathbf{S}}$	ires	Sign
M	100	Ben
uL.	3	ā
	100	as
⋖	Ĕ	62
	-	Cal
>	3	誓
11	38	8
<u></u>	7	Si
0	2	100
DIVISION OF VITAL RECORDS,	TAL DR ATTENDING PHYSICIAN: The law requires that the d	AL DIRECTOR: After this certificate has been signed by the
$\simeq$	Z	ò
S	E	2
5	A	EC
	9	8
_	7	-
	100	- 25

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	Jetach	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
9	De c	at
tained	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to the state of the funeral director, page 5 should be detached to the state of the funeral director, page 5 should be detached to the funeral director, page 5 should be detached to the funeral director.	tiffed
De re	ge 2	9
шау	c pa	ts o
9 90	lirecto	E
.P.	eral	mine
r deal	the fu	ехэ
s afte	by th	dica
Jno	led in	me.
	ely fill	th.
d with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the file within 20 hours after death with the State Deat of Health and Mental Hodiers prior to burial, cremation, or removal.	event
ecute	nd co	atic
De ex	cian a	mae.
ficate	physic ne on	or to
certi	Hvale	to
death	atte	'n,
t the	nd M	=
s tha	afth a	any
equire	en sig	how
J ME	as be	23 \$
The	ate h	tem
CIAN	ertific the S	0.
HYSI	this c	ked,
ING	After	mar.
TEND	DR: /	8 18
JR AT	INECT S	em 2
TAL	ME D	II II
IOSPI	UNE	ANT
THE	THE S	PORT
2	2	3

1 - FOR STATE REGISTRAR	STATE OF !		MENT OF HEALTH AND	MENTAL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First,	Middle, Last)	0		2. DATE OF DEATH DAY	YEAR	3. TIME OF DEATH
Fren	315 A		CE	6 2	40	
4. SOCIAL SECURITY NUMBER	5. SEX  1 M 2 F  Ithiution, give street and number)	24 YRS. M	FUNDER 1 YEAR IF UNDER 24 HRS.  ONTHS DAYS HOURS MIN.  b. CITY, TOWN OR LOCATION OF D	7. DATE OF BIRTH		TNPLACE (State or Foreign
Bou 6 #	213		Centravilla	EATH	Puc	en Anne
100. STATE	GULON A		CANKY 211	P		10d. INSIDE CITY LIMITS? 1 XYES 2 NO
100. STREET AND NUMBER	Sparad	nt pd	101. ZIP CODE	617	10g. CITIZEN OF	WHAT COUNTRY?
11. MARITAL STATUS  1 Never Married 2 0  3 Widowed 4 Divor	Merried FORCES?	NT EVER IN U.S. ARMED  I YES 2 NO MAR OR DATES	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 — YES 2 NO Speci	an, Puerto Rican, atc.)	Ble	CE — American Indien, ack, White, etc.
15. DECE (Specify only Elementary/Secondary (0-	EDENT'S EDUCATION highest grade completed) -12) College (1-4 or 5	He Do NOT use I	k done during most of working	16b. KIND OF BUSI	NESS/INDUSTRY	D//
		Tra	CR Crive	ν		
17. FATHER'S NAME (First, Mile	dollo, Last)	1.156	16. MOTNER'S N	AME (First, Middle, Meiden S	12.	
190. INFORMANT'S NAME (IV	rpe/Print)	19b. MAILING A	DORESS (Street and Nurriber or Rura	POUT Number City or Town	State, Zio Code)	71417
Charles	Wilson		SWAMZIN	NA Cd-	Center	lb mid
20a. METNOD OF DISPOSITION 1 A Burlel 2 Cremation 4 Donation 5 Other	n 3 🗆 Removal from State	other place)	ION (Name of cemetery, crematory or	20c. LOC	ATION — City or	Town, State
21. SIGNATURE OF FUNERAL	SERVICE LICENSEE	1.0	22. NAME AND ADDRESS OF F	ACILITY		
Xea	ye Allo	eshould	319 .Do	versy.	Sarto	mo
ahock, or he iMMEDIATE CAUSE (Fin disease or condition	eert fellure. List only one ca	at ceused the death. Do no use on each line.	enter the mode of dying, su	ch a's cerdiac or reapir	atory arrest,	Approximate interval Between Ogset and Death
resulting in death)	a. DUE TO	O (OR AS A CONSEQUENCE OF)				S. Carlotte
Sequentially list conditi- if any, leading to immediate. Enter UNDERLYII	diete	O (OR AS A CONSEQUENCE OF):				
CAUSE (Disease or Inju- that Initiated events resulting in deeth) LAS	DUE TO	O (OR AS A CONSEQUENCE OF):				
PART II. Other algnifica	nt conditions contributing to	o death but not resulting in	the underlying cause given i			4b. WERE AUTOPSY FINDINGS
				PERFORI		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (COTHER:		0 1	m-213
25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN	26e, DATE O	F INJURY 28b. TIME	☐ Nursing Home 6 ☐ Residence  OF 26c. INJURY AT	6 Other (Specify)	JURY OCCURED	mylled 5
1 Netural 5	Pending (Month,	29-90 1234	WORK?	Throun to	- aut	when creat
3 Suicide	Could not be determined 26e. PLACE building	of INJURY — At home, farm, str., etc. (Specify)	ent, feetary, office	26f. LOCATION (Street of City or Town, State)	te 2)	rel Route Number,
ann)	SHAW APPRILITY OF THE COLUMN TWO IS NOT THE	ot my knowledge, death occurred	at the time, date and place, and do			se(e) and manner as stated.
296. SIGNATURN AND TITLE	OF CERTIFIER	Salva	M D123	UMBER 45	29d. DATE SIGN	IED (Month, Day, Year)
30 MAME AND ADDRESS OF	Smith	JF. MS	Centreville	, md	216	7
31. DATE FILED (Month, Day,	1 0 '90 32. REGIST	ART EIGHTURE PROD	a.			/

	TO THE FU TO THE FU be filed wit
14	15

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFICATE OF	FDEATH	REG. NO.							
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	YYEAR	3. TIME OF DEATH					
Nathan	Allen	Greene		7-3-90 F	OUND YEAR	5:58AM M					
4. SOCIAL SECURITY NUMBER 221-44-0425	5. SEX 6. AGE (In yrs. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	YRS. MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Dey, Year)	7 De	laware					
	9e. FACILITY NAME (If not institution, give street end number) Parson Bay off Parson Island  9b. city, town or location of Death Queen Annes County										
10e. STATE 10b. COUNTY	anne's	10c. CITY, TOWN OF LOO	ATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO					
100. STREET AND NUMBER			10f. ZIP CODE	-	10g. CITIZEN OF	WHAT COUNTRY?					
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Nidowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 I IF YES, GIVE WAR OR DATES	NO If yes,	ECENDENT OF HISPAI specify Cuben, Mexico ES 2 AO Specif		or No— 14. RAC Black	CE — American Indian, ok, White, atc.					
15. DECEDENT'S EDUC (Specify only highest grade of Elementery/Secondary (0-12)		DECEDENT'S USUAL OCCUPA (Give kind of work done during title. Do NOT use retired.)	TION most of working	18b. KIND OF BUS	INESS/INOUSTRY	H					
17. FATHER'S NAME (First, Middle, Last)	eene fr	·	18. MOTHER'S NA	SME Frut, Militia, Maigan	surene L	heene					
90. INFORMANT'S NAME (Type/Pint)	ne	376 A. B	t and Number or Rujal	Drune G	Store, Zig Code)	md. 21619					
20a, METHOD OF DISPOSITION  1 Dauriel 2 Cremetion 3 Remo  4 Donetion 5 Other (Specify)	oval from State other	CE OF DISPOSITION (Name of	Vislev	20c. LO	rester	own, Stata					
21. SIGNATURE OF FUNERAL SERVICE LICI	L. Smith	8. B	AND ADDRESS OF P	128 H	rlack	md.					
23. PART I. Enter the diseases, or conshock, or heert fellure. I.  IMMEDIATE CAUSE (Final disease or condition resulting in daath)	Drowning out to (or as a con-	ina.				Approximeta Interval Between Onset and Daati					
Sequantially list conditions, if any, leading to immediate ceuse. Entar UNDERLYING	DUE TO (OR AS A CON										
CAUSE (Disease or Injury that initiated events resulting in death) LAST	AUSE (Disease or Injury at Initiated events oue TO (OR AS A CONSEQUENCE OF):										
PART II. Other eignificant conditions	contributing to deeth but no	ot reaulting in the underly	Part I. 24a. WAS AN PERFOR	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?							
				_		YES 2 NO					
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 XX SES 2 \( \text{NO} \)	HOSPITAL: 1   Inpetient 2   ER/Outpetient	OTHER:	PLACE OF OEATH (Cr		bay						
27. MANNER OF DEATH  1 Natural 5 Pending  XXX Accident Investigation	200. DATE OF INJURY (Month, Day, Year) 6-30-90	- INJURY	NJURY AT WORK? YES XXX NO	Subject of	while swimmi						
3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Specify)		Water Prosp			Parson Isla					
29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSIC ONE)  2 MEDICAL EXAMINEI	CIAN: To the best of my knowledge, R: On the basis of examination end	, death occurred at the time, d	ate end place, end du	PUCEN ANNES to the cause(s) end mei a time, date and place, en	COUNTY oner se steled. Y	(a) and menner ea stated.					
296. AGNATURE AND TITLE OF CERTINER	eggel		29c. LICENSE NU			BD (Month, Day, Year) 3-90					
30. NAME AND ADDRESS OF PERSON WHO MARGARITA A. KORI	ELL,MD	11	.1 Penn St	reet,Balti	more,MD	21201					
31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNATUR	W-om									

A STATE OF THE STA

	3	
	=	
	1	
	=	
	-5	
(0)	₹	
4	D	
-	욛	
3	20	
_	8	
$\times$	uires that the death certificate be executed within 24 mou	
0	63	
m	Te .	
-	€	
-	=	
O	8	
O.	€	
_	ě	
(0	0	
o o	=	
	ਰ	
U.	=	
0	SS	
O		
ш	8	
0	-	
-	8	
7	0	
2	E	
	ż	
>	$\leq$	
	20	
-	30	
Q	7	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mou	
5	2	
$\sim$	2	
S	Ξ.	
===	4	
2	OC.	
0	0	
-		

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

										20	611	20
	FOR STATE REGISTRAR	STATE OF MARYLAND			OF HEALT		MENTAL	HYGIEN REG. NO.	_			
	1. DECEOENT'S NAME (First, Middle, Last)	1 0		0			2. DATE C	F DEATH		VEAR	3. TIME OF DEA	\TH
	George, Ho	oward Gr	reer	itie	bls		July		9, 19	990	1:30	Рм
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs.	lest birthday)	IF UNDER	1 YEAR IF UN	DER 24 HRS.	7. DATE O	F BIRTH		8. BIRTH	PLACE (State or I	Foreign
	215-12-8003	1½ M 2 □ F 70	YRS.	MONTHS	DAYS HOUR		Dec.	25,1			land	
~	9a. FACILITY NAME (If not institution, give at				, TOWN OR LOC	ATION OF DE	ATH			TY OF DI	EATH	
Ö	Fallston General	Hospital		Fall	ston				Harf	ord		
5	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNTY	,	10c CIT	Y TOWN C	OR LOCATION						10d. INSIDE CIT	v
DIRECTOR	Maryland Harf		Jor								LIMITS?	
	10e. STREET AND NUMBER	.ora	1 00	)pu	10f. ZIP C	ODE			10g, CITI	ZEN OF W	HAT COUNTRY?	,
FUNERAL	1006 Old Joppa Ro	her.			21/	005			100			
N.	11. MARITAL STATUS		ADMED	42.5	WAS DECENDEN	085	uc onionis	/Parally Var	US		American to a	Ma-
F	1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S. FORCES? 1 X YES 2	NO		If yes, specify Co	ıban, Maxicar	n, Puerto Ri		I OF NO.	Black	- American Ind , White, etc.	110077
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES WWTT			1 🗌 YES 2 🔀 P	O Specify	<i>'</i> :			Spech	white	
	15. DECEDENT'S EDUC	CATION 16a	DECEDENT'S	USUAL O	CCUPATION		16h.	KIND OF BU	SINESS/IND	USTRY	WILL	-
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of life, Do NOT u	work done	during most of wo	orking						
7	12.		wner -	- Ope	rator			Flori	st.			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			o <sub>F</sub> c	-	OTHER'S NAI				•		
		enfield				ssie				rlor		
BE	19a. INFORMANT'S NAME (Type/Print)		40b MAII INC	ADDRESS					_			
2	194. INFORMANT'S NAME (Type/Print)  Mary Eva Greenfield  1906 Old Joppa Rd., Joppa, Md. 21085											
	20a METHOD OF DISPOSITION 1 S Burial 2 Cremetion 3 Rem	20b. PLA	CE OF DISPO	SITION (No	ame of cemetery, o	crematory or		20c. LO	CATION -	City or To	wn, State	
	4 Donation 5 Other (Specify)	Unic		apel	U.M. C	emeter	~V	Jop	pa, M	arvl	and	
1	21 SIGNATURE OF FUNERAL SERVICE LI		~	22.	NAME AND ADD	RESS OF FAC	CILITY					
	Decree 1	& Mallons	100	HC	ward K	. McCc	mas	III F	unera	ıl Ho	me, P.A	A.
	, recourse.	c receive	LOCU								21009	
	23. PART I. Enter the diseases, or of ahock, or heart failure.	complications that caused the List only one cause on each it		not anter	the mode of	dying, suci	h aa card	ac or reap	iretory an	rest,	Approxim	
	IMMEDIATE CAUSE (Finel											nd Death
	IMMEDIATE CAUSE (Final disease or condition → a. CARCUSOMA OF THE LUNGS  OUE TO (OR AS A CONSEQUENCE OF):											
	DUE TO (OR AS A CONSEQUENCE OF):											
z		b										
5	Sequentially list conditions, If any, leading to immediate	DUE TO (OR AS A CON	SEQUENCE C	F):								
CERTIFICATION	Cause, Enter UNDERLYING CAUSE (Disease or Injury	С										
프	that initiated events	DUE TO (OR AS A CON	SEOUENCE C	F):								
E	resulting in deeth) LAST	d										
	PART II. Other significant condition	as contributing to death but no	nt resulting	In the ur	aderlylna ceur	e given in	Part I	24- WAS AS	AUTOPSY	245	WERE AUTOPSY	EINOMGE
PHYSICIAN: MEDICAL	BCUD-	-	ot reculting	in the di	identying cade	o given iii		PERFO		240	AVAILABLE PRIO	R TO
ă	0.300						- 1	1 TYES	2 /Nb		OF DEATH?	CAUSE
Z					-		_		_	-	1   YES 2	NO
ä												
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HORDITAL				F DEATH (Ch	eck only on	)				
Sic	1 TES 2 NO	HOSPITAL:  1 V Inpatient 2 - ER/Outpatient	3 DOA	4 Nu	R: rsing Home 8 □	Residence	8 🗆 Other	(Specify)				
Ŧ	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b, TII	AE OF JURY	28c. INJURY AT	r	28d. DE\$	CRIBE HOW	INJURY OC	CURED		
7	Natural 5 Pending	(MURIT, Day, ISBI)		M		2 🔲 NO	0					
BY	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJURY A	t home, farm,	street, fac	tory, office					r or Rural I	Route Number,	
COMPLETED	4 Homicide determined	building, etc. (Specify)					City	281, LOCATION (Street and Number or Rural Route Number, City or Town, State)				
E	29a. CERTIFIER , X CERTIFYING PHYS	ICIAN: To the heat of our formula in	death r	and on the co	time data 4	non +	to the			tod		
MP	Tondon only	HCIAN: To the best of my knowledge, ER: On the besis of examination and									and manner an	atated
00		Orre/ 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated.										
BE (	29c. LICENSE NUMBER 29d. DATE/SIGNEO (Month, Day, Year)										ir)	
0	January and appears of serson was considered and or person great or service of the service of th											

24s. WAS AN AUTOPSY PERFORMED?
1 - YES 2 000

25. WAS CASE REFERRED TO MEDICAL		28. PLACE OF DEATH (Check only one)								
1 YES 2 LNO	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3	DOA 4 Nu	R: raing Home 8 - Residence	8 Other (Specify)						
27. MANNER OF DEATH  1 Natural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK?  1 YES 2 NO	28d. DEŞCRIBE HOW INJURY OCCURED						
3 Suicide 8 Could not I	28a. PLACE OF INJURY — At hon building, etc. (Specify)	ne, farm, street, fac	ctory, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						

29a. CERTIFIER	. X	CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated
(Check only	13/2	CENTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated

	D00001 -11	provident.	- 11		100164	$\Psi$	1 1 0	/ 4
- 5		ERSON WHO COMPLETED CAUS	E OF DEATH (ITE		1 ^	1	0 11	2
	DANTE	MONAKIL	MD	(the re	de Graca	Mil	21018	
	77							

31. DATE FILED (Month, Day, Year) 20'90 JUL

32 REGISTRAR'S SIGNATURE Julia Davidson-Randalle

Their girl to the bedt

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22-rours after death. Page 6 may be retained by the law requires that the death of the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filed within 72 hours after death with the State Dept. of Health and Mental Hygienc prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

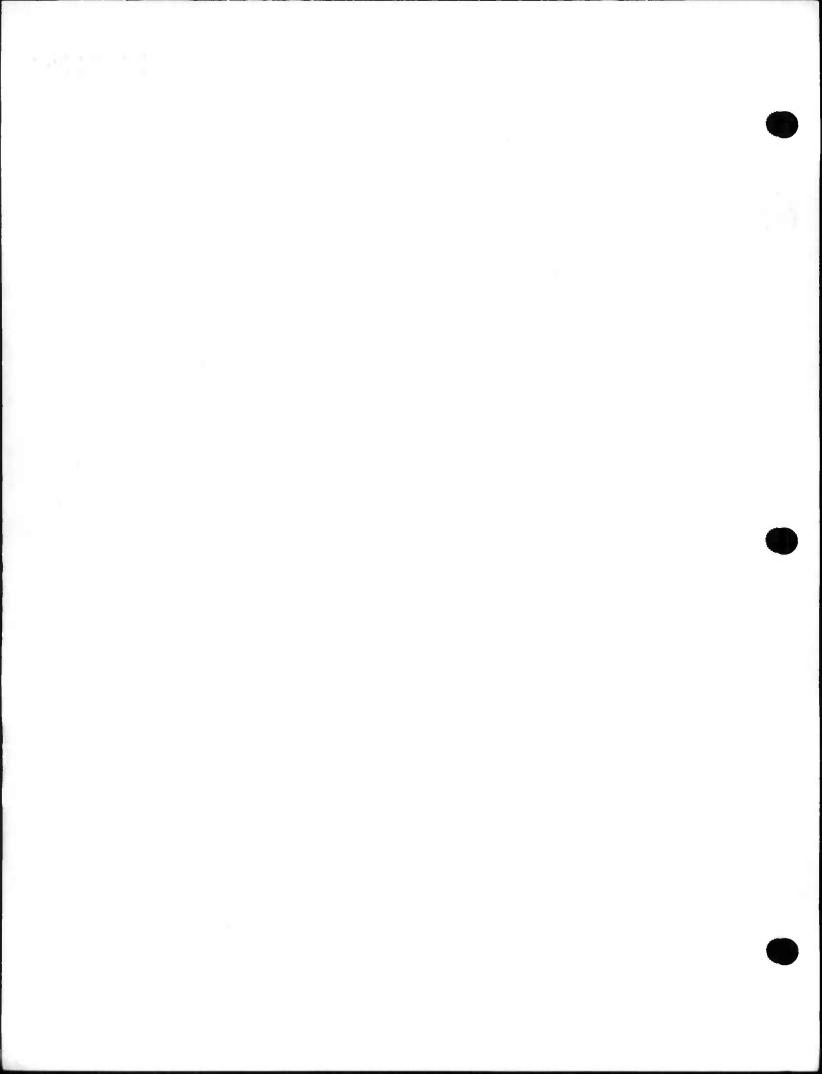
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR	OTHE OF MARTIE	CERTIF	CATE OF DEAT	Н	REG. NO.	•				
1. DECEDENT'S NAME (First, Middle, Last)	ECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH DAY			3. TIME OF DEATH		
MADGE P.	GREGORY			07	1		90	9 45 P	M	
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (	'In yrs. lest birthday)	IF UNDER 1 YEAR IF UNDER :		F BIRTH Day, Year)		8. BIRTH Counti	IPLACE (State or Forei	ign	
579-22-0665	1 □ M 2 🛣 F 65	YRS.	MONTHS DAYS HOURS		10/04/24			Washington, DC		
9a. FACILITY NAME (If not institution, give at	eet and number)		9b. CITY, TOWN OR LOCATIO	N OF DEATH		9c. COUR	VTY OF D			
RINCE GEORGE'S HOS	PITAL CENTER		CHEVERLY			PRI	NCF	GEORGE 'S		
RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		10c. CITY	, TOWN OR LOCATION					10d. INSIDE CITY		
Maryland Prince	e George's	Lá	andover Hills					LIMITS?	0	
10e. STREET AND NUMBER			10f. ZIP CODE			10g. CITI	ZEN OF	WHAT COUNTRY?		
7110 Varnum Stree	et		2	20784		I	J.S.	Α.		
11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO				13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuban, Mexican, Puarto Rican, atc.)  14. RACE — Black, W				E — American Indian k, Whita, atc.		
1 Never Married 2 Married IF YES, GIVE WAR OR DATES			the state of the s				Spec	thy:		
A								Whit	:e	
15. DECEDENT'S EDUC (Specify only highest grade	completed)	(Give kind of v	USUAL OCCUPATION rork done during most of working e retired.)	7 16b.	KIND OF BUS	INESS/IND	USTRY			
Elementary/Secondary (0-12)	College (1-4 or 6+)			1						
17. FATHER'S NAME (First, Middle, Last)		Key Pt	inch Operator	ER'S NAME (First, M	afewa					
Walter O. Cox			7.9-1			our name,				
19a. INFDRMANT'S NAME (Type/Print)		19b. MAILING	AOORESS (Street and Number	uline Gr		n, Stete, Zio	Code)			
Linda Pearson		51//3 (	Columbia Road	Columb	io M	0 <b>2</b> 21 1	and.	21044		
20. METHOD OF DISPOSITION	201	. PLACE OF DISPOS	SITION (Name of cemetery, crem			CATION —				
1 1 Surial 2 Cremation 3 Ramo	rval from Stata	other place) Ft. Line	oln Cemetery		Bre	ntwoo	od.	Maryland		
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1	22. NAME AND ADDRES	S OF FACILITY	(14	CONTRACTOR OF THE PARTY OF THE				
· Physit.	1.80	sout	Francis Ga							
23. PART I. Enter the diseases, Dr c	omplications that cause	A the death for r	4739 Balti					e, MD 207		
ahock, Dr haart fallure. I	List only one cause on a		A I	· g, 444 44 44.4	an or roup.	atory and	,	Interval Bet Onset and	tweep	
IMMEDIATE CAUSE (Final disease or condition		11/0	unalow.	4				-701	//h	
reaulting in death)	DUST TO (OR AS	San Company	TUTUM	1	A			16	00	
_	Mal	arlalic	COLA CO)	To	Ku	les		4 10	sale	
Sequentially list conditions,	OUE TO (OR AS A	A CONSEQUENCE OF	11.0	7	4	- 1		10	1	
cause. Enter UNDERLYING	1400	nen	ogenu	Carc	ind	ma		15 MG	Jul	
CAUSE (Disesse or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF	n: /							
resulting in death) LAST	s		0							
PART II. Other algnificant condition	s contributing to death i	out not resulting	in the underlying cause g	Iven in Part I.	24s. WAS AN		24	b. WERE AUTOPSY FIN	DINGS	
		-			PERFOR	. 4		AVAILABLE PRIOR TO COMPLETION OF CA		
					1 U YES 2	Kinn		DF DEATH?	0	
						A		10 100 20 11		
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DI	EATH (Check only on	9)					
EXAMINER?	PLOSPITAL: 1 Ø Inpatient 2 ☐ ER/Out	patient 3 DOA	OTHER: 4  Nursing Home 6 Ra	aidenca 6 🗆 Other	(Specify)					
27. MANNER OF DEATH	26a. DATE OF INJURY	26b. TIM	E OF 28c, INJURY AT		CRIBE HOW I	NJURY OC	CURED			
1 Natural 6 Pending	(Month, Day, Year)	IN.	M 1 YES 2	) NO						
2 Accident investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY building, atc. (Spe	Y — At home, farm,	street, factory, office	ot, factory, office 281. LOCATION (Street City or Town, Stell			t and Number or Rural Route Number,			
4 Homicide determined	bunding, atc. (ope	rcay)		Gity	or rown, Sterey					
29a. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the best of my know	viedge, daath occurr	ed at the time, date and place,	and dua to the cau	se(a) and ma	nner aa ata	ted.			
000	R: On the basis of axamination	on and/or investigation	on, in my opinion, death occur	ed at the time, data	and place, ar	d due to ti	he cause(	(a) and manner as atte	sted.	
296. SIGNATURE AND TITLE OF CENTIFIED	0/1	1/4	/ / X 296, LIGH	WAS HOWBER	7~	29d. DAT	E SJONE	p stadies, only years		
1 Oan	20 9 //	donous	190 1	0 74	19	•	18	yal 9	0	
30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type	Prints		1			1		
Thomas G. Maloney		71st Aver	nue, Hyattsvi	lle. Mar	vland	20	784	/		
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGI		1.00							
JUL 20 '90	guha da	migrou-Mark	A STATE OF THE STA							

10



		FOR
1	_	STATE
4	_	REGISTRAR

TO BE COMPLETED BY FUNERAL DIRECTOR

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.										
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE O	F DEATH	,	YEAR	3. TIME OF DEATN
ANTONI	0	GAR	CIA				/18/90		TEAN	8.15AM M
4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last b	oirthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF			8. BIRTH Countr	IPLACE (State or Foreign
129-14-8574	1 M 2 TF	63	YRS. MO	NTHS DAYS	HOURE MIN.	07/2				"York, NY
9a. FACILITY NAME (If not institution, give at	reet and number)		96	CITY, TOWN	OR LOCATION OF DE			9c. COU	NTY OF D	
PRINCE GEORGES HO	SPITAL CE	NTER		CHEVER	LY			PRIN	ICE G	EORGES
10s. STATE 10b. COUNTY			10c. CITY, TO	OWN OR LOCA	TION					10d. INSIDE CITY LIMITS?
Maryland Pri	nce George	's	Ne	w Car	collton					tX YES 2 □ NO
10e. STREET AND NUMBER				10	H. ZIP CODE			10g. CITI	IZEN OF V	VHAT COUNTRY?
7421 Leahy Road					20784			U	.S.A	•
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 X IF YES, GIVE WAR		ED	If yes, s	CENDENT OF HISPAN pecify Cuban, Maxica S 2 X NO Specify	n, Puarto Ric		or No—	14. RACI Black Spec	E — American Indian, k, White, etc.
15. DECEDENT'S EDU	CATION	18a. DECE	EDENT'S USI	JAL OCCUPAT	ION	16b. F	UND OF BUS	INESS/INC	DUSTRY	
(Specify only highest grade Elementary/Secondary (0-12)	Completed) College (1-4 or 5+)	(Give	kind of work to NOT use re	done during m tired.)	ost of working					
12th	4yrs	Str	uctur	al Eng	gineer		Gove	rnme	nt	
17. FATHER'S NAME (First, Middle, Last)					16. MOTNER'S NA	ME (First, Mi	ddle, Maiden :	Surname)		
Antonio Garcia					Rafae1	a Car	rion			
19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING AD	DRESS (Street	and Number or Rural	Route Numbe	r, City or Town	, State, Zip	o Code)	
Cecelia Monico Gar	rcia	74	21 Le	ahy Ro	oad, New	Carro	11ton	, Ma	ryla	nd 20784
20a, METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Ram		20b. PLACE OF	F DISPOSITION		emetery, cremetory or			CATION -		
1 X Burial 2 Cremation 3 Ram 4 Donation 6 Other (Specify)	ovel from State	Ft.	Linco	In Cer	neterv		Br	en two	ood.	marvland
21. SIGNATURE OF FUNERAL SERVICE LICENSEE										
Francis Gasch's Sons Funeral Home, PA										
23. PART I. Enter the diseases, or complications that caused the death Do not anter the mode of dying, such as cardiac or respiratory errest, Approximete										
ahock, or heart fallure.	List only one cause	on each tine.	UP DO HOL	antar the m	ode of dying, auc	m aa caron	ac or reapi	ratory er	rest,	Interval Between
IMMEDIATE CAUSE (Final disease or condition	(	/ >	11-	+	610					Onset and Death
resulting in desth)	resulting in desth) . Malestive Heart Tarline 10 days.								10 days.	
disease or condition resulting in desth)  or of the state										
If any, leading to immediate couse. Enter UNDERLYING		C	,	ι						
CAUSE (Disease or injury that initiated events	c	R AS A CONSEQU	JENCE OF):							
resulting in death) LAST										
	G									
PART II. Other algnificant condition	e contributing to de	eath but not re-	eulting in t	he underlyl	ng ceuse given in	Part I.	24a. WAS AN PERFOR		240	AMILABLE PRIOR TO
							1   YES 2	NO		COMPLETION OF CAUSE OF DEATH?
								•		1  YES 2  NO
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  ACKNOWLED  OTHER										
1 VES 2 NO	HOSPITAL:	R/Outpatient 3	DOA 4	THER:  Nursing No.	me 6 🗆 Raaldence	6 🗆 Other	(Specify)			
27. MANNER OF OEATN	28a. DATE OF IN (Month, Day,		28b. TIME O	F 28c, If	JURY AT	28d. DE\$0	CRIBE HOW II	NJURY OC	CURED	
1 Natural 5 Pending 2 Accident Investigation			37.7.7		YES 2 NO					
3 Suicide 6 Could not be determined determined and Mamber of Rural Flourier Number, etc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28e. LOCATION (Street and Number or Rural Flourier Number, City or Town, Stere)										
4 Homicide datermined		Community .								
29a. CERTIFIER (Check only 100 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, data and place, and dua to the cause(a) and manner as stated.										
one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner se stated.										
29c. LICENSE NUMBER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Your)  10 July 1990  30. NAME AND ADDRESS OF PERSON WHO COMPLETED GAUSE OF DEATH (ITEM 27) (Type, Print)  M: CHASC SCHWATE, MD 7500 Hanover Pkmy #103, Greenbell, MD 20776										
30. NAME AND ADDRESS OF PERSON WE	NATE, A	OF DEATH (ITEM	27) (Type, Pr	int)	es Phin	. Ho	3 6	reen	nlap	as Mosom
31. DATE FILED (Month, Day, Year)	32. REGISTRAR	S SIGNATURE	00/	ariov	- 1 //	10	, ,	, 50,	, -0	11-00/10
'm 20'90	Julia David		00							

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. 20 (VA)

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC				MENTAL HYGIEN REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last)	RDNER	1				2. DATE OF DEATH DO JULY 18		90	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (I	in yrs. lest birthday)	IF UNDER t YEAR	IF UNDER 2	24 HRS.	7. DATE OF BIRTH		8. BIRTI	HPLACE (State or Foreign	
721 01 7421	M 2 □ F 64	YRS.	MONTHS DAYS	HOURS		April 19 1			hington D.C.	
98. FACILITY NAME (If not institution, give street SOUTHERN MARYL	AALD HOSE	ITAL	96. CITY, TOWN		N OF DE	ATH		INTY OF E	EGEORGES	
RESIDENCE OF DECEDENT	HIGD HOST		CLINI	5~			PRI	NCE	GEONGEL	
MD 100. STATE Charles		Cobb	Town or Local	TION					10d. INSIDE CITY LIMITS? 1 YES 2 A NO	
10e. STREET AND NUMBER			-10	. ZIP CODE			10g. CIT	ZEN OF	WHAT COUNTRY?	
6 North Sherwood Dr	***			20625			USA		- 4	
11. MARITAL STATUS 1 Never Married 2 Married 1 Never Married 2 Married 2 Married 3 Wildowed 4 Divorced 1 Divorced 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 3 No Specify: 1 Yes 2 No Specify: 1 Yes 2 No Specify: 1 Yes 2 No Specify: 1 Yes 2 No Specify:										
15. DECEDENT'S EDUCATI (Specify only highest grade con	ION appleted	16a. DECEDENT'S U	SUAL OCCUPAT	ON of working		16b. KIND OF BU	SINESS/IN	DUSTRY		
	college (1-4 or 5+)	Ille. Do NOT use	ork done during m retired.)	ust or working	,					
8		maintena	ince en	_		Hotel		try		
17. FATHER'S NAME (First, Middle, Last)						ME (First, Middle, Meiden . Corley	Surname)			
Evans D. Gardner  190. INFORMANT'S NAME (Typo/Print)		19b. MAILING	ADDRESS /Street	<u> </u>		oute Number, City or Tow	m State 7	in Code)		
Cecilia Blaine			antee D			tsylvania			3	
20a. METHOD OF DISPOSITION  1	from State	PLACE OF DISPOSI	TION (Name of co	metery, creme		20c. LO		City or To	own, Stata	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Robert E. Wilhelm Funeral Home, Inc. Suitland Maryland 20746										
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, ahock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
PART II. Other aignificant conditions, contributing to death but not resulting in the underlying cause given in Part I.    24a. WAS AN AUTOPSY PERFORMED?   24b. WERE AUTOPSY FINDINGS ANALIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?   1 YES 2 NO   1 YES										
EXAMINER?	OSPITAL: Inpatient 2 - ER/Outp		OTHER: 4   Nursing Ho	me 5 🗆 Res	sidence	6 Other (Specify)				
27. MANNER OF DEATH  1 Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	JRY V	JURY AT ORK? YES 2	NO NO	28d. DEŞCRIBE HOW	INJURY O	CCURED		
2 Accident investigation 3 Suicide 6 Could not be 4 Homicide datermined	28e. PLACE OF INJURY building, etc. (Spec		treet, factory, off	ce		28f. LOCATION (Street City or Town, State	and Numbe	er or Rural	Ploute Number,	
29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIA 2 MEDICAL EXAMINER: (29b. SIGNATURE AND TITLE OF CERTIFIER	N: To the best of my know				ed at the	time, date and place, a	nd due to			
Molerto S	Clarle		UD.		50	28	<b>•</b> /	1/1	18/20	
30. NAME AND ADDRESS OF PERSON WHO CO			302 8	t. BR	ANN	ABAS TE	MP	CE a	tues MD	
JI. DATE FIRED (MOVE), DAY YOU')	32. REGISTRAR'S SIGN	ATURE						2 0	7010	

Lulia Savidson-Randale

BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

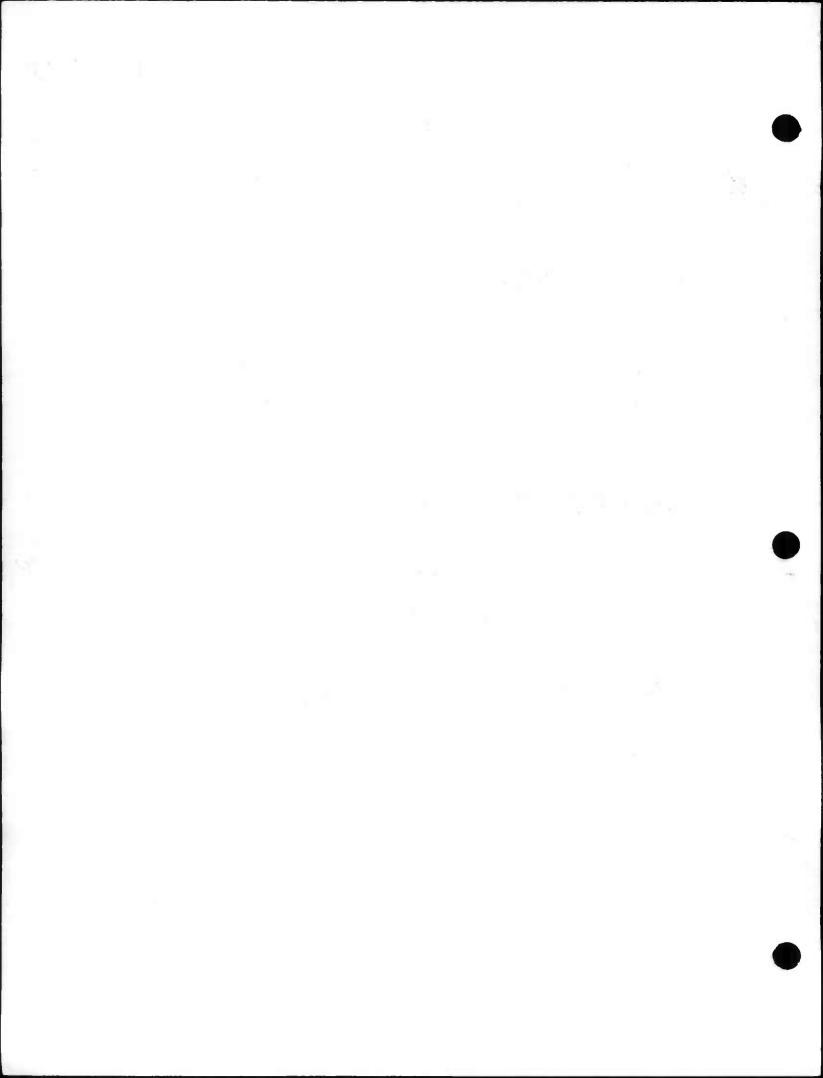
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

20



		FOR
1	_	STATE
		REGISTRAR

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR		SIAIE UF N	IANTLA	CERTIF					ENTAL HYGIEN REG. NO	E		
1. DECEDENT'S NAME First	, Middle, Last)	Roessne			SNI			_	2. DATE OF DEATH DO	1/8	PC SEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In	yrs. last birthday)	IF UNDE	R 1 YEAR	IF UNDER 24 H	IRS.	7. DATE OF BIRTH			PLACE (State or Foreign
214-09-9052		1 M 2 F	82	YRS.	MONTHS	DAYS	HOURS M	HN.	Month, Day, Year) Sept. 27,1	.907	Mary	land
90. FACILITY NAME (If not in	nstitution, give str	eet and number)			9b. CIT	Y, TOWN C	OR LOCATION (				INTY OF D	
Washington		Hospita	1			Hage	rstown	1		Was	hing	ton
10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	TION			-		10d. INSIDE CITY
Maryland	Wash:	ington		Н	lager	rstow	m					LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 27 E. Linco		•	497			101	21740			USA		YHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 3 3 Widowed 4 Dive	-2374111	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES	2 X NO	13.	If yes, sp		lexicen,	ORIGIN? (Specify Yer Puerto Rican, etc.)	or No—	Speci	- American Indien, c. White, stc. fy: hite
15. DEC	EDENT'S EDUC	ATION		ISe. DECEDENT'S	USUAL	OCCUPATION	ON		16b. KIND OF BU	SINESS/IN		mice .
	ly highest grade o			(Give kind of life. Do NOT u bus	work done se retired.,	during mo	est of working					
17. FATHER'S NAME (First, A	Aiddia Last)				G 2 4 (	-	18 MOTHER	'S NAM	E (First, Middle, Maiden	Cumama		
Blaine E.	Grossn	ickle							Brandenl			
190. INFORMANT'S NAME ( Elizabeth L		snickle							ute Number, City or Tow Agerstown :			40
20e, METHOD OF DISPOSIT		and from Ca-a-		PLACE OF DISPO	SITION (A	Vame of cer	metery, cremator	ry or	20c. LO	CATION -	City or To	wn, State
4 Donation 6 Other		var irom state		st Have	n Ce	emete	ery		Hag	gerst	own,	Maryland
21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE	,				ND ADDRESS					
SCA	2100	)uns	11	L					L HOME			Md. 21740
ahock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Fine) disease pr condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease pr injury that initiated eventa resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
	1		0.8001.80012.00			on the second					_	
PART II. Other algoritics	nal (	facel		t not resulting	in the u	inderlyin	g cause give	en in P	art i. 24e. WAS AN PERFO!	RMED?	246	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED T EXAMINER?	TO-MEDICAL	HOSPITAL:			ОТНЕ		LACE OF DEAT	'H (Chec	k only one)			
1 TYES 2 NO		1 D Inputient 2	ER/Outpat	tlent 3 🗆 DOA		uraing Hon		ence 6	Other (Specify)			
	Pending Investigation	28a. DATE OF (Month, D		28b. TIR	ME OF JURY M		JURY AT ORK? YES 2 N		28d. DESCRIBE HOW	NJURY O	CCUREO	
2 Accident 3 Suicide 6 4 Homicide	Could not be detarmined	28e. PLACE Coulding,	F INJURY - etc. (Specifi	At home, farm,	street, fe	etory, offic			281. LOCATION (Street City or Town, State		or or Rural I	Route Number,
(Check only			-				•		o the cause(e) end ma me, date end place, e			e) end manner ee stated.
29b. SIGNATURE AND TITL	Hem	And	lede	2	_		Da7	7 8	98°	29d. OA	TE SIGNIED	(Month, Day, Year)
30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAU	PEN DEAT	TH (ITEM 27) (Type	e, Print	D	2	17	40	٠.	S****	
31. DATE FILED (Month, Day,	20 '90	32/NEGISTIO		TURE avidson-A	indel	e						

BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mounts after death. Page 6 may be retained by the hospital or attending physician, to THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

DALLIMORE, MARTLAND	urs after death. Page 6 may be retained by the hospi	lied in by the funeral director, page 5 should be detached, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, T.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within urs after death. Page 6 may be retained by the hospi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached he filed within 72 hours after death with the State Debt, of Health and Mental Hydlene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF	MARYLAND / DEPARTMENT	T OF HEALTH AND	<b>MENTAL HYGIENE</b>
	CERTIFICAT	E OF DEATH	REG. NO.

	REGISTRAR				EHIIF	ICAL	E UF	DEA	111	R	EG. NO.				
	1. DECEDENT'S NAME (First, BET)	Middle, Lest)	. Gos	NELL	tty Cornelius Gosnell					2. DATE OF DEATH 07/11/90 3. TIME OF DEATH 3 PAR 23/5				AB315	
	4. SOCIAL SECURITY NUMBE	ER	5. SEX	6. AGE (In yrs.	last birthday)		R 1 YEAR	IF UNDER		7. DATE OF 8			8. BIRTI	IPLACE (State or	Foreign
	212-50-7606	55 YRS.	MONTHS	DAYS	HOURS	MIN.	09/04	/192	.4	Brun	swick,	MD			
-	9a. FACILITY NAME (If not ins	titution, give s	treet end number)			9b. CIT	Y, TOWN	OR LOCATI	ON OF DE		_		INTY OF D	EATH	
8	820 Tritapo	oe Dri	.ve			Kr	oxv	ille				Fr	eder	ick	
DIRECTOR	RESIDENCE OF DEC														
2	10a. STATE	10b. COUNT	•			Y, TOWN		TION						10d. INSIDE CI'	
	Maryland	Freo	lerick		Kr	ioxvi	.TTe							1 - YES 2	NO E
¥	10e. STREET AND NUMBER					10	f. ZIP COD		_				WHAT COUNTRY		
<b>E</b>	820 Tritapo					2175	8		Ur	nited	States	5			
FUNERAL	11. MARITAL STATUS	wood.	12. WAS DECEDER	T EVER IN U.S.		13.	WAS DEC	CENDENT (	OF HISPANI	IC ORIGIN? (S	ecify Yes	or No-	14. RAC Blac	E — American In k, White, etc.	dien,
BY	1 Never Merried 2 3 X Widowed 4 Divor			MAR OR DATES				2 NO			,,		Spec	White	2
		DENT'S EDU	CATION	40.	18e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUS										
	(Specify only	highest grade	completed)		(Give kind of work done durin			ost of worki	ing	160. KJN	D OF BUS	BUSINESS/INDUSTRY			
2	Elemantary/Secondary (0- 1.2	-12)	College (1-4 or 5	+)	Housewife					H	Iomen	aker	-		
COMPLETED	17. FATHER'S NAME (First, Mi	ddle Lest)						18 MOT	HED'S NAL	AE (First, Middle					
	Grover C. Co		119							B. Lec					
H	190, INFORMANT'S NAME (7)		us		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
2	Elaine G. I		1421 Gesna Drive, Hanover, MD 21076												
	20s. METHOD OF DISPOSITI	20b. PLAC other	PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) Union Cemetery Lovettsville												
	21. SIGNATURE OF FUNEAU		CENSEE / /	. / /	6	22			SS OF FAC	HLITY					
	Barbara	MA	A: W		Long					iams F				- MD 21	716
	23. PART I. Enter the di													, MD 21	
		art fallure.	Liat only one ca	use on each ii	ne.									Interval	Between nd Death
N	disease or condition resulting in death)  ARTERIOSCLEROTIC CARDIOVASCULAR DSEASE  DUE TO (OR AS A CONSEQUENCE OF):  HYPERTENSION ESSENTIAL  DUE TO (OR AS A CONSEQUENCE OF):														
CERTIFICATION	Sequentially list conditions, If any, leeding to Immediate cause. Enter UNDERLYING														
5	CAUSE (Disease or Injury														
Ē	that initiated events resulting in death) LAS		502 10	ON AS A CONC	SECOLINOE C	,. <sub>j</sub> .								i	
E	6.														
MEDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  1 YES 2 NO  1 YES 2 NO									F CAUSE					
AN	25. WAS CASE REFERRED TO	MEDICAL					26. P	LACE OF (	DEATH (Che	ock only one)					
SIC	EXAMINER? 1 X YES 2 □ NO		HOSPITAL:	□ EB/Outpetleat	3 🗆 DOA	OTHE	A:								
PHYSICIAN:	27. MANNER OF DEATH 280. DATE OF INJURY 28b. TIME							4 Nursing Home 5 Residence 8 Other (Spe E OF 28c. INJURY AT 28d, DESCRIBE					E HOW INJURY OCCURED		
	1 Natural 8 🔲	IN	WORK?  M 1 YES 2 NO			∃NO	and Describe NOW INSURT COCCURED								
BY	2 Accident 3 Suicide	street, fac						CATION (Street and Number or Rural Route Number,							
TED	3 Suicide 4 Homicide  8 Could not be determined  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)														
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.														
BE	29h, SIGNATURE AND TITLE	OF CERTIFIE	Robert	Robert H	RR Rok	perts	MD	29c. LIC	ENSE NUM	18ER 1986	7	29d. DA	TE SIGNE	Month, Day, Yes	) )
2	30. NAME AND ADDRESS OF	PERSON WI	O COMPLETED CAL	JSE OF DEATH (I	TEM 27) (Typ	e, Print)	-						, ,	,,,	
	15 W 7/4	57	Freder	uck m		170	1-	459	9						
	31. DATE FILED (Month, Day,	Year)	32. REGISTR	AR'S SIGNATURE											
	JUL 1 9 19	90_5	Tube Davids	or-Adrida	200										
		W	200 100 100		i									DHMH	I-16 Rev 1/89

5.00

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

4	FOR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
1	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

TGG Mac SCOWLY MARKE AT STREET BASE A SEC A SEC PLAN IN THE PROPERTY AND ASSOCIATION AND THE PROPERTY AND THE PROPERTY AND ASSOCIATI							
SOURCE SCOUNTY NAMED NO. SERVE A SAGE PLANS HER DEPROPER VIEW HER DATES AND THE STATE OF THE SAGE CONTROL							
The first part of the state of							
TREATMENT NAME (if not established, one seeds and number)  See COUNTY OF BEATH  PRINCE FREEDRICK  CAIVETT  No. COTY, TOWN OR LOCATION  THE RESERVENCY OF DECEDERY  No. COUNTY  Mary Jand  Calvert  Ovings  10. 20736  USA  11. MARTIAL STRUE   10. MORE COUNTY  No. COUNTY  Mary Jand  Calvert  Ovings  12. WAS DECEMBER TO HISPANCE OR CHAPTH (CANNES)  IN MAS DECEMBER OF HISPANCE OR HI							
THE CALVET MEMORIAL HOSPITAL  PRINCE FREGUENCE OF DECEDERATY  INS. STATE  NO. CORRECT OF DECEDERATY  NO. STREET AND SUMMERS  Rt 2 Box 64 Solomons Island Rd.  THANKIN STATUS  TO WAS DECEDED TYPE ON HIS ADMINISTRATION OF THE STATE OF THE STA							
100-STREET AND NUMBER   100-STREET AND NUMBER   100-STREET STATUS   100-STREET AND NUMBER   100-STRE							
100-STREET AND NUMBER    Rt 2 Box 64 Solomons Island Rd.   101-Web December 1975 In 111-Web De							
100-STREET AND NUMBER    Rt 2 Box 64 Solomons Island Rd.   101-Web December 1975 In 111-Web De							
Widowed							
Widowed							
The string of the string of							
The string of the string of							
Security   Security							
TO CATIO CONTROL (Characteristic)  The INFORMATIS NAME (Type-Print)  The INFORMATIS NAME (Type-Print)  The INFORMATIS NAME (Type-Print)  The INFORMATIS NAME (Type-Print)  The INFORMATIS NAME (Type-Print)  The INFORMATIS NAME (Type-Print)  The INFORMATIS NAME (Type-Print)  The Information of Commentary of Call Variety of The Information of Call Variety of The Information of Call Variety of The Information of Call Variety of The Information of Call Variety of The Information of Call Variety of The Information of Call Variety of The Information of Call Variety of The Information of Call Variety of The Information of Call Variety of The Information of Call Variety of The Information of Call Variety of The Information of Call Variety of The Information of The Information of Call Variety of The Information of Call Vari							
TO CATIO CONTROL (Characteristic)  The INFORMATIS NAME (Type-Print)  The INFORMATIS NAME (Type-Print)  The INFORMATIS NAME (Type-Print)  The INFORMATIS NAME (Type-Print)  The INFORMATIS NAME (Type-Print)  The INFORMATIS NAME (Type-Print)  The INFORMATIS NAME (Type-Print)  The Information of Commentary of Call Variety of The Information of Call Variety of The Information of Call Variety of The Information of Call Variety of The Information of Call Variety of The Information of Call Variety of The Information of Call Variety of The Information of Call Variety of The Information of Call Variety of The Information of Call Variety of The Information of Call Variety of The Information of Call Variety of The Information of Call Variety of The Information of The Information of Call Variety of The Information of Call Vari							
TO CATIO CONTROL (Characteristic)  The INFORMATIS NAME (Type-Print)  The INFORMATIS NAME (Type-Print)  The INFORMATIS NAME (Type-Print)  The INFORMATIS NAME (Type-Print)  The INFORMATIS NAME (Type-Print)  The INFORMATIS NAME (Type-Print)  The INFORMATIS NAME (Type-Print)  The Information of Commentary of Call Variety of The Information of Call Variety of The Information of Call Variety of The Information of Call Variety of The Information of Call Variety of The Information of Call Variety of The Information of Call Variety of The Information of Call Variety of The Information of Call Variety of The Information of Call Variety of The Information of Call Variety of The Information of Call Variety of The Information of Call Variety of The Information of The Information of Call Variety of The Information of Call Vari							
The content of the contributions of the contributing to death but not resulting in the underlying cause given in Part I.   24a. WAS AN AUTOPSY PRINCIPAL EXAMINER?   19 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -							
Tise. INFORMANT'S NAME (TyperPrint)  Tise. INFORMANT'S NAME (TyperPrint)  Dear METHOD OF DISPOSITION  Rt. #2 Box 64 Owings, Md 20736  Rt. #2 Box 64 Owings, Md							
OZNO Hall  Sea. METHOD OF DISPOSITION  Sea. METHOD OF DISPOSITION  Sea. METHOD OF DISPOSITION  Sea. METHOD OF DISPOSITION  Sea. METHOD OF DISPOSITION  Sea. METHOD OF DISPOSITION  Sea. METHOD OF DISPOSITION  Sea. METHOD OF DISPOSITION  Sea. METHOD OF DISPOSITION  Sea. METHOD OF DISPOSITION  Calvary United Apostolic Cem.  Calvary United Apostolic Cem.  Owigs, Maryland  22. NAME AND ADDRESS OF FACILITY  1451 Dares Beach Rd.  Sewell Funeral Home Prince Frederick, Md  23. PART II. Enter the diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease)  Sequentially list conditions, If any, leading to immediate or conditions or conditions, If any, leading to immediate or conditions, If any, leading to immediate or conditions or conditions or conditions or conditions.  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  A.  PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  A.  DUE TO (OR AS A CONSEQUENCE OF							
206. PLACE OF DISPOSITION (Name of cometory, cremetory or completion)   206. LOCATION — City or Town, State   206. Location — City or Town, State   206. Location — City or Town, Stat							
Total control of the specific of the specifi							
22. NAME AND ADDRESS OF FACRITY  1451 Dares Beach Rd.  Sewell Funeral Home Prince Frederick, Md  23. PART I. Enter the diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or respiratory arrest, interval Between Onset and Death disease or condition  resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  1 Over a significant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PRIORING ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH  1 Over a significant conditions contributing to death but not resulting in the underlying cause given in Part I.  25. WAS CASE REFERRED TO MEDICAL EXAMNERY  1 Over 10 Ov							
Sewell Funeral Home Prince Frederick, Md							
23. PART I. Enter the diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or reapiratory arrest, ahock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  24b. WERE AUTOPSY FINDINGS AMILLABLE PRIDAT OF DEATH (Check only one)  25c. WAS CASE REFERRED TO MEDICAL ENAMINERY  1 Sequentially list conditions.  DUE TO (OR AS A CONSEQUENCE OF):  26c. DUE TO (OR AS A CONSEQUENCE OF):  27d. WERE AUTOPSY FINDINGS AMILLABLE PRIDAT OF DEATH (Check only one)  27d. WERE AUTOPSY FINDINGS AMILLABLE PRIDAT OF DEATH (Check only one)  28c. PLACE OF DEATH (Check only one)  27c. MANNER OF BEATH  1 Medical S Pending Investigation S Pending Investigation S Pending Rev. (Simple)  28c. DATE OF INJURY AN HOME, form, street, factory, office  28c. INJURY AT WORKS SIMPly Simple S Control Number or Rural Route Number.  28c. LOCATION (Simel and Number or Rural Route Number.)							
AND AND AND AND AND AND AND AND AND AND							
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reauting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSE							
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1							
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1							
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1							
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1							
2 Accident Investigation 3 Suicide 6 Could not be building, etc. (Specify)  M 1 YES 2 NO  28t. LOCATION (Street and Number or Rural Route Number, Office building, etc. (Specify)							
2 Accident Investigation 3 Suicide 6 Could not be building, etc. (Specify)  M 1 YES 2 NO  28t. LOCATION (Street and Number or Rural Route Number, Office building, etc. (Specify)							
2 Accident Investigation 3 Suicide 6 Could not be building, etc. (Specify)  M 1 YES 2 NO  28t. LOCATION (Street and Number or Rural Route Number, Office building, etc. (Specify)							
2 Accident Investigation 3 Suicide 6 Could not be building, etc. (Specify)  M 1 YES 2 NO  28t. LOCATION (Street and Number or Rural Route Number, Office building, etc. (Specify)							
3 Suicide 6 Could not be building, set. (Specify)  281. LOCATION (Street and Number or Hursi Route Number, City or Town, Street, Tectory, Office building, set. (Specify)							
29a. CERTIFIER (Check only  (Ch							
one) 2 _ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.							
T 2 (3 C 8 ) M / 12 Fe							
30. NAME AND SCORESS OF PERSON WHO COMPLETED CRUSE OF DEATH/(ITEM 27) (Type, Print)							
John Weigel, M.D. Prince Frederick, Maryland							



r att	nse	
ital o	100	
hosp	ache	69
the	e de	9
ed by	d bu	90
retain	sho	otil
90	age :	90
s may	tor, p	tsn
age (	direc	E
D. P	Jerai	min
ır dea	he fu	еха
s afte	by the	dica
hour	ed in	E
in 24	ation	the
with	npleti	vent
cuted	d cor	lic e
900	to b	nma
ate by	ysicia	tra
rtifica	hd gr	othe
th ce	tendir	0
e des	he at	Ę,
at th	by t	any injury, or other
the sau	igned	20
requi	Ben S	how
MB	las bi	23
: The	cate P	E
CIAN	the S	0
PHYS	this c	rked
SNIG	After	E
TENC	OR:	8
R AT	IRECT	E
TAL O	ALD	I H
DSPIT	JNER.	NI.
至早	日子	DRITA
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use has all decided and the State Dear of Health and Mental Hanisha prior to burial commander or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR	STATE OF MARYLAND	/ DEPART	MENT OF H	FAITH AND N	AFNTAL HYGIFN	F	90 5113		
	1 - STATE REGISTRAR			CATE OF		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	HOLMA	12			2. DATE OF DEATH MONTH DA		3. TIME OF DEATH		
- 1		5. SEX 6. AGE (In yrs. In		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6. BI	IRTHPLACE (State or Foreign		
	444-96-4432	1 MAZOF GMON	YRS.	NONTHS DAYS	HOURS MIN.	(Month, Day, Year)	7-63	OUNTRY) 14 LA HOMA		
	9a. FACILITY NAME (If not institution, give atre			96. CITY, TOWN O	R LOCATION OF DE	ATH	9c. COUNTY O			
TOR	ER HARAONS	D MEM. HO	, ?	HAV	25 05	GRACE	HA	reurs		
DIRECTOR	10a. STATE 10b. COUNTY			TOWH OR LOCAT		ANG		10d. INSIDE CITY LIMITS?		
	MD HAZ	LAOND	/-		ZIP CODE	771	l .	1 X YES 2 NO OF WHAT COUNTRY?		
FUNERAL	3802 - C VE	TERLAND C	Ŧ		2100	05	100	U > A .		
3	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 ☐ YES 2 €	RMED			IC ORIGIN? (Specify Yes	or No- 14. F	RACE — American Indian, Black, White, etc.		
84	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	luo.		2 NO Specify	n, Puerto Rican, atc.)		Specify: BLACK		
	15. DECEDENT'S EDUCA	ATION 16a C	ECEDENT'S II	SUAL OCCUPATIO	iM	16b. KIND OF BUS				
Ë I	(Specify only highest grade of Elementary/Secondary (0-12)	ompleted) (		rk done during mo:				"		
7	MIA	N/A.		NIC	<del>}</del> ·		14.			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden				
BE	MATTHEW	M HOLM	4 ~		LIJA	D.	HUL	MAN.		
စ္	19a. INFORMANT'S NAME (Type/Print)	M HULMAN				Houte Number, City or Tow				
٦	MATTHEW  200. METHOD OF DISPOSITION				netery, crematory or		CATION — City of	1005		
	1 M Burial 2 Cremation 3 Ramov				Gardens			Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LICE			_	D ADDRESS OF FAC			-		
	Komath	B. Care		Tarı Abei	ring-Card	go Funeral aryland 2	Home, 1001-33	P.A. 99		
	23. PART i. Enter the diseases, or co ahock, or heart failure. Li	omplications that caused the diat only one cause or each lie		t antar tha mo	da of dying, such	h aa cardiac or reap	iratory arreat,	Approximate interval Batween		
	IMMEDIATE CAUSE (Final	A 22 0	700	- 1	0	2000011	^	Onset and Death		
	disease or condition a. ASPILATION PNEOMONIA 4 141405									
z	CEREBRAL PALSY.									
CERTIFICATION	Sequentially list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):									
2	cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CONS	A TE	1 1	4410	FIA.				
Ē	that initiated events resulting in death) LAST	502 TO (011 NO X 00110	EUGENOE OI,	•						
S	d.									
AL	PART II. Other significent conditions		reaulting in	the underlying	g cause given in	Part J. 24s. WAS AN PERFOI	AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
ă		JMB.				1   YES :	NO	OF DEATH?		
PHYSICIAN: MEDICAL	INBOLN	salor o		META	133613	_		1 TYES 2 NO		
Ä	25. WAS CASE REFERRED TO MEDICAL  EVALUATED 26. PLACE OF DEATH (Check only one)									
/SIC	EXAMINER?  1 YES 2 NO  HOSPITAL: 1   Inpatient 2   ER/Outpetient 3   DOA   4   Nursing Home 5   Residence 8   Other (Specify)									
	27, MANNER OF DEATH  1 Metural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	IRY WO	RK7	28d. DEŞCRIBE HOW		EO		
BY	2 Accident Investigation	28a PLACE OF INJURY — At	~ △	met factory offic		281 LOCATION (Street	and Number or B	hant Bouth Marchae		
TED	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, ferm, atreet, fectory, office building, stc. (Specify) Steel City or Town, Steel)									
Ë	29s. CERTIFIER 1 CERTIFYING PHYSIC	JAN: To the best of my knowledge,	death occurred	d at the time, date	and place, and dua	to the cause(a) and ma	nner as stated.			
Significate of Could not be determined building, stc. (Specify)  29a. CERTIFIER (Check only one)  29b. CERTIFIER (Check only one)  29c. CERTIFIER (Check one)  29c. CERTIFIER (Check one)  29c. CERTIFIER (Check one)  29c. CERTIFIER (Check one)  29c. CERTIFIER (Check one)  29c. CERTIFIER (Check one)  29c. CERTIFIER (Check one)  29c. CERTIFIER (Check one)  29c. CERTIFIER (Check one)  29c. CERTIFIER (Check one)  29c. CERTIFIER (Check one)  29c. CERTIFIER (Check one)  29c. CERTIFIER (Check one)  29c. CERTIFIER (Check one)  29c.							use(a) and menner as stated.			
BE (	29b. SIGNATURE AND TITLE OF CERTIFIER		_		29c. LICENSE NUM		29d. DATE SIG	GNED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (I	EM 27) (Type	Print)	0219	809	<b>PJ</b> v	14 17 90.		
	GIS. PRASH	the state of the s		-14)	+102	FALLIT	UN M	1021047.		
	31. DATE FILEO (Month, Day, Year) '90	32. REGISTRAR'S SIGNATURE								
	100 × 7 NO							DHMH-16 Rev 1/89		

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR	_	
COMPLETED BY FUNERAL D		
COMPLETED BY FUNERAL D		
COMPLETED BY FUNE		DIRECTOR
TO BE COMPLETED BY		FUNERAL
TO BE COMPLETED		¥
		TO BE COMPLETED
		7

		nEdisThAn	
ı		1. DECEDENT'S NAME (First, Middle, Last)	
ı		WILL	,]
		4. SOCIAL SECURITY NUMBER	5.
		577-18-2642	3
		9e. FACILITY NAME (If not institution, give stre	900
	뜻	3916 E. New	N
	Ĕ l	RESIDENCE OF DECEDENT	Ė
	2	10a. STATE 10b. COUNTY	
1	BY FUNERAL DIRECTOR	MD. D	C
	A	10e. STREET AND NUMBER	
	ᇤ	3916 E.New Mark	$\epsilon$
	5		12
l	7	1 Never Married 2 Married 3 Widowed 4 Divorced	
ı	B		
ı	世	15. DECEDENT'S EDUC/ (Specify only highest grade c	AT Or
1	9	Elementary/Secondary (0-12)	•
-	<u> </u>	11	
ı	BE COMPLETED	17. FATHER'S NAME (First, Middle, Last)	
	Щ	George W.	
	2	19a. INFORMANT'S NAME (Type/Print)	
	F	Beatrice L. Ho	1
		20e. METHOD OF DISPOSITION  1	
		4 Donation 5 Other (Specify)	_
		21, SIGNATURE OF FUNERAL SERVICE LICE	IN
		> of smeth R.	1
		23. PART i. Enter the diseases, or co	_
		shock, or heart fallure. L	
		IMMEDIATE CAUSE (Final disease or condition	
		resulting in death)	٠.
1	Z	Sequentially list conditions, b.	-
ı	ĔI	If any, leading to immediate	
	2	cause. Enter UNDERLYING CAUSE (Disease or Injury	
	# 1	that initiated events resulting in death) LAST	
	띮	d.	
	2	PART II. Other algolificant conditions	
	8	Liver metas	1
		7000 9009	
	Σ		-
	N N	- WAS CASE SESSES TO MEDICAL T	_
	5		r
٠ ]		1 TYES 2 THE	1
i	YS		
-	PHYS	27. MANNER OF DEATH	
	BY PHYSICIAN: MEDICAL CERTIFICATION		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE OF STAT				F HEALTH AND I		IYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)		,			2. DATE OF	DEATH		3. TIME OF DEATH
	WILLIAM	MAURICE	: но	LLAND		T11 T V	18 19	9 O	5:30 a.m.
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. le		IF UNDER 1 YE		7 DATE OF E	BIRTH	8. BIRTH	PLACE (State or Foreign
	577-18-2642 1xx 2 0	F 79	YRS.	MONTHS DA	YS HOURS MIN.	(Month, De	9 1911	Country	
	9e. FACILITY NAME (If not institution, give street and number)			9b. CITY, TO	WN OR LOCATION OF DE			OUNTY OF D	
۳ ا	3916 E. New Marke	t-Sec v	Бя	ਸ਼	Now Mark	ot Md		oraha	ester
DIRECTOR	RESIDENCE OF DECEDENT	e bee y				et Mu	• 1 00	OT CHE	ester
	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR L	OCATION				10d. INSIDE CITY LIMITS?
	MD. Dor.		E	New M	arket				1 TES 2 NO
וַּצֻ	10e. STREET AND NUMBER				101. ZIP CODE		10g. C	ITIZEN OF W	HAT COUNTRY?
FUNERAL	3916 E.New Market-Se				21631			USA	
ا ۾	5000500	DENT EVER IN U.S. A			DECENDENT OF HISPAI s, specify Cuban, Mexics			- 14. RACE Black	American Indian, t, Whita, etc.
BY	1 Never Married 2 Married IF YES, GIV	E WAR OR DATES			YES 2 NO Specif			Speck	white
	15. DECEDENT'S EDUCATION	140. 0	ECEDENT'S	USUAL OCCU	BATION	405 1/10	ID OF BUSINESS/	ND IO TOV	
쁘	(Specify only highest grade completed)		Give kind of the Do NOT us	work done during retired.)	ng most of working		ivate :		,1
اڄ	Elementary/Secondary (0-12) College (1-4 o	75+)			esman		surance		1
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			_ / Da=			le, Meiden Sumeme		
ŏ		land			CACA SCHOOL CO		E. ]	•	
BE	19a. INFORMANT'S NAME (Type/Print)		9b. MAILING	ADDRESS (St	reet and Number or Rural				111
임	Beatrice L. Holland				Item 10			_,	
	20e. METHOD OF DISPOSITION	20b. PLACI	E OF DISPO	SITION (Name of	of cametery cramatory or	•	20c. LOCATION	City or To	wn. State
	1 Buriel 2 December 3 Removal from State 4 Donation 5 Other (Specify)	other j	alis	burv	Cremator	v	Salis		
	21, SIGNATURE OF FUNERAL SERVICE LICENSEE				E AND ADDRESS OF FA	CHLITY			
	* of ensett R I par	G		700	<b>*</b>				AL HOME
-	23. PART I. Enter the diseases, pr complications	7.1	facth Da		Locust				
	shock, or heart fallure. List only one			not entar the	i moda or dying, suc	n aa cardiac	or reapiretory	arrest,	Approximate interval Batween
	IMMEDIATE CAUSE (Final disease or condition	- 101							Onset end Deeth
	resulting in death)	een /UL	eta.	5/020	<i>b</i>				Iwk
	Sni	TO (OR AS A CONSI	ECOENCE	r):	1				7 men
CERTIFICATION	Sequentially list conditions,	TO (OR AS A CONS			Ce_				1 ///
ξ	If any, leading to immediate cause. Enter UNDERLYING								
틸	CAUSE (Disease or Injury that initiated events	TO (OR AS A CONS	EOUENCE O	F):					
본	resulting in death) LAST								
	PART II. Other algorificant conditions contributing	to death but not	regulting	In the under	dular cause alves la	Part I 24	a, WAS AN AUTOPS	EV 245	. WERE AUTOPSY FINDINGS
CAL	Liver metas toses	, to doddir but not	resutting		nying caase given in		PERFORMED?	- 240	AVAILABLE PRIOR TO COMPLETION OF CAUSE
	NOW JUST 60 560 560 560 5					1	YES 2 NO		OF DEATH?
Σ						—		1	1 TES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF DEATH (C)	book onto one)			
2	EXAMINER? HOSPITAL			OTHER:				<u>.</u>	
448		2 ER/Outpetient  OF INJURY	28b. TIR		Home 5 Hasidenca		pecify) IBE HOW INJURY	OCCURED	
ā	1 Natural 5 Pending	th, Day, Year)	IN	JURY	WORK?	200. 02.001	IOC HOW INCOME	00001125	
В	2 Accident Investigation 3 Suicide & Could not be 28s. PLA	CE OF INJURY At I	home, farm.			28f. LOCATIO	ON (Street and Num	aber or Rumi i	Soute Number
COMPLETED	4 Homicide detarmined bullo	ling, atc. (Specify)	,	,,			own, State)		,
9	29a. CERTIFIER	A 21 - 1 - 1 - 1 - 2 - 1			Santa Santa Santa Santa Santa Santa Santa Santa Santa Santa Santa Santa Santa Santa Santa Santa Santa Santa Sa		A constitution in the		
₽ P	(Check only one)  1 CERTIFYING PHYSICIAN: To the be MEDICAL EXAMINER: On the besis								n) and manner as stated.
	29b. SJONATURE AND TITLE OF GERTIFIER				29c, LICENSE NU				
B	295. Sparatione and Title or Generalization		2		Man.	100	290. 0	7	(Month, Day, Year)
2	30. NAME AND APONESS OF PERSON WHO COMPLETED	CAUSE OF DEATH (17	EM 27) (Tvn	s, Print)	10336	220	,	1-1	, - 10
	CRAIS W CALOWOLL	2			a) Hara	Com	aniar.	- 11.	2
		TRAR'S SIGNATURE	\$161	C 6 C	N / VOST	CHINA	XUIDES	in	0
	19 '00	ulia Pavidson		400					
		A IL AL [ANOQ1	1 10						

	ğ	P	ò	E
	N	/ fille	tion,	the
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mol	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the m
	3	dwo	l, C	eve
5	Scurte	D DI	onia	tic
-	9	n ar	10	Ē
5	e be	Sicia	nior	Į.
	ficat	É	ne p	her
;	certi	Buil	ygie	5
	ath	ttend	굗	0
	e de	Je 3	Мещ	5
1	t th	50	D	=
	tha	Ped	E S	am)
í	nires	Sign	Heal	MS
į	red	een	6	흜
	AMP.	as b	Dept	23
2	E S	ite h	ate	E
	AN:	tiffe	e St	1
	SICI	2	5	d, o
)	F	this	M.	rke
	ING	ther	eath	E
2	END	R.	p Ja	100
2	ATT	E	s aft	1 28
	OR	DIR	hour	tem
	TAL	ZA.	2	=
	SP	NE	thin	Ä
	E HC	EF	WP	RTA
	E	王	file	2
	2	2	å	ž

	1 - STATE REGISTRAR	STATE OF MAR			TMENT OF I		MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)  June C	Hutley					2. DATE OF DEATH	7 (	year 90 4:15 P M	
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. les	t birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYE	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE (State or Foreign Country)	
	216-30-5954 9s. FACILITY NAME (If not institution, give a		, ,		Sh CITY TOWN	OR LOCATION OF DE	Jun 22		Oorchester	
DIRECTOR	Memorial Hospi				Eastor				lbot	
EC	10e. STATE 10b. COUNT	Y		10c. CIT	r, TOWN OR LOCA	TION			10d. INSIDE CITY	
	Maryland Dorc	hester				D, DELA	WARE	100 CITIZ	LIMITS?  1 YES 2 NO  EN OF WHAT COUNTRY?	
FUNERAL	P.O. BOX	1355				19973		U.	S.A.	
BY FUI	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 X Divorced	12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR (	YES 2 🔀	MED 10	If yes, s		NIC ORIGIN? (Specify Yon, Puarto Rican, atc.)	oa or No	14. RACE — American Indian, Black, White, etc. Specify: White	
ED	15. DECEDENT'S EDU (Specify only highest grade	CATION			USUAL OCCUPAT		16b. KIND OF BU	JSINESS/INDL		
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life	Do NOT us	e retired.)	lost or working				
MP	12 years		Fo	nd p	repare		Resta			
<u>.</u>	17. FATHER'S NAME (First, Middle, Last)					CALL TO A STATE OF THE STATE OF	ME (First, Middle, Maide			
	Wm. Carl Cork	ran					a Mae Co			
2	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Tow  Rte 2 Box 161 Hurlock, Ma									
	208. METHOD OF DISPOSITION	riey				emetery, crematory or			ity or Town, State	
	1 Burial 2 Cremation 3 Rem	ioval from State				Cremato			town, Del.	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	2000	0111		AND ADDRESS OF FA	CILITY		•	
	1.11.12.12 S	0 -			Fram	ntom_Ha	wkins -	6	North Mai 1sburg, <sub>Md 216</sub>	
	23. PART I. Enter the diseases, or shock, or heart feilure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause	on esch line	D.	not anter the m	ode of dying, suc	h as cardiac or res	piratory sm	Approximate Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. DUE TO (OR DUE TO (OR d.	COUENCE O	Pi:	CINBUC					
- 1	PART II. Other significant condition	ns contributing to date	oth but not	resulting	In the underlyi	ng ceuse given in	Part I. 24s. WAS A	N AUTOPSY DRMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
DICA							1 □ YES	. /	COMPLETION OF CAUSE DF DEATH?	
WE									1 TYES 2 NO	
AN										
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	PLACE OF OEATH (C	neck only one)			
₹S	1 VES 2 NO	1 Inpetient 2 FER		28b. TIN		me 5 Residence	8 Other (Specify)  28d. DESCRIBE HOW	IN HIEV OCC	NIDED	
PHY	1 Natural 5 Pending	(Month, Day, )			JURY V	YORK?	280. DESCRIBE NOW	INJUNT OCC	ONED	
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF IN building, atc.	IJURY — At he (Specify)	ome, farm,			281. LOCATION (Stree City or Town, Stal		or Rural Route Number,	
LET	const only	SICIAN: To the best of my ER: On the bests of axam							ed. e cause(a) and menner as stated.	
COMPL										

el 29 Creamery Lane
32. RECISTRAR'S SIGNATURE

Julia Levidera Jundane

10

William

31. DATE FILED (Month, Day, Year)

JUL 1 2 '90

Η.

Friedel

21601

Easton, Maryland

No.

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOS TO THE FUN Se filed with
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospita TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPI TO THE FUNER TO TH
THE THE POPER THE THE POPER THE THE THE THE THE THE THE THE THE THE

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

FOR 1 - STATE REGISTRAR	STATE OF MARY	AND / DEPARTM CERTIFIC			MENTAL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	);				2. DATE OF DEATH	VEAR	3. TIME OF DEATH
Sarah Gladys Ho	lding				July 4,	1990 YEAR	0:745 a.M
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		UNDER t YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	S. BIF	TTHPLACE (State or Foreign intry)
221-05-7228	1 M 2 XF	74 YRS.	NTHS DAYS	HOURS MIN.	Oct. 5, 19	15 Ne	Jersey
9e. FACILITY NAME (If not Institution, give	atreet end number)	96	CITY, TOWN C	R LOCATION OF DE		9c. COUNTY OF	DEATH
Union HOspital			Elktor	1		Ceci.	1
RESIDENCE OF DECEDENT  10e. STATE 10b. COUNT	rv .	I so CITY T	OWN OR LOCAT	ION			404 INCIDE CITY
	cil				,Cecilton,M	D	10d. INSIDE CITY LIMITS?  YES 2 NO
10e. STREET AND NUMBER	0.1.1	2200 21		ZIP CODE	, 0001110011,11		F WHAT COUNTRY?
Box 425			2	1913	71	USA	A
11. MARITAL STATUS	12. WAS DECEDENT EVER	N U.S. ARMED			IIC ORIGIN? (Specify Year	or No.— 14. R/	ACE — American Indien,
1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	Ž∏NO DATES		NO Specify	n, Puerto Rican, etc.) //	623	eck, While, etc. Decity: White
15. DECEDENT'S ED (Specify only highest grad	UCATION for complete of	16a. DECEDENT'S USI	JAL OCCUPATIO	ON et of weeking	16b. KIND OF BUSI	INESS/INDUSTRY	1
Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT use re	tired.)	at or working			
unknown		Homemake:	r		Home		
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Meiden S	Surname)	
Howard Benson					e Badley		
199. INFORMANT'S NAME (Type/Print)	3.21				Route Number, City or Town		
George William Ho					Cecilton,MI		
20a. METHOD OF DISPOSITION  1. Buriel 2 Cremation 3 Re	moval from State	other place)				ecilton	
4 Donetion 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE I	ICENSEE	2.10	n Cemet	DETY		CIILOH	, 1/11
1/ 0	100			ws Funer			
23. PART I. Enter the diseases, or	Tellous				St. Cecilto		1913
shock, or hasn't failure  IMMEDIATE CAUSE (Finat disease or condition resulting in dasth)  Sequentially list conditions, if any, isading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Ond Due to for As	A CONSEQUENCE OF):  A CONSEQUENCE OF):	astra auc	r Haw Obstu	t failu	se Lubr Dissa	Interval Between Onset and Death
PART II. Other algolficent condition		but not resulting in the state of the state		g cause given in	Part t, 24a, WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				LACE OF DEATH (C)	neck only one)		
EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inputlent 2   ER/Ou		THER:  Nursing Hon	ne 5 🗆 Reeldence	6 Other (Specify)		
27. MANNER OF DEATH  1 Natural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME C	Y WO	TURY AT ORK? YES 2 NO	28d. DESCRIBE HOW IF	JURY OCCURED	
2 Accident investigation 3 Suicide 6 Could not b 4 Homicide detarmined	28e, PLACE OF INJUI	tY — At home, farm, streecify)	et, factory, offic	•	28f. LOCATION (Street a City or Town, State)	and Number or Ru	rel Route Number,
TOTAL DIMY	SICIAN: To the best of my known NER: On the basis of examinat						se(e) end menner ee stated.
29b. SIGNATURE AND TITLE OF CERTIF	a lan	EAND PÁTH (ITEM 27) (Type, Pr	int)	29c. LICENSE NU D25915		29d. DATE SIGN	NED (Month, Day, Year)
(	Parev Rt 21	3. Cecil		Health	Ctr Cec	ilton	MD
JUL 10 '90	F-0 - 7/71 - 12 (1) [51111	widson - Randa	00				

6,	L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
314	betra
1	9000
	B
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	tificate
0	Ce
0	death
SC	the
2	that
8	lires
W	requ
7	NE:
A	The The
5	IAN:
L	SIC
0	F
N	OING
3	EN
3	A
5	DR

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTMENT OF CERTIFICATE OI			TYGIENE REG. NO.
I	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF	
l	FRANCES	VIRGINIA	HURTT		June	23 <b>,</b>
I	4. SOCIAL SECURITY NUMBER	5. SEXTOM 2 7 cf. AGE (In	yrs. last birthday) IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTN

1. DECEDENT'S NAME (Firs	t, Middle, Last)								2. DATE O	DEATN			3. TIME OF DEATN
FR	ANCES	VIRGIN	IA	HUR'	ГT				June	23,	1990	YEAR	10 P
4. SOCIAL SECURITY NUM		5. SEXFemale	6. AGE (In yrs.	last birthday)	IF UNDER		IF UNDER		7. DATE OF	BIRTN		8. BIRTI	NPLACE (State or Foreign
216 34 3720	)	1 □ M 2 🔀 F	53	YRS.	MONTHS	DAYS	HOURS	MIN.	Oct.	16,	1936	Vi	rginia
9a. FACILITY NAME (If not I	nstitution, give s	treet and number)			9b. CITY	, TOWN	OR LOCATI	ON OF D	EATN		9c. COU	NTY OF D	EATN
At Home Hav		e Ave.			F	Rock	Hal:	1				Kei	nt
RESIDENCE OF DE	10b. COUNTY	,		10a CIT	Y, TOWN (	DR LOCA	TION						10d. INSIDE CITY
Maryland	Ker				k Hal		IION						LIMITS?
100. STREET AND NUMBER		.10		Roci	K IIa.	_	1. ZIP COD	-			In CIT	2EN 0E 1	YES 2 NO
	thorne	A***					2166				100	SA	WHAI COUNTRY?
11. MARITAL STATUS D			FVER IN U.S.	ARMED	12				NIC ORIGIN?	Specify Ver			E — American Indian,
1 Never Married 2 3 Widowed 4 2 Div	Married	FORCES? 1 IF YES, GIVE W	YES 2			If yes, sp		n, Mexica	en, Puerto Ric	en, atc.)	0.70	Spec	k, White, etc.
	CEDENT'S EDU		16a,	DECEDENT'S	USUAL O	CCUPATI	ON	_	16b, F	IND OF BU	SINESS/INI	USTRY	
Elementary/Secondary (	ly highest grade (0-12)	College (1-4 or 5 +	)	(Give kind of life. Do NOT u	work done se retired.) USEW		ost of workli	ng					
17. FATHER'S NAME (First, I	Middle, Last)						18. MOT	HER'S NA	AME (First, Mic	idle, Maiden	Surname)		
EAST	Her	nry Scha	uer						s Mat:			a11	
19a. INFORMANT'S NAME (							and Number	r or Rural	Route Number	City or Tow	rn, State, Zij	Code)	
Debbie Dalr	ymple			P.O.	Box	# 5.	10 F	lock	Ha11,	Md.	2166	1	
20a. METNOD OF DISPOSI		rial	20b. PLA	CE OF DISPO	SITION (N	me of ce	metery, crer	natory or		20c. LO	CATION -	City or To	own, State
1XXBuriel 2 Cremeti 4 Donation 6 Othe		oval from Stale	. Wesl	ey Cha	pe1	Ceme	etery	(6,	/26/90	) R	ock H	la11,	Md. 21661
21. SIGNATURE OF FUNER	AL SERVICE LIC	CENSEE			22.	NAME A	ND ADDRE	SS OF FA	ACILITY	D	0 D	11.	264
> £1.	1-00	) . / . \	-01	2		T 71			1.1	-	O. Bo		
23. PARTY I/Enter the c	JAXX		<u> </u>	de la Car			illi						, Md. 2162
immediate cause (Finel disease or condition resulting in deeth)  S. Ca of Colon with netastastass 3 years  Due to (or as a consequence of):													
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury  c.													
that initiated events  resulting in deeth) LAST  d													
PART II. Other algnific	t resulting in the underlying			ing cause given in Part I.		Part I.			24	. WERE AUTOPSY FINDING			
										PERFORMED?			AWAILABLE PRIOR TO COMPLETION OF CAUSE
								I I TES	E LIGHTO		OF DEATH?		
1 VES 2 NO													
25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)													
EXAMINER?  1 YES 2 NO  1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)													
	Pending	26a. DATE OF (Month, De	26b. TIA		28c. IN	JURY AT ORK? YES 2 [		1	RIBE NOW	INJURY OC	CURED	447	
2 Accident investigation 3 Suicide 6 Could not be 4 Homicide detarmined 26a. PLACE OF INJURY — Al hor building, alc. (Specify)					home, farm, street, factory, office  261. LOCATION (Street and Number or Rural Route Nu City or Town, State)					Route Number,			
anal		ICIAN: To the beat of											a) and menner as stated.
296. SIGNATURE AND TITL	E OF CERTIFIE						29c. LIC	ENSE NU	MBER		29d. DAT	E SIGNEI	O (Month, Day, Year)
Ca!				8	0	0 3.	54	D 6	21	5790			
30. NAME AND ADDRESS C	F PERSON WH				,	tert		Md.	3	- 1			
31. DATE FILED (Meeth, -Qay	Joar)	32. REGISTRA	R'S SIGNATUR	E			,,				-		
JUN 2	5 '90	32. REGISTRA Guna	Davidson	n-Pande	ec.								

# BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mounts after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - FOR STATE REGISTRAR	STATE OF MA	RYLAND / DEPAR CERTIF	TMENT OF H			SIENE S. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEA	TH DAY	WEAR	3. TIME OF DEATH		
ľ	Myra	L.	Hadaway			7 MONTH		90	5:16 p M		
	4. SOCIAL SECURITY NUMBER		. AGE (In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIFT (Month, Day, Y		8. BIRTHI	PLACE (State or Foreign		
	212-16-7867	1  M 2 X F 85 YRS.									
	9e. FACILITY NAME (If not institution, give str	eet and number)		96. CITY, TOWN C	R LOCATION OF DE	ATH		NTY OF DE	ATH		
OR	Memorial Hospit	tal		East	on Talbot						
DIRECTOR	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY		10c CIT	Y. TOWN OR LOCAT	ION			10d. INSIDE CITY			
E	Maryland Talbo	o.t		aston					LIMITS?		
	10e. STREET AND NUMBER	J C	1 1110		ZIP CODE		10a, CIT	IZEN OF W	HAT COUNTRY?		
RA	220 S. Higgins	Stroot			21601		100	S.A			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT E	EVER IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Spec	Ify Yee or No-	14. RACE	- American Indien.		
	1 Never Merried 2 Merried	FORCES? 1		If yee, sp	ecify Cuben, Mexices 2 ☑ NO Specify	n, Puerto Rican, e	lc.)	Black, Specifi	, White, atc.		
B	3 ₩ Widowed 4 □ Divorced				M	•		whi			
	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	(Give kind of	USUAL OCCUPATION		16b. KIND (	OF BUSINESS/IN	DUSTRY			
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	se retired.)							
MP	6		home	emaker							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAI						
BE	Clem K. Chance  190. INFORMANT'S NAME (Typo/Print)		I			Morgan					
2					nd Number or Rural F				06033		
	Jean G. Hadawa		20b. PLACE OF DISPO		Brook		Oc. LOCATION -				
	20e. METHOD OF DISPOSITION 7 1 X Burist 2 Cremetion 3 Remd 4 Donation 5 Other (Specify)	val from State	other piece) Woodlaw						ryland		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	I WOOdiawi		I ADDRESS OF FA		ascon	, Ma	Lyland		
				Newn	am Fune		ome				
	YOHO K		RCFRON		on, Mar						
	23. PART I. Enter the diaeases, or o ahock, or heart fellure. L	omplications that c list only one cause	caused the death. Do on each line.	not sater the mo	de of dying, suci	h sa cardiac or	respiratory sr	rest,	Approximata Interval Between		
	IMMEDIATE CAUSE (Fine)										
	resulting in death)	. / / / /	R AS A CONSEQUENCE C	ial o	nfair	chon			10 mm.		
_		DOE 10 (0	AS A CONSEQUENCE C	/r·):	V				i l		
ō	Sequentially list conditions, if any, leading to immediate	DUE TO (O	R AS A CONSEQUENCE C	OF):							
PA	cause. Enter UNDERLYING										
Ĕ	CAUSE (Disease or Injury that initiated events	DUE TO (O	R AS A CONSEQUENCE O	F):							
CERTIFICATION	resulting in death) LAST	J									
	PART II. Other significant conditions	a contributing to d	esth but not resulting	in the underlyin	a ceuse alven in	Part I. 24a, V	WAS AN AUTOPSY	24b.	WERE AUTOPSY FINDINGS		
BY PHYSICIAN: MEDICAL						P	ERFORMED?	17.50	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
	-					10	YES 2 PKNO		OF DEATH?		
Σ			<del></del>			-			1 YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL			28. P	LACE OF DEATH (Ch	eck only one)					
200	EXAMINER? 1 ☐ YES 2 NO	HOSPITAL:	ER/Oulpatient 3 DOA	OTHER:	ne 5 🗆 Reeldence		16.1				
¥	27. MANNER OF DEATH	28e. DATE OF IN	JURY 2ab, Til	ME OF 28c. IN.	JURY AT		HOW INJURY O	CURED			
7	1 Netural 5 Pending Investigation	(Month, Day,	Year) IN		YES 2 NO						
	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF building, at	INJURY — At home, farm,	street, factory, offic	•		(Street and Numbe	or Rural F	loute Number,		
Ë	4 Homicide determined	bunding, at	е. (эрвспу)			City or Town	, State)				
ا۳	29a. CERTIFIER	CIAN: To the best of m	ry knowledge, death occur	red at the time, date	end place, and due	to the cause(a) s	nd manner as ste	rted.			
COMPLETED	(Onoch Orn)		mination end/or investigat						) and manner as stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIER	0	f -		29c. LICENSE NUI	MBER	29d, DA	TE SIGNED	(Month, Day, Year)		
BE	1 (6/11)	2	1. le las		6905		<b>D</b>	7-1	3.90		
9	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE	OF DEATH (ITEM 27)	Print)	100	/		, ,	3.0		
	Dalah B ribb	. M.D.	Cwagoresi 11-	MD 230	20				9		
	Raiph E. Libby	32. REGISTRAR	Grasonville s signature	MD 216	38						
	31. DATE FILED (Month JUL), YT') 6 90	J 90	San State Land Life						1		

4.87 21

43

BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. Items 9a, b & FOR 1. STATE per FH 8/13/90 sp STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR	CERTIFI	CATE OF DEATH	REG. NO.								
1. DECEDENT'S NAME (First, Middle, Last	uh ins		1 21 0	3. TIME OF DEATH							
4. SOCIAL SECURITY NUMBER	6. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	BIRTHPLACE (State or Foreign Country)							
214-18-838	30	881931	ma.								
9e. FACILITY NAME (If not institution, give Kent & Queen	Anne's Hospital	9b. CITY, TOWN OR LOCATION OF DEA Chestertown		of DEATH Cent							
Residence of Decement  10s. State  10s. State  10s. State	TV 40. CITY	TOWN OR LOCATION/		10d. INSIDE CITY							
md. 2n	eln annia Ces	treville		LIMITS!							
100. STREET AND NUMBER 229 Marth	iberty	2/L/)	10g. CITIZE	N OF WHAT COUNTRY?							
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES 1 VES 2 NO IF YES, OIYE WAR OR DATES	13. WAS DECENDENT OF HISPANI If yea, specify Cubar, Mexican, 1 YES 2 NO Specify:	C ORIGIN? (Specify Yea or No— 14 Puerto Rican, atc.)	RACE — American Indian, Black, White, etc.							
15. DECEDENT'S EC	UCATION 180. DECEDENT'S I	USUAL OCCUPATION	16b. KIND OF BUSINESS/INDUS	DIACK STRY							
(Specify only highest gra- flomentary/Secrindary (0-12)	College (1-4 or 5+) (Give hind of w	ork done during most of working fetired.)	Confirm	,							
17, FATHER'S NAME (First, Middle, Last)	1 AAA	o ver	WILLIAMA	, ,							
Theodore he	media	HILL	E (First, Middle, Malden Surname)	Hommedy							
The INFORMANT'S NAME (Type/Print)	B - 10b MAILING	ADDRESS (Street and Number or Rural Ro	oute Number, City or Town, State, Zip Co	ode) / 2 - 1							
20e. METHOD OF DISPOSITION	20b. PLACE OF DISPOSI	ITION (Native of company, commutary or	20c, LOCATION TO	y or Town State							
1 Described 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSES  22. NAME AND ADDRESS OF FACILITY											
21. SIGNATURE OF FUNERAL SERVICE	ICENSEE STATE	22. NAME AND ADDRESS OF FAC	ED & Huy	lack ma							
23. PART I. Enter the diseases, o	complications that caused the death. Do no	Dt enter the mode of dying, auch	as cerdiac or reepiratory arres	it, Approximate							
immediate cause (Final disease or condition reaulting in deeth)	a. Pulmman	embilus		Interval Between Onset and Deat							
	DUE TO (OR AS A CONSEQUENCE) OF	mertine tier	re disonia								
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENCE OF	):									
CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONSEQUENCE OF	):									
PART II Other elections according											
PART II. Other significant conditi	ons contributing to death but not resulting in	n the underlying cause given in F	Part I. 24a, WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?							
				1 TES 2 NO							
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATH (Che	ok only one)								
1 TYES 2 100	1 Inpetient 2 ER/Outpetient 3 DOA	4 ☐ Nursing Home 5 ☐ Rasidence 4	□ Other (Specify)								
27. MANNER OF DEATH  1 Pending	28e. DATE OF INJURY (Month, Day, Year) 28b. TIME INJU		28d. DEŞCRIBE HOW INJURY OCCU	RED							
2 Accident 3 Sulcide 8 Could not be determined 4 Homicide  26e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)											
(Sinding and Sinding SICIAN: To the best of my knowledge, death occurre											
4	NER: On the basis of examination and/or investigation										
29b. SIGNATURE AND TITLE OF CERTIF	Muse	29c, LICENSE NUM D30	29d. DATE S	719190 719190							
30 NAME AND ADDRESS OFFERSON	WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type,	Print)	L. man	11 -12							
31. DATE FILED (MO) 100 100 100	32. REOIST PAR'S SIGNATURE	Lea	Day Val	Las F							

HE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pag led within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlat, cremation, or removal.	MPDRIANT: If then 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

	1 - STATE REGISTRAR	STATE OF M			TMENT ICATE					HYGIENI REG. NO.	E		
	DECEDENT'S NAME (First, Middle, Last)				IOAIL		ULA		2. DATE OF			3	. TIME OF DEATH
		Gerhar	45	Hen	singe	2r	Jr		MONTH 7	5		YEAR	3:17 P. M
			6. AGE (In yrs. lest		IF UNDER		IF UNDER	$\overline{}$	7. DATE OF				ACE (State or Foreign
	218-08-2088	⊠ M 2 □ F	MONTHS DAYS HOURS MIN. (Month, Day, Year)								Country)		
	9a. FACILITY NAME (If not institution, give stree			-	Oh CITY	TOWN O	R LOCATIO	ON OF DE		1 / /		Mary	
05								ON OF DE	AIN				
6	Memorial Hospit	tal			Easton					Talbot			t
DIRECTOR	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN	R LOCAT	ION					10	d. INSIDE CITY
片	Maryland Talk	ot		0	xfor	d						1	XYES 2 NO
4	10e. STREET AND NUMBER					101.	ZIP CODE				10g. CITE	ZEN OF WH	AT COUNTRY?
띪	101 Pleasant St	reet				2	165	4			U	.S.A	
FUNERAL		2. WAS DECEDENT	EVER IN U.S. ARI	MED					IC ORIGIN?		or No-	14. RACE -	- American Indian, White, etc.
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WA	YES 2 XN	0			2 X NO		n, Puerto Ric :	earl, atc.)		Specify:	Written, actor
												whi	te
COMPLETED	15. OECEDENT'S EDUCAT (Specify only highest grade co	rion mpleted)	(Gr	ve kind of	Work done	CCUPATIO during mos	N st of workin	g	16b. K	IND OF BUS	INESS/IND	DUSTRY	
<u>"</u>		College (1-4 or 5+)			se retired.)								
Σ	12	1	St	ude	nt	_							
	17. FATHER'S NAME (First, Middle, Last)						-		ME (First, Mic				
BE	David G. Hensinger, Sr.   Mary Ann Goyne  196. INFORMANT'S NAME (Type/Print)   196. MAILING ADDRESS (Street and Number or Bural Bouts Number, City or Town, State, Zip Code)												
2	23/20/20/20/20/20/20/20/20/20/20/20/20/20/											_ : '	
	David G. Hensin						-		ford	_	216		
	20s. METHOD OF DISPOSITION 7/6	I from State	20b. PLACE other pis	ce)								City or Town	
	4 Donation 5 Other (Specify)	ICEC	East	ern			Cren			Ge	orge	etown	, DE
	21, Signature of Forenatioenvice Ercen	19EC	41	- (	2 2				eral	Home	2		
	M. In Deer	jaune-	THE CIFE	<u>5 r.</u>					rylar				
	23. PART I. Entar the diseases, or cor shock, or heart failure. Lis				not antar	tha mo	da of dy	ing, sucl	h as cardia	c or respi	ratory arr	rest,	Approximate Interval Batween
	IMMEDIATE CAUSE (Finel												Onset and Death
	disease or condition resulting in death)		tiple I										
		DUE TO (	OR AS A CONSEC	DUENCE O	F):								
N	Sequentially list conditions, b.				_								-
Ĕ	If any, leading to immediate cause, Enter UNDERLYING	DUE TO (	OR AS A CONSEC	UENCE C	IF):								
일	CAUSE (Disease or Injury	DUE TO (	OR AS A CONSEC	UENCE C	E)·								-
Ē	that initiated events resulting in death) LAST				,								
CERTIFICATION	d												+
CAL	PART II, Other significant conditions	contributing to	death but not r	esulting	in the ur	nderlying	g cause	given in	Part I. 2	24a, WAS AN PERFOR			VERE AUTOPSY FINDINGS
1 8									_	YES 2			OMPLETION OF CAUSE OF DEATH?
MEDI									['	AA			TYES 2 NO
ž									i.				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF D	EATH (Ch	eck only one)				
VSI		□ Inputient 2 💢	ER/Outpatient 3	□ DDA	OTHE		e 5 🗆 R	esidence	S 🗆 Other	(Specify)			
H	27. MANNER OF OEATH	28a. DATE OF (Month, Da	INJURY ly, Year)		JURY	2Sc. INJ WO	URY AT		DASS	ender	NJURY OC	auto/	fixed
BY	1 Natural 5 Pending 2 Accident Investigation	7-5-90		2:0	0P ™	1 🗆 '		Хио	Pubb	criger	obj	ect i	mpact
	3 Suicide S Could not be	INJURY — A1 ho etc. (Specify)	me, farm,	street, fec	tory, offic	•		City or	Town, State)		r or Rural Roi		
E	4 Homicide detarmined		r	oad					Rt.	333,	Talb	ot Co	., Md.
COMPLETED	29a. CERTIFIER (Check only	AN: To the best of	my knowledge, de	ath occur	red at the	llme, dete	and place	, and dua	to the cause	e(a) and mar	nner aa ste	ted.	
OM	one) 2 Medical Examiner:	On the basia of ax	amination and/or	investigati	on, in my	opinion, d	leath occu	red at the	time, date a	nd place, an	d due to th	he cause(a)	and manner as stated.
- 1	THE AND TITLE OF CERTIFICA	10 111	1.	- 1	_		29c. LIC	ENSE NUI	MBER		29d. DAT	E SIGNED (	Worlth, Day, Year)
BE	HOALD F. Y	Edus.	-n	W				OCM	E		•	7-6	-90
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF DEATH (ITE	# 27 (The	e Print)						L		
	Mario F. Golle	, Jr., M	.p.l/	- 00.000		111	Penn	St.	, Bal	to.,	Md.	2120	1
	31. DATE FILED (Month, Day, Year) 190	32. REGISTRA	** Tugwarrune	36	_	_							
		CAL-II	in Devidous	000m	CHIESTORY.								

### STATE OF MARYLAND / DEPOSITMENT OF HEALTH AND MENTAL HYGIENE CERT CICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF D				3. TIME OF DEATH
1	Henry	Russ	ell	Harri	s					June 13,1990				6:46 A.M
	4. SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE (In yrs.	lest birthday)	IF UNDER		-	R 24 HRS.	7. DATE OF BI	IRTH			PLACE (State or Foreign
	214-12-6084		1X M 2   F	71	YRS.	MONTHS	DAYS	HOURS	MIN.	(Ments, Day	<b>Z</b> =19	18	Country	"Caroline Co
_	9a. FACILITY NAME (If not in			_		9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DE								
DIRECTOR	Memorial	Hospi	tal_			<u>Easton</u> Talbot								
EC	10a. STATE	10b. COUNTY			10c, CIT	10c. CITY, TOWN OR LOCATION 10d.							10d. INSIDE CITY LIMITS?	
	Md.	Caroli	ne			Greensboro						1 TYES 2 NO		
FUNERAL	10e. STREET AND NUMBER	Rt. 1	Box 302		101. ZIP CODE 21635								IZEN OF W	VHAT COUNTRY?
S	11. MARITAL STATUS		12. WAS DECEDEN	IT EVER IN U.S.	ARMED					IIC ORIGIN? (Sp		or No-		- American Indian,
ВУ Е	1 Never Married 2 3 Divo		IF YES, GIVE V	XYES 2 [WAR OR DATES	NO			pecify Cub B 2 🙀 NO		n, Puerto Rican. ⁄:	, etc.)		Speci	
	- 1310/1-									10000000	20 21.2			White
E	(Specify oni	PEDENT'S EDUC by highest grade	completed)		Give kind of life. Do NOT u	work done	during m	ost of work	ing	16b. KINI	D OF BUS	INESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (to 7th	0-12)	College (1-4 or 5	+)			echa	nic		Cal	lis-1	Thom	npsor	n Co.
NO.	17. FATHER'S NAME (First, A	fiddle, Last)						18. MOT	THER'S NA	ME (First, Middle	, Maiden :	Sumama)	_	
BE C		H	lenry Ha	rris				Alr	na R	icketts	Hai	rris		
10 B	Ruth Harris  Rt. 1 Box 302, Greensboro, MD 21639  20a. METHOD OF DISPOSITION  Compation 3   Removal from Stata    Donation 5 Other (Specify)  Rt. 1 Box 302, Greensboro, MD 21639  20b. PLACE OF DISPOSITION (Nama of competery, crematory or other place)  Greensboro, MD  Compation 5 Other (Specify)  Compation 5 Other (Specify)													
-														
												MD		
	21. SIGNATURE OF FUNERA					22.	NAME A	ND ADDR	ESS OF FA	Gree	ensb	oro.	MD	21639
	1t-gr	2 ( 8	Cay			FI	eegl	le-He	elfen	bein F	n Hr	n, P	O B	× 160
	23. PART I. Enter the diseases, or complications that coused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):										Approximate interval Between Onset and Death			
NO	Sequentially list condit		b. ASC	(OR AS A CON	SEOUENCE C	)F):								
CERTIFICATION	if any, laeding to imma cause. Enter UNDERLY CAUSE (Disease or inju	ING	c											
THE	that initiated avents resulting in death) LAS		DUE TO	(OR AS A CON	SEOUENCE C	PF):								
Ä	Tosuling in doddin Exc		d	<del></del>										
	PART ii. Other significa				ot resulting	in the u	nderiyir	ng csuse	given in	Part i. 24a	. WAS AN	AUTOPSY	24b	. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
MEDICAL	Z. C. MAHOUS	CELL	LVNG (	<del>沙</del>						10	YES 2			COMPLETION OF CAUSE OF DEATH?
MEC	MOCE													1 TYES 2 NO
ž	OBS													
PHYSICIAN:	25. WAS CASE REFERRED 1 EXAMINER?	TO MEDICAL	HOSPITAL:			ОТНЕ		PLACE OF	DEATH (CA	reck only one)				
IYS	27, MANNER OF DEATH		1 Inpatient 2	. A.		4 🗆 Nu	irsing Ho		Reeldence	6 Other (Sp		N HIRV O	COLLEGE	
ВУ РЬ		Pending Investigation	(Month,	Day, Year)	28b. TII	JURY M	W	YES 2	_ NO	280, DESCHIE	BE HOW II	NJUHY O	COMED	
	2 Devlotes —	Could not be determined	28e. PLACE ( building	OF INJURY — At , atc. (Specify)	homa, farm,	street, fac	ctory, offi	ice		281. LOCATIO City or To	N (Street a wri, State)	and Numbe	er or Rumai i	Route Number,
COMPLETED	one) 21	THE STREET	ICIAN: To the best of											e) and manner se stated.
H	29b. SIGNATURE AND TITL	E OF CERTIFIE	) Keep	E N	10.			290 LI	CENSE NU	MBER 59		29d. DA	TE SIGNED	(Month, Day, Year)
٥	30. NAME AND ADDRESS O	FERSON WI	IO COMPLETED CAL	ISE OF DEATH (	TEM 27) (7)	e, Print)	lus	M2 (C	LA	NE I	SAC	104	1 L	190
	31. DATE FILED (Sonth, Day	18 '91	32. REGISTR	AR'S SIGNATUR	E dron-Pa	ends 00				-,		_, _,		
- 1	1 0011	I O JL	) [											

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the intending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit period within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. 0.015

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR STATE OF MARYLAND  1 - STATE REGISTRAR			HEALTH AND N	MENTAL HYGIENI REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH			
	Ralph Edward Henry				J. 10	2 CON	8:00A			
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs		IF UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE OF BIRTH	a, BIRT	HPLACE (State or Foreign			
- 33	217-03-8454 1X M 2 🗆 F 7		MONTHS DAY	B HOURS MIN.	(Month, Day, Year) 8 2 19	14 Ma	**			
	9a. FACILITY NAME (If not Institution, give street and number)	5	9h CITY TOW	N OR LOCATION OF DE		914   Maryland				
œ										
BY FUNERAL DIRECTOR	203 Franklin Street		De	nton		Carc	line			
ĕ	10a. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR LO	CATION			10d. INSIDE CITY LIMITS?			
5	Maryland Caroline			Denton			1 DYES 2 NO			
7	10e. STREET AND NUMBER			10f. ZIP COOE		10g. CITIZEN OF	WHAT COUNTRY?			
E	203 Franklin Street			21629		11 9	.A.			
3	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S.	ARMED		ECENDENT OF HISPAN	IC ORIGIN? (Specify Yea	or No- 14. RAC	E — American Indian,			
E	1 Never Married 2 Married FORCES? 1- YES 2 IF YES, GIVE WAR OR DATES	□ NO		specify Cuban, Maxican ES 2 1 NO Specify			ok, White, etc.			
	3- Widowed 4 Divorced WW II			72			casian			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	DECEDENT'S	USUAL OCCUP	ATION	16b. KINO OF BUS		11-27-00-1-2-10-22-00-1			
<u> </u>	Elementery/Secondary (0-12) College (1-4 or 5+)	life. Do NOT us	se retired.)	most of working						
F	6 yrs. none A	uto m	echan:	ic/towing	Automo	bile r	epair			
ő	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAI	ME (First, Middle, Maiden :	Surname)				
BE	Cleaveland H. Henry			Maı	ide Bell	e Tow	ers			
	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Stre	et and Number or Rural F	loute Number, City or Town	n, State, Zip Code)				
2	Juliaetta H. Sewell	P.O.	Box 3	355, Quee	en Anne,	Maryla	nd 21657			
	20a. METHOD OF DISPOSITION  1 Burist 2 Cremation 3 Removal from State			cemetery, crematory or		CATION — City or 1				
	4 Donation 8 Other (Specify) De		Cemet	ery	Den	nton, M	aryland			
	21. SIGNATURE OF FONERAL SERVICE LICENSIES		22. NAME AND ADDRESS OF FACILITY MOORE Funeral Home, P.A.							
	+ Kay Poloh F./ look				11 nome, 1216					
	23. PART I. Enter the diseases, or complications that caused the	dasth. Dp r					Approximata			
	shock, or heart fallure. List only one cause on each	lina.					Interval Between Onset and Death			
	disease or condition acute Myocaniel INFACTION ac									
	DUE TO (OR AS A CON		1	C 11 ();	- Cette					
z	- HYPERTE	NSILE	E CA	2 DIOVA	5 cular	DISPER	echronic			
임	Sequentially list conditions, if eny, laeding to immediate	SEQUENCE O	F):							
S	cause. Entar UNDERLYING CAUSE (Disease or Injury				<u>-</u>					
E	that initiated events OUE TO (OR AS A CON resulting in death) LAST	SEQUENCE O	F):							
CERTIFICATION	d									
AL C	PART II. Other significant conditions contributing to death but n	ot resulting	ip-the underl	ring cause given in	Part I. 24a. WAS AN		b. WERE AUTOPSY FINGINGS			
	SIP THORACK HORI	10 :	Ano	URUSM	PERFOR		AVAILABLE PRIOR TO COMPLETION DF CAUSE			
8	Donania 1110	mars	Harris	10	1 TES 2	700	OF OEATH?			
2	KELLIONIE WILL	100	11/63	0	=-2	1	ILA			
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL	_	28	. PLACE OF OEATH (Chi	eck only one)	1/	1/1			
Sic	EXAMINER? HOSPITAL:  1 YES 2 NO 1 Inpetient 2 ER/Outpetien	4 2 T DOA	OTHER:	V	8 Other (Specify)					
¥	27. MANNER OF DEATH 28a. DATE OF INJURY	28b, TIN	4 Nursing i	INJURY AT	28d. DESCRIBE HOW II	NJURY OCCURED				
	1 Netural 5 Pending (Month, Day, Year)	IN.	JURY	WORK?  YES 2 NO			1			
BY	2 Accident Investigation 3 Suicide 9 Could not be 28s. PLACE OF INJURY — A	it home, farm,			281, LOCATION (Street a	and Number or Rumi	Route Number.			
COMPLETED	4 Homicide detarmined building, etc. (Specify)				City or Town, State)					
	29a. CERTIFIER	Carl III 10080				-V				
A P	(Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge one)  2 MEDICAL EXAMINER: On the best of examination and						(s) and manner as stated			
8										
BE	and address the state of certifier MA			29c. LICENSE NUM	/ ()	29d, DATE SIGNE	(Month, Day, Year)			
임	30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF GEATH	(ITEM 27) /7	p. Print) =	WITE	TOO	10/5	2/10			
	C.E. JENSEW MD,	130	X691	DEN	TON M	D 21.	629			
	31. DATE FILEO (Month, Day, Year)  32. REGISTRAR'S SIGNATUR	NE A		,						
	JUN 12 '90 Gulia Davidson	-yandel	2				]			

r great to the

2

7) SH SH

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
1. DECEDENT'S NAME (First, Middle, Last)	11011	2. DATE OF DEATH MONTH DAY

	1 - STATE REGISTRAR	SIMIE OF I		ERTIF	ICATE OF				EG. NO.	-				
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF I	DEATH		-0.0	3. TIM	E OF DEATH	
İ	L. MABEL	HAL	1					0.7	1 1		90	Ω	35P	M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	st birthday)	IF UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF E					(State or Foreig	m
	570 01 5476	1 M 2 F		MONTHS DAYS HOURS				(Month, De	y, Ybar)		Country)			
ı	578-01-5476  9a. FACILITY NAME (If not institution, give s	X.	81	9b. CITY, TOWN OR LOCATION O				05/25	/09_	0- 001	Ohi			$\overline{}$
.	March 1992 - March 1997 - March 1997							CAIR		112				- 1
5	PRINCE GEORGE'S	HOSPITAL	_CENTER		CHEVERL	<u>.Y</u>		IPRINCE GEO					GE'S	
3	10a. STATE 10b. COUNTY	,		10c. CIT	Y, TOWN OR LOCAT	ION							NSIDE CITY	
	Maryland Pri	nce Geor	oe fe		Ches	erly	7						IMITS? YES 2 - NO	,
	10a, STREET AND NUMBER	nce dear	6C 5			. ZIP COD				10a, CI	TIZEN OF V			-
5	3105 Cheverly Ave						- 2078:	5			U.S.A			
	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. /	BMED	13 WAS DEC			NIC ORIGIN? (S	nacify Yes				erican Indian,	$\dashv$
	1 Never Married 2 Married	FORCES? 1	YES 2		If yes, sp	ecity Cube	en, Mexica	in, Puerto Ricar		0. 110	Blec	k, White	, etc.	
5	3 XWidowed 4 Divorced	IF YES, GIVE Y	WAH OH DATES		1 L YES	2 XNO	Specif	у:			Spec	Wh	nite	- 1
ן ה	15. DECEDENT'S EDU				USUAL OCCUPATION			16b, KIN	ID OF BUS	INESS/IN				$\neg$
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5		Give kind of te. Do NOT u	work done during mo se retired.)	st of world	ng							- 1
	12	2		Ηοι	sewife				Own	ı Hoi	me			
5	17. FATHER'S NAME (First, Middle, Lest)					18. MOT	HER'S NA	ME (First, Midd	le, Maiden	Sumeme)				
ו	Clinton Gottshal	1					Anna	a Car	tmil]	L				
5	19a. INFORMANT'S NAME (Type/Print)			96. MAILING	ADDRESS (Street a	nd Numbe	r or Rural	Route Number, (	City or Town	n, State, Z	(ip Code)			
2	Carolyn Hall			8666	Brae Bro	ooke	Dri	ve. La	nham.	Ma	rv1ar	nd 2	20706	
	20a. METHOD OF DISPOSITION		20b. PLAC	E OF DISPO	SITION (Name of ce			tve, Lanham, Maryland 207						
	1 N Buriel 2 □ Cremetion 3 □ Rem 4 □ Donation 5 □ Other (Specify)	oval from State		Ft. Lincoln Cemetery					Brentwood, Ma					- 1
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	/	22. NAME AND ADDRESS OF FAC										
	1/1 +	1 / *	201	, 1				h's So						
	(Mislion	-11/2	ey C	<del>_</del>				re Ave					_	
	23. PART i. Enter the diseases, or ahock, or heart failure.				not enter the mo	de of dy	/ing, suc	ch aa cardiac	or respi	ratory a	rrest,		Approximate interval Bets	ween
	IMMEDIATE CAUSE (Final disease or condition	-	-4	•	-1		7	1					Onset and D	)eath
	reaulting in death)	e. au	ule	brewsken inferction								-		
		DUE TO	OR AS A CONS	CONSEQUENCE OF):								i		
5	Sequentially list conditions,	b	/OB 48 4 CONS	CONSEQUENCE OF:								-		
AIION	If any, leading to immediate cause. Entar UNDERLYING	502 10	(On As A CONC	A CONSEQUENCE OF):								İ		
3	CAUSE (Disease or Injury	CDUE TO	OR AS A CONS	EQUENCE O	OF):							+		-
	that initiated eventa reaulting in death) LAST		,									1		
		d										+		
١		_		but not resulting in the underlying cause given in Par					a. WAS AN		Y 24		AUTOPSY FINE	
3	Restruction	ie lung	defe	fect 20 to Puberculesis						PNO		COMP	LETION OF CAL	
MED	Ga	20 R	Let the	thuraco plesty									YES 2 NO	,
		-			1	,		_						
A	25. WAS CASE REFERENCED TO MEMICAL				28. P	LACE OF	DEATH (C	heck only one)						
PHISICIAN	EXAMINER?	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHER:	ne 5 🗆 F	Residence	6 Other /S	(pecify)					
H	27. MANNER OF DEATH	28a. DATE O	F INJURY	28b. TI	ME OF 28c. IN	JURY AT	2717402	28d. DESCR		NJURY O	CCURED			
_	1 Niturel 5 Pending Investigation	(Month,	Day; Year)	"		YES 2	□ NO							
0	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE	OF INJURY At	home, farm,	street, fectory, offi	D0		28f. LOCATI			per or Rural	Route N	lumber,	
	4 Homicide determined	building	, etc. (Specify)					City or 1	lown, State;					
4	29a. CERTIFIER	ICIAN. To the heat	d one knowledge	death ecou	and at the time dat	n and place	o and du	a to the course	(a) and ma	nner en e	totad			
COMPLEIED	Check billy	ER: On the basis of										(a) and	menner en stat	ted.
3		100			on, in my opinion,				-					
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	/				29c, LI	CENSE NU	MBER D		29d. D	ATE SIGNE	D (Mont	b, Day, Year)	
5	Tush	ully	م				46	700			1/12	11	0	
-	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CA	USE OF DEATH (	TEM 27) (Typ	oe, Print)	1-	/	1 0	r 6	^-	! /-	2	LALD	
	Phrest In Och	TUSUER	1111	TOU	U WEEN	sw.	40	1	, 0	1 60	~ se	1/2	2070	
	31, DATE FILED (Month, Day, Year)		A Javi Mo		. 00	-	/						170	>
	JUL 2 0 90	7 = 1	a purint	and also	april -									

garan se

. .

## TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. To THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF					MENTA	REG. NO.	E		
1. DECEDENT'S NAME (First, Middle, Las Daniel	William		ERBER				Jul	y 22,1		AR	TIME OF DEATH
4. SOCIAL SECURITY NUMBER 214-09-7959	5. SEX 6. AGE (	(in yrs. lest birthday) YRS.	IF UNDER	1 YEAR DAYS	HOURS	24 HRS. MIN.	7. DATE (Mont	of BIRTH h, Day, Year) 0.8,191	BIRTH BY, Year)  8, 1919  8. BIRTHPLACE (State of Country)  Maryland		
9e. FACILITY NAME (If not institution, give 1249 Crescent F			- 114	gers			ATH		9c. COUNTY WASH]		
RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY	ITY		ry, town o	R LOCATI							d. INSIDE CITY
Maryland V	Vashington	Hag	Hagerstown 101, ZIP CODE						10a CITIZEN		YES 2 NO
1249 Crescent	Rd.				2174				US		
11. MARITAL STATUS  1 Never Merried 2 Married  3 Widowed 4 Divorced	N U.S. ARMED 2 NO ATES	1		city Cuba		n, Puerto	N? (Specify Yea Rican, etc.)		RACE — Black, W Specify: Vh1 te	American Indian, hita, atc.	
15, DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)	16a. DECEDENT'S (Give kind of life. Do NOT L	work done o	CCUPATIO during mos	N et of worldn	9	168	Raily		TRY		
17. FATHER'S NAME (First, Middle, Lest)	17. FATHER'S NAME (First, Middle, Lest)						ME (First,	Middle, Maiden			
Norman	erbert			Ali			ısan	Davi			
196. INFORMANT'S NAME (Type/Print)  196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stata, Zip  1249 Crescent Rd. Hagerstown, MD 21740										de)	
20e. METHOD OF DISPOSITION  20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 1 M Burfel 2 Cremetton 3 Removal from State Coffee Place)											
4 Donation 6 Other (Specify)		areentaw	0S	NAME AN BORN	D ADDRE	NERA		OMES	i i i dilist	001 6	, MD 21795
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Bequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury across the cause of injury across the									Onset and Das		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other eignificant condit	A CONSEQUENCE (		nderiying	j cause (	given in	Part I.		FORMED?		ERE AUTOPSY FINDING AILABLE PRIOR TO MPLETION OF CAUSE F DEATH?  YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER		ACE OF D	EATH (Ch	eck only o	nne)			
1 ☐ YES 2 ☑ NO  27. MANNER OF DEATH	1 Inputient 2 ER/Out 28s. DATE OF INJURY	28b. TI	ME OF	28c INJ	URY AT	ealdence		er (Specify) SCRIBE HOW I	NJURY OCCUP	REO	
1 Natural 5 Pending Investigation 3 Suicide 8 Could not	28e, PLACE OF INJUR		M street, fact	101	RK?	NO	28f. LO	CATION (Street	and Number or	Rural Rou	te Number
4 Homicide 6 Could not determined	building, etc. (Spe	ecify)	iller Carlo					y or Town, State)			
29a. CERTIFIER (Check only one)  29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.										nd manner as stated.	
3   Sufficience   Could not be   detarmined   building, etc. (Specify)   City or Town, State)    29a. CERTIFIER   CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. (Check only one)   2   MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and 29b. SIGNATURE AND TITLE OF CERTIFIER   29c. LICENSE NUMBER   29d. DATE, SIGNED (MO)   MALE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)   Type, Print)									Torith, Day, Year) 24. 90		
1+ R. TRutch	M) 34	ce mil		7	LAA	1601	1572	own	and.	.2	2040
31, DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	NATURE Loon-Randa	00_								

## BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 23 frours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

6

FOR STATE

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			C	ERTIF	ICATE C	F DEATH	R	EG. NO.				
	1. DECEDENT'S NAME (First, A	viiddle, Last)						2. DATE OF I	DEATH	,	YEAR	3. TIME OF DEAT	н
ţ	MARGARET V	ICTOR	IA HUDSOI	N.				JULY		1990	FEAR	13:20	PM
į	4. SOCIAL SECURITY NUMBE	R	8. SEX	6. AGE (In yrs. Is	asi birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7 DATE OF E	нтви		8. BIRTI	IPLACE (State or For	reign
	216 66 0526		1 🗆 M 2 😿 F	80	YRS.	MONTHS DA	YS HOURS MIN.	(Month, Da 11/03/	1909		Count	MD	
}	9e. FACILITY NAME (If not inst	itution, give st	reet end number)			9b. CITY, TO	WN OR LOCATION OF D			9c. COUNT	TY OF D	EATH	
<u> </u>	SACRED HEAR	T HOS	PTTAT.			CT	MBERLAND,	MD		AT.T	EGA	NY	- 1
DIRECTOR	RESIDENCE OF DECE	-	- 00	IIDLICLIAND,	ш		71.01	LOI	111				
Ĕ	10e. STATE	1					CATION					10d. INSIDE CITY	
ā	MD	Alle	gany		C	umberl	and,					1 YES 2	NO
4	10e. STREET AND NUMBER						101, ZIP CODE			-		WHAT COUNTRY?	
E I	232 Gleaso	on Str	reet				21502		- 1	Ţ	JSA		
FUNERAL	11. MARITAL STATUS		12. WAS DECEDENT	EVER IN U.S.	RMED		DECENOENT OF HISPA			or No-	14. RACI	E American India	n,
	1 Never Merried 2 N		FORCES? 1 IF YES, GIVE W		INO		YES 2 We Specify		n, etc.)			White	- 1
BY	3 XXIIIdowed 4 Divorc	bed										wifite	
	15. DECEI (Specify only	DENT'S EDUC		16a. C	ECEDENT'S	USUAL OCCUI	PATION g most of working	18b. KIN	D OF BUSI	INESS/INDU	STRY		- 1
y I	Elementary/Secondary (0-1	2)	College (1-4 or 5 +	) "					n hon				- 1
COMPLET	12				house	wile		OW.	n hon	ie			
8	17. FATHER'S NAME (First, Mid		om Walfa				18. MOTHER'S NA				****		
BE	Marquard		raili MOTTE	:			Ailia	Mary N	urte	uperd	Jer.		
0	19e. INFORMANT'S NAME (Typ	,		1			eet end Number or Rural				Code)		- 1
-	Mrs. Patr	icia I	abbri		Route	e 3 Box	k 315 Fros	tburg,	MD 2	21532			
	20a METHOD OF DISPOSITION 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	N 3 □ Reme	oval trom State	20b. PLAC	E OF DISPOS	SITION (Name of	of cemetery, cremetory or			ATION - C			
	4 Donation 8 Other (	Specify)		St.	Mary	rs Ceme		Cumberland, MD					
ł	21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE	1	1	22. NAN	arpelli F	üneral	Home	9			
	> Your	n+	VCa	10111			mberland,						
	23. PART I. Enter the dis	assas, or o	complications that	caused the	Jesth. Do	not enter the	mode of dving, su	ch se cardisc	or respir	atory sire	ist.	Approxima	ate
1	ahock, or ha	art fallure.	List only one cau	na.		ls.		•			Interval B		
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Onset and Deat  Onset and Deat  Onset and Deat											Dodui	
	resulting in death)	*	S. DUE TO	OR AS A CONS	SOLIENCE O	OUENCE OF):							
					3000 0 1 0 0								
5	Sequentially list condition	ons,	b. SHO	OR AS A CONS	EOUENCE O	ENCE OF):							
CERTIFICATION	If any, leading to immed cause. Enter UNDERLYIN	ate IG	ACH	TZ N	14001	ASSIVE PANCREATITIS							- 1
	CAUSE (Disease or Injur that initiated events	у 🔰	DUE TO	OR AS A CONS	EOUENCE O	JENCE OF):							
	resulting in death) LAST											ļ	- 4
3	-	-	σ										
CAL	PART II. Other significan								a. WAS AN / PERFORI		24	b. WERE AUTOPSY FI	
	CORUNI	ARY	ARTE	RY DI	SEA	SE,	cerTH A	VG/MA	YES 2	NO		COMPLETION OF O	CAUSE
	1713TOK	24 (	OF Re	CTAL	CAR	SINON	14					1   YES 2	NO
-		,						_					
Ĭ.	25. WAS CASE REFERRED TO	MEOICAL					8. PLACE OF OEATH (C	heck only one)					
S	EXAMINER?		HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER: 4 - Nursing	Home 5 - Reeldence	8 Other (S	pecify)				
PHYSICIAN: ME	27. MANNER OF DEATH		28e. DATE OF (Month, D		28b. TIR	IE OF 28	. INJURY AT WORK?	28d, DESCR	BE HOW IN	JURY OCC	URED		
ВУР	1 Natural 5 P	ending restigation	(Indian, D	uy, rowy			YES 2 NO						
8	A D Colodin	could not be		F INJURY At	home, farm,	street, factory,	office		ON (Street e	nd Number	or Rural	Route Number,	
COMPLETED		etermined	bunung,	etc. (Specify)				City or i	Own, State)				
۳	290. CERTIFIER	EVING PHYSI	CIAN: To the heat of	my knowledge	death occur	and at the lime	date and place, and du	e to the causel	e) and man	ner ee state	vd :		
₹	Crieck only						on, death occured at th					(e) end manner as s	tated.
8					•								
B	29b. SIGNATURE AND TITLE	OF CERTIFIED	R.	111	1		29c. LICENSE NU		$\alpha$	29d. DATE	7/	O (Month, Day, Year)	,
2	) (		erre			D/-"	1 2 23	63	8		1/ 4	24/90	
	30. NAME AND ADDRESS OF	PERSON WH	A A COMPLETED CAUS	SE OF OEATH (IT	TEM 27) (Type	, Print)	2/15-	The	Th	10 1	12	21,	
	SATURNINA	1. CH	4/16, 14.	y. +F	2051 13	URG	PLAZIS.	+1405	11341	a C' or	71)	2/5=	2
	31. DATE FILED (Month, Day.	990	references de	The Standard	02		4						
- 1	MUL ~ "	6											

.

STATE	0F	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIE	NE
		C	ERTIFICATE	0	F DEAT	TH		REG. NO	0.

	FOR 1 - STATE REGISTRAR	STATE OF MARY		MENT OF H			GIENE G. NO.				
	1. DECEDENT'S NAME (First, Middle, Lest) ELIZAB	ETH E. 3	JOHNSON			2. DATE OF DE MONTH	ATH DAY Y	3. TIME OF DEATN			
	4. SOCIAL SECURITY NUMBER  220-05-3940  90. FACILITY NAME (If not institution, give in the second se	1 M 2 F		7. DATE OF BIF (Month, Day, 05-0	Year)	BIRTHPLACE (State or Foreign Country) Maryland OF DEATN					
CTOR	Residence on Liberty Road Federalsburg Caroline										
FUNERAL DIRECTOR		roline		ederal	sburg			10d. INSIDE CITY LIMITS? 1 YES 2/XHO			
ERAL	P.O. Box 343			101	21632		1 10	S.A.			
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	If yes, sp	ENDENT OF NISPAN polity Cuben, Mexico 2 XNO Specify	n, Puerto Rican,	city Yes or No- 14	Black, White, etc.  Specify: Black				
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 10th	sual occupations of done during more retired.)	on st of working lorker		of Business/INDUS	TRY					
CON	17. FATNER'S NAME (First, Middle, Last) Winfield Ma	nee			18. MOTHER'S NA		Maiden Surname) S Magee				
TO BE	190. INFORMANT'S NAME (Type/Print) Mary E. Sturg				nd Number or Rural	Route Number, City	y or Town, State, Zip Co				
	20e. METNOD OF DISPOSITION  \(\sum{2}\subsetember{\text{KBurlel}}\) 2 \(\subsetember{\text{Cremation}}\) 3 \(\subsetember{\text{Ren}}\) Ren	2	other place)	TION /Name of one	neton, emmelon, or		20c. LOCATION — City	y or Town, State			
	4 □ Donetion 5 □ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	A	rec	22. NAME AN	ID ADDRESS OF FA	CILITY	Federa.				
	> Michael 7	-						l Home g, MD 21632			
	23. PART i. Enter the diseases, or shock, or heart feliure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Liet only one ceuse on Med.		h	de of dying, suc			t, Approximate interval Between Onset and Death			
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):										
CERT	resulting in deeth) LAST	d									
PHYSICIAN: MEDICAL	PART II. Other aignificant condition	ne contributing to death	but not resulting in	the underlying	g cause given in		WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
SIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATN (Ch	eck only one)					
YSI	1 TYES 2 NO	1 Inpetient 2 II ER/O	utpatient 3 DOA		e 6 P Residence						
ВУ РН	27. MANNER OF DEATN  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJUR (Month, Day, Year		IRY WO	PRK?	28d. DESCRIBI	E NOW INJURY OCCUI	RED			
	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJU building, etc. (S	RY — At home, farm, at pecify)	reet, factory, offic	•	261. LOCATION City or Tow	(Street end Number or n, State)	Rural Route Number,			
COMPLETED	(Oriecti oriny	ER: On the basic of examina						cause(e) and menner as stated.			
BE	29K SIGNATURE AND TITLE OF CERTIFIE	selle	ms		D 23	, /	29d. DATE S	SIGNED (Month, Day, Ybar)			
2	DR - Stanley		he, MD	505	Dutchin	nan's La	. , Easto	n, MD 2160/			
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SI		2							

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARY		NT OF HEALTH AND TE OF DEATH		YGIENE IEG. NO.		
	1. DECEDENT'S NAME (First, Middle, Lest)	TONNSON	Monroe	Johns on	2. DATE OF I	DEATH 22DAY	90 a.	12:15 Am
	4. SOCIAL SECURITY NUMBER 218-05-9617	5. SEX 6. AG		IDER 1 YEAR IF UNDER 24 HRS	(A4	BIFITH		CE (State or Foreign
TOR	98. FACILITY NAME (If not institution, give s  DRCheStck  RESIDENCE OF DECEDENT	General	96. 0	and Ridge	DEATH	9c. COU	nty of deat	ster
- DIRECTOR	10a. STATE 10b. COUNTY	chester	Hu	NO OR LOCATION			1 [	d. INSIDE CITY LIMITS? YES 2 1 10
FUNERAL	P.O. BOX 156			2/64	3		U.S	SA
BY FUI	11. MARITAL STATUS 1 Never Merried 2 Married 3 Nidowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 TO VE IF YES, GIVE WAR OR WORK YVAR	DATES	13. WAS DECENDENT OF HIS If yes, specify Cuben, Mer 1 ☐ YES 2 ☑ NO Specify	dcan, Puerto Rica		14. RACE — Black, W Specify:	American Indian, Thite, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION	16a. DECEDENT'S USUA	one during most of working	16b. KIN	anner	EJUCO	dien &
	High School Coradelete	1	1201001 DUS	16. MOTHER'S	NAME (First, Midd	le, Malden Surname)	7 12	1
TO BE	19a, INFORMANT' NAME (Type/Print)	hasan	196. MAILING ADDR	RESS (Street and Number or Ru	nd Route Number,	City or Town, State, Zi	ip Code)	A ASVA
	20a. METHOD OF DISPOSITION  1 Buriat 2 Cremation 3 Rem  4 Donation 5 Other (Specify)	ioval from State	20b. PLACE OF DISPOSITION other place?	(Name of cemetery, cramatory	etely	20c. LOCATION -	- City or Town,	State
	21. SIGNATURE OF FUNERAL SERVICE LIC	DENSEE THE		22 NAME AND ADDRESS OF P. O. BOX 9	mith Fo	ineral	Ser	Vices
	23. PART 1. Enter the diseeses, or shock, or heart failure.			iter the mode of dying,	such se cardiac	or respiratory a	rrest,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	. Aren	un	nemia				Onset and Death
NO	Sequentially list conditions,	· Meta	S A CONSEQUENCE OF):  THAT CLA  S A CONSEQUENCE OF):	24 Pr	estate		M.	
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C	atic CA I	Prostate				
		d						
PHYSICIAN: MEDICAL	PART II. Other eignificant condition	ns contributing to death	n but not resulting in the	underlying cause given		e. WAS AN AUTOPSY PERFORMED?	AM CC OF	ERE AUTOPSY FINDINGS  MILABLE PRIOR TO  MPLETION OF CAUSE  F DEATH?  YES 2 NO
ä								
SIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH				
HYS	1 YES 2 NO 27. MANNER OF DEATH	1 Dipatient 2 DER/O	Y 28b. TIME OF	Nursing Home 5 - Residen		pecify) IBE HOW INJURY O	CCURED	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Yea	r) INJURY	WORK? 1 YES 2 NO				
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJU- building, etc. (S	IRY — At home, farm, street, pecify)	factory, office		ON (Street and Numbi bwn, State)	er or Rural Rout	le Number,
COMPLETED	CONTROL OTHY			the time, date and piece, and my opinion, death occured at				nd manner sa stated.
BE	201. SIGNATURE AND THE OR CENTRES	men	MP	29c. LICENSE	NUMBER	29d. DA	TE SIGNED (M	onth, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WI Micheal J	DYCO MD	DEATH (ITEM 27) (Type, Print)				in the	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI	GNATURE AND Randall					

BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	executed within	and completely o burial, crema	natic event,
BOX	tificate be	g physician iene prior t	ther traur
P.O.	death cer	ental Hygi	ury, or o
RDS	that the	ed by the	any inju
3ECO	requires	een sign of Healt	shows
TAL	The law	ate has t	tem 23
FV	SICIAN	th the S	d, or i
ONO	ING PHY	After this leath wit	marke
/ISIC	ATTEND	ECTOR: 4	7 28 is
D	TAL OR	NAL DIRI	If Item
	HOSPI	FUNER	TTANT
	TO THE	TO THE be filed	IMPOF

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	REGISTRAR		CERTIF	ICALE	JF DEA	H	R	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF I	DEATH	,	YEAR	3. TIME OF DEATH
	Resecca	E. 7	ahn son				7	17	,	90	M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YE		PR 24 HRS.	7. DATE OF E			g. BIRTI Count	IPLACE (State or Foreign
	218-38-2253	1 - M 2 - F /	49 YRS.	MONTHS DA	YS HOURS	MIN.	May 9,	194	1		yland
	9a. FACILITY NAME (If not institution, give a	treet and number)		9b. CITY, TO	WN OR LOCAT					NTY OF D	EATH
5	Washington County	/ Hospital		На	gerst	own		i	Wa	shir	gton
5	RESIDENCE OF DECEDENT										
DIRECTOR	10a. STATE 10b. COUNTY		1.00	Y, TOWN OR L							10d. INSIDE CITY LIMITS?
	Maryland Wash	nington	399	Liber	ty St	reet	Hager	stow	n		1 X YES 2 NO
A	10e. STREET AND NUMBER				10f. ZIP CO				10g. CIT	IZEN OF	WHAT COUNTRY?
FUNERAL	399 Liberty Stree	et			2:	<b>17</b> 40				J	JSA
5	11. MARITAL STATUS	12. WAS DECEDENT EVER I FORCES? 1 YES					IC ORIGIN? (S		or No—	14. RAC Blac	E — American Indian, k, White, etc.
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D			YES 2 X NO			1, 410-)		Spec	ity:
									ı		white
Ĕ	15. DECEDENT'S EDU- (Specify only highest grade	CATION completed)	16a. DECEDENT'S (Give kind of	work done durin	PATION og most of work	idng	16b. KIN	D OF BUS	INESS/INI	DUSTRY	
ا ۳	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT u	essing	auard		l Bc	ard	of E	duce	tion
₩	12 years		CIC	SSTUB						Muca	ILIUII
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	Toulan.					ME (First, Middle				
BE	Harold Elwood	laylor					t Edna				
2	19a. INFORMANT'S NAME (Type/Print)			ADDRESS (St							017/0
٦	Paul J. Johnson		[399 L]	berty	Stree	т на	gerst	wn,	Mary	Lanc	1 21740
	20a. METHOD OF DISPOSITION 1 M Buriel 2 ☐ Cremation 3 ☐ Rem	ovel from State	b. PLACE OF DISPO	SITION (Name	of cemetery, cri	ematory or					own, State
	4 Donation 5 Other (Specify)		cedar Lav	m Memo	orial	Park		Hag	erst	own,	Maryland
	21. SIGNATURE OF FUNERAL SERVICE OF	CENSEE		22. NAI	AE AND ADDR	Ma no	Ch	305	N T	oton	ac Street
	Lull II	/////////	IN.		eral H		ILCII				Maryland
-	23. PART I. Enter the diseases, or	amplications that sauce	d the death. Do				- ee eerdlee				Approximate
		List only one cause on		ior ainer air	mode of d	ymy, soci	i de Celulec	or reapir	etory ar	1001,	interval Batween
	IMMEDIATE CAUSE (Fine)										Onset and Death
	disease or condition resulting in desth)	a									
		DUE TO (OR AS	A CONSEQUENCE O	FI: C	TT		-	_			
N	Sequentially list conditions,	b	7	19/2	Sals	(	arah	7	4140	1/	recent
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DOE TO (OR AS	A CONSECUENCE O	1	1 7	- D	-		7		10.48
5	CAUSE (Disease or Injury	C. DUF TO (OR AS	A CONSEQUENCE O	D/ 46	a ory u	The Brain Tumor recent mulial carcinomators yes					
Ē	that initiated events resulting in death) LAST	332 (0 (3.1.1.2		0	,		0				TVAR
		d	-	00	anto	30	La				11/13
	PART II. Other significant condition							. WAS AN	AUTOPSY		b. WERE AUTOPSY FINDINGS
EDICAL	Surwes.	Throngonlo	eneals.	Ten	100 0	Solar	4	PERFOR			COMPLETION OF CAUSE
		MAD TOO	- CONG	1	1	11/11/			E 110		OF DEATH?
Σ					1						1   123 2   110
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF	DEATH (Ch	eck only one)				
Ö	EXAMINER?	HOSPITAL:		OTHER:				LICON T			
IXS	1 TYES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Out 28a, DATE OF INJURY			c. INJURY AT	Residence	6 Other (S		HILIDY O	CHIBED	
	1 Natural 5 Pending	(Month, Day, Year)		JURY	WORK?		280. DEŞUN	BE NOW II	SONY O	COMED	
ВХ	2 Accident Investigation	44 - DI 405 OF IN 1919			YES 2	□ NO	004 1 00474	200 (00			D. A. WA
B	3 Suicide & Could not be	28e. PLACE OF INJUR building, etc. (Sp.	scify)	street, factory.	ОПІСВ		City or T	own, State)	ina Numbi	or Hural	Route Number,
E											
집	Crieck brilly	CIAN: To the best of my kno	wiedge, death occur	red at the time	, date and ple	ce, and due	to the cause(	e) and man	ner as st	ated.	
COMPLET	one) 2 MEDICAL EXAMINI	ER: On the basis of examinati	on and/or investigati	on, in my opin	ion, death occ	cured at the	time, date and	f place, en	d due to t	the cause	(e) and manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIE	n /	1 1		29c. L/	CENSE NUN	MBER		29d. DA	те усме	D (Month, Day, Year)
BE (		10 (10)	16		1	(90-	7 7		<b>&gt;</b> -	2/10	100
5	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CHUSE OF D	EATH GTEM 27) (NO	r, Print)		- 111	1	1		10	170
	1) 7 (4)	ANG MIN	1 /92	7 1/2	A	10	Parav	SIBIA	el l	6.1	210(h
	31. DATE FILED (Month, Day, Warl)	32. REGISTRAN'S SIG		V 6	1111	P. L.	11 War	710.00	10	44:	N-1-M
	חפי או וווו	Julian	Tavidson-Ra	ndelle.	1		_				
		1		7				-/-			

DHMH-18 Rev 1/89

BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal. IMPORTANT: If Nem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.

1. DECEDENT'S NAME (First, Middle, Lest)

2. DATE OF DEATH

REGISTRAH				CERT	IFIC	AIL	UF	DEAL	П		REG. NO.			
1. DECEDENT'S NAME (First, ANNA	Middle, Lest)		JAC	KSON						2. DATE OF MONTH		1990	YEAR	3. TIME OF DEATN 12;02 A.
4. SOCIAL SECURITY NUMBER 175-20-8330	ER	5. SEX	6. AGE (In	yrs. last birtho	MO	UNDER 1 Y	EAR AYS	IF UNDER 2	4 HRS.	7. DATE 0 (Month,	F BIRTN Day. Year) 3/14		Count	HPLACE (State or Foreign Inv)
9a. FACILITY NAME (If not ins	titution, give s	treet end number)			9b	CITY, TO	O NWC	R LOCATION	N OF DI		5, 1,	9c. COU		9
Cherrywood		Nursing	Cent	er			Rei	sters	sto	m			USA	
RESIDENCE OF DEC	10b. COUNT	Y		100	CITY TO	OWN OR I	OCAT	ION						10d. INSIDE CITY
Maryland		timore						Mary	1an	ıd				1 YES 2 NO
10e. STREET AND NUMBER							101.	ZIP CODE				10g. CITI		WHAT COUNTRY?
12020 Reiste	erstow	n Road		10				211	.36				U.S	.A.
11. MARITAL STATUS 1 Never Married 2 1		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES	2 X No		If y	ea, ape	ENDENT OF cify Cuben, 2 NO	Mexica	n, Puerto R	(Specify Yes lean, atc.)	or No—	Spec	E — American Indian, ck, White, etc. offy: Vhite
15. DECI	DENT'S EDU	CATION	1	6a. DECEDE				N st of working		16b.	KIND OF BUS	BINESS/INC		
Elementary/Secondary (0-		College (1-4 or 5	+)	Iffe. Do N	OT use re	tired.)	ny mo	st or working						
Third Grad	le			Hous	ewif	fe				I	lome			
7. FATHER'S NAME (First, Mi	ddle, Last)							16. MOTN	ER'S NA	ME (First, M	iddle, Maiden	Sumame)		
Rudy Rusno	v							So	fia	Gre	gorovi	.ch		
9a. INFORMANT'S NAME (7)	pe/Print)			19b. MAI	LING AD	DRESS (S	treet a				er, City or Tow		Code)	
Sophia Rad	linsky			241	2 C1	ydes	sda	le Ro	ad	- Fir	ıksbur	g. Me	d. 2	1048
0a, METNOD OF DISPOSITI	ON		20b. F	LACE OF DI							-	CATION -		
A_\Buriel 2		loval from State		t Geo	rge	Serl	bia	n Cen	nete	rv	Mono	oaha	1 ia	Township
1. SIGNATURE OF FUNERAL	SERVICE LI	CENSEE			- 6-			ID ADDRES						erstown Rd.
Kams	13	0	lin	ec.		Eli	ne	Funer	cal	Home				n, Md. 2113
Sequentially list conditi if any, leading to immer ceuse. Enter UNDERLY! CAUSE (Disease or inju that initiated events	diate NG ry	b. DUE TO	O (OR AS A C	CONSEQUENCE	CE OF):									
PART II. Other significe	-	d.	death bu	t not result	ling in t	the Unde	eriying	g cause gl	iven in	Part i.	24a. WAS AN PERFOI 1 YES 2	RMED?	24	b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?
										-				1 TYES 2 HO
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:					26. PL	ACE OF OE	ATN (C	neck only on	9)			
1 YES 2 NO		1   Inpatient 2	☐ ER/Outpat	tient 3 🗆 D		THER:	g Hom	e 5 🗆 Res	idence	6 Other	(Specify)			
	Pending Investigation	28a. DATE O (Month, i	F INJURY Day, Year)	281	. TIME O	Y	WO	URY AT PRK?	NO	28d. OES	CRIBE NOW	INJURY OC	CUREO	
3 Suicide 6	Could not be determined	28e. PLACE 6 building	OF INJURY -	Al home, fr	erm, stre	el, factor	, office	•		28f. LOC. City	ATION (Street or Town, State	and Numbe	r or Rural	Route Number,
anal and		ER: On the best of												(e) and menner as stated.
29b. SIGNATURE AND TITLE	OF CERTIFIE	ER A						29c. LICE	NSE NU	MBER		29d. DAT	E SIGNE	D (Month, Day, Year)
1.02	1	- Land	-					17	17	123		•	711.	1150
30. NAME AND ADDRESS OF	PERSON W	- A			(Type, Pri	int)								
31. DATE FILED (Month, Day,		22. REGISTR	AR'S SIGNA		) .									
00L Z J 3(	,	Time vill	~10001V-	In land	_									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the flows then there is not the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

Gary

31. DATE FILED (Month, Day, Year)

2

A

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

mp

32. REGISTRAP'S SIGNATURE
Julia Davidson-Randell

prlebaum

9

	1 - STATE REGISTRAR	STATE OF MARYLANI	D / DEPARTI				AL HYGIEN	E						
	1. DECEDENT'S NAME (First, Middle, Last)  MARGARET	GOODMAN	KAI	VF			TE OF DEATH	17	YEAR 90	3. TIME OF DEAT	H CM			
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (In yrs	YRS.	F UNDER 1 YEAR ONTHS DAYS		AIN. (MC	TE OF BIRTH onth, Day, Year)	9c, COUN	B. BIRTH Countr	PLACE (State or For	reign			
LOR	Charlestown Care			Catons		OF DEATH		Balt						
DIRECTOR	10e. STATE 10b. COUNTY	imore		TOWN OR LOCAT						10d. INSIDE CITY LIMITS? 1 X YES 2				
	10e. STREET AND NUMBER	-		onsvill	. ZIP CODE	-		-		HAT COUNTRY?	NO			
BY FUNERAL	711 Maiden Choic  11. MARITAL STATUS  1	WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	ARMED	If yes, sp	ecify Cuban, I		GIN? (Specify Yee to Rican, atc.)		Speci	— American India , White, etc.	ın,			
COMPLETED	12	opleted) college (1-4 or 5 +)	Give kind of wor life. Do NOT use i	rk done during mo retired.)	st of working			lic S		RY				
BE CO	17. FATHER'S NAME (First, Middle, Last) H. Goodman					VK Dem	t, Middle, Meiden DSY	Surneme)						
10	190. INFORMANT'S NAME (Type/Print)  Mary Jo Romba		V 00 T				en, Md		Code)					
	20e. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State oth	ACE OF DISPOSIT	TION (Name of ce	metery, cremato	ory or	20c. LO	CATION —	City or To	wn, State Virginia				
	21. SIGNATURE OF FUNERAL SERVICE LICENSE B.		ingcon i	22. NAME AI	nd address ing-Ca	of facility 1790 Fi		Home,	P.F					
NO	Sequentially list conditions, b	Myotar DUE TO (OR AS A CO	line.	t antar tha mo	da of dying	, such as c	ardiac or respi	ratory arm	est,	Approximatinterval B	etween			
CERTIFICATION	Sequentially list conditions, if eny, is eding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):													
AL	PART ii. Other significent conditions of	contributing to death but a	not resulting in	the undarlyin	g cause giv	en in Part i	24a. WAS AN PERFOR 1 YES 2	MED?	24b	WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION DE C DE DEATH?  1 YES 2	TO CAUSE			
PHYSICIAN: MEDIC	1 TES 2 DNO 1	OSPITAL:	mt 3 🗆 DOA	OTHER:		dence 6 🗆 O	ther (Specify)							
BY	27. MANNER OF DEATH  1	28e. PLACE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY — building, etc. (Specify)	28b. TIME INJUI	RY W	JURY AT DRK? YES 2 1	NO 28f. L	OCATION (Street City or Town, State)			Route Number,				
BE COMPLETED	onel	N: To the best of my knowledg			death occurad	at the time, o		d due to th	e cause(	a) and manner as s				

711 maiden

29c. LICENSE NUMBER 034053

Chorce

Lune

DHMH-18 Rev 1/89

90

2/228

DIVISION OF VITAL RECORDS, F.O. BOA 13149, BALLIM, HE, MARTLAND	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospi	OSO
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal,	chec
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examine: must be notified at once.	esi.

	FOR STATE OF N  1 - STATE OF N		MENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) Berl Beule Partth Kalar	e Porter	Kolar	2. DATE OF DEATH	YEAR	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 5. SEX	8. AGE (In yrs. lest birthday)   II	F UNDER 1 YEAR IF UNDER 24 HRS.	7 / S 7. DATE OF BIRTH (Month, Day, Year)		IPLACE (State or Foreign		
	321-10-0002 10 M2XF	7 / YRS.	ONTHS DAYS HOURS MIN.	9 -9-1		ungo Rel		
œ	9a. FACILITY NAME (If not institution, give street and number)	Fremula "	b. CITY, TOWN DR LOCATION OF DE	ATH	9c. COUNTY DF C	EATH"		
5	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY	Lang CITY 1	TOWN DR LOCATION			10d. INSIDE CITY		
DIRECTOR	Md Kayland		el Air			LIMITS?		
	10e. STREET AND NUMBER	/	10f. ZIP CODE		10g. CITIZEN DF			
FUNERAL	12.15 Kernnymede  11. MARITAL STATUS  12. WAS DECEDEN	IT EVER IN U.S. ARMED	Z/0/9		U 5	E — American Indian,		
	1 Never Married 2 Married FORCES? 1	YES 2 NO	If yes, specify Cuben, Mexica  1 YES 2 ND Specify	n, Puerto Ricen, atc.)	Blec	k, White, atc.		
ED BY	3 Widowed 4 Divorced  15. DECEDENT'S EDUCATION	16a, DECEDENT'S US	HIAL OCCUPATION	16b. KIND OF BUS		ite		
E	(Specify only highest grade completed)  Elementery/Secondary (0-12)  College (1-4 or 5	(Give kind of world)  ### ### ### ########################	k done during most of working etired.)					
COMPLET	12 17. FATHER'S NAME (First, Middle, Last)	Homem						
TO BE	19a. INFORMANT'S NAME (Type/Print)	The second section is a second section of the second section is a second section in the second section is a second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a section in the second section in the section is a section in the section in the section in the section in the section is a section in the section in the section in the section is a section in the secti	DORESS (Street and Number or Rural i					
	Kristie A. Garner		Runnymede Lane,					
	1 Buriel 2 Termation 3 Removal from State 4 Denation 5 Other (Specify)	Burial 2 ☐ • Gremation 3 ☐ Ramoval from State other place)						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	0	22. NAME AND ADDRESS OF FA HOWARD K. MCC		lineral F	Iome P A		
	23. PART I. Enter the diseases, or complications the	mes 14						
	shock, or heert fellure. List only one can	use on each line.				Approximete interval Between Onset and Death		
	immediate cause (Finel disease or condition resulting in death)	estatu Ca	neer of heft ?	Queart	•			
		(OR AS A CONSEQUENCE OF):	0 ,					
CERTIFICATION	Sequentielly list conditions, if eny, leading to immediate	(OR AS A CONSEQUENCE OF):						
-ICA	cause. Enter UNDERLYING CAUSE (Disease or injury	(OR AS A CONSEQUENCE OF):						
RTI	that initiated events resulting in death) LAST	,,						
	PART II. Other significant conditions contributing to	death but not resulting in	the underlying cause given in			b. WERE AUTOPSY FINDINGS		
SICAL		Military -		PERFOR		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
ME						1 🗆 YES 2 🖟 ÑO		
N.			26. PLACE OF DEATH (Ch	eck only one)				
-2	25. WAS CASE REFERRED TO MEDICAL							
/SICI,	EXAMINER? HOSPITAL:		OTHER:					
Y PHYSICIAN: MEDI	EXAMINER?  1 YES 2 NO  1 Inpatient 2  27. MANNER OF DEATH  1 Netural 5 Pending  HOSPITAL: 1 Inpatient 2  28. DATE O (Month, Inpatient)	☐ ER/Outpatient 3 ☐ DOA 4	OTHER:  Nursing Home 5 Residence  OF 28c. INJURY AT		NJURY OCCURED			
В	EXAMINER?  1 YES 2 NO  1 Inpatient 2  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Subclidert  28e. DATE O (Month, in the control of the contro	FINJURY 28b, TIME	OTHER: Nursing Home 5 Residence OF 28c. INJURY AT WORK?  M 1 YES 2 ND	6 Other (Specify)	and Number or Rural	Route Number,		
В	EXAMINER?  YES 2 NO 1 npatient 2  27. MANNER OF DEATH    Netural   5   Pending Investigation	ER/Outpetient 3 DOA 4  F INJURY Day, Veer)  DF INJURY — At home, farm, strin, etc. (Specify)	OTHER: Nursing Home 5 Residence OF 28c. INJURY AT WORK? 1 YES 2 ND set, factory, office	261. LOCATION (Street & City or Fown, State)	and Number or Rural	Route Number,		
В	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Sulcide 6 Could not be determined  28. PLACE building	ER/Outpetient 3 DOA 4  FINJURY Day, Vear)  DF INJURY — At home, farm, strin, etc. (Specify)  df my knowledge, death occurred	OTHER:   Nursing Home 5 Residence   Nursing Home 5 Residence   Nursing Home 5 Residence   State	261. LOCATION (Street a City or fown, State)	and Number or Rural			
BE COMPLETED BY	EXAMINER?  1 YES 2 NO  1 Inpatient 2  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  28e. DATE O (Month, I) 4 Homicide 6 Could not be determined  29e. CERTIFER (Check only)	ER/Outpetient 3 DOA 4  FINJURY Day, Vear)  DF INJURY — At home, farm, strin, etc. (Specify)  df my knowledge, death occurred	OTHER:   Nursing Home 5 Residence   Nursing Home 5 Residence   Nursing Home 5 Residence   State	26d. DESCRIBE HOW it 26d. DESCRIBE HOW it 26t. LOCATION (Street a City or Town, State)  to the cause(a) and mar time, date and place, an	and Number or Rural mer as stated. d due to the cause			
E COMPLETED BY	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Subcider 6 Could not be determined  29e. CERTIFER (Check only one)  29b. SIGNATURE AND TITLE OF ORTIFIER  30. NAME AND ADDRESS DF PERSON WHD COMPLETED CALL  30. NAME AND ADDRESS DF PERSON WHD COMPLETED CALL	ER/Outpetient 3 DOA 4  FINJURY Day, Vear)  DF INJURY — At home, farm, stn., etc. (Specify)  If my knowledge, death occurred examination and/or investigation,	OTHER:   Nursing Home 5   Residence   Nursing Home 5   Residence   Nursing Home 5   Residence   State   Nursing Home 5   Residence   State   Nursing Home 5   Residence   State   Nursing Home 5   Residence   Nursing Home	26d. DESCRIBE HOW II 26d. DESCRIBE HOW II 26t. LOCATION (Street a City or Town, State) 1 to the cause(a) and man Itima, date and piece, an	and Number or Rural mer as stated. d due to the cause	(a) and manner as stated.		
BE COMPLETED BY	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only 1 CHECK Only 2 MEDICAL EXAMINER: On the basis of the basis	ER/Outpetient 3 DOA 4  FINJURY Day, Vear)  DF INJURY — At home, farm, stn., etc. (Specify)  If my knowledge, death occurred examination and/or investigation,	OTHER:   Nursing Home 5 Residence   Nursing Home 5 Residence   Nursing Home 5 Residence   Structure   Nursing Home   Nursing Home	26d. DESCRIBE HOW II 26d. DESCRIBE HOW II 26t. LOCATION (Street a City or Town, State) 1 to the cause(a) and man Itima, date and piece, an	and Number or Rural mer as stated. d due to the cause	(a) and manner as stated.		

1.0 AND THE RESERVE OF THE PERSON 

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 29-mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

TED BY BUVEICHAN: MEDICAL CERTIFICATION

FOR 1 - STATE SI

TATE	0F	MARYLAND	/ DEPAR	RTMENT	OF I	HEALTH	AND	MENTAL	HYGIENI	E
		(	FRTIE	ICATE	OF	DEAT	'H		BEG NO	

	REGISTRAR			ENIIL	ICAIL	: UF	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	1	0		77			2. DATE OF MONTH	DEATH DA		YEAR	3. TIME OF DEATH
		arl s. sex T	6. AGE (In yrs. I	and blade day A	IF UNDER	aise	IF UNDER 24 HRS.	7. DATE OF		19	90	4:45A M PLACE (State or Foreign
	The second secon	1 5EA 1 √2 M 2 □ F	8 0	YRS.	MONTHS	DAYS	HOURS MIN.	(Month, D	ay, Ybar)	_ [	Country	
	9a. FACILITY NAME (If not institution, give stree	4	00		ah CITY	TOWAL (	OR LOCATION OF DE		04 0		PA NTY OF DE	FATM
œ								ain.				
6	Memorial Ho	spital		_	Eas	sto	n			Lla	11bo	<u>-</u>
DIRECTOR	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN O	R LOCAT	TION					10d. INSIDE CITY LIMITS?
	Maryland Talb	ot		0:	kfor	d						1 X YES 2 NO
FUNERAL	10e. STREET AND NUMBER					101	ZIP CODE			10g. CITI	ZEN OF W	WHAT COUNTRY?
E	205 Tred Avon A	venue					21654			U.	.S.A	
5		2. WAS DECEDENT	T EVER IN U.S. /		13. \	WAS DEC	ENDENT OF HISPAN	IC ORIGIN? (	Specify Yee	or No-	14. RACE Black	— American Indien,
ВУ	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE W					2 NO Specify		,		Specif	
	15. DECEDENT'S EDUCA	TION	1 40- 4	DECEDENT'S	1101111 01	DOLIDATI		Tank M	ND OF BUS	MIESS WIS		ite
E	(Specify only highest grade co	mpleted)		Give kind of fe. Do NOT u	work done o	during me	ist of worlding	100. Ki	ND OF BUS	HHE33/HL	7037NT	
PLE	Elementary/Secondary (0-12)	College (1-4 or 5 +		nage:	r				hami	cal	COM	npany
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		jiii di.	nage.			16. MOTHER'S NA			_	COM	parry
	John J. Kaiser						Jane	Body	comb			
BE	19e. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	S (Street	and Number or Rural				Code)	
2	Jane W. L. Kais	er		205	Tre	d A	von Ave	enue	Oxfo	rd I	MD 2	1654
	28e. METHOD OF DISPOSITION 7/1X Burlel 2 Cremation 3 Remove	6/90		E OF DISPO			metery, cremetory or		-		City or To	
	4 Donation 5 Other (Specify)	al from State		ord (	Ceme	ter	. Л		Ox	for	d, M	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICE!	NSEE					ND ADDRESS OF FA					
	NOHN R	. mE	000	0 -			am Fune			:		1
	23. PART i. Enter the diseases, or co									ratory an	reet,	Approximata
	shock, or heart fellure. Li	st only one ceu	se on each II	ne.								Interval Between Onset and Death
	IMMEDIATE CAUSE (Finel disease or condition	FR	020	M	-8		CA	J C 4	a 1	,		10 45
	resulting in death) a.		(OR AS A CONS									
z												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONS	EOUENCE C	F):							
S	ceuse. Enter UNDERLYING CAUSE (Disease or Injury											
=	that initiated events resulting in deeth) LAST	DUE TO	(OR AS A CONS	EOUENCE C	NF):							
5	d.											
١	PART II. Other significant conditions	contributing to	deeth but no	t reaulting	In the ur	nderlyln	g ceuse given in	Part I. 2	4a. WAS AN		24b.	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDICAL									PERFOR	1		COMPLETION OF CAUSE OF DEATH?
												1 YES 2 NO
Σ ;												
M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						LACE OF DEATH (C)	neck only one)				
Sic		HOSPITAL:	ER/Outpatient	3 🗆 DOA	4 Nur		ne 5 🗆 Residence	6 Other (	Specify)			
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF (Month, L		26b. TII	ME OF JURY		JURY AT ORK?	28d. DESC	RIBE HOW	NJURY OC	CURED	
ВУ	Natural 5 Pending Investigation		30.027		М	1 🗆	YES 2 NO					
ED E	3 Suicide 6 Could not be		F INJURY — At atc. (Specify)	home, farm,	street, fac	tory, offi	CO		ION (Street Town, State)		or Rural I	Route Number,
H	4 Homicide determined							-				
P	29e. CERTIFIER CERTIFYING PHYSICI	IAN: To the best of	my knowledge,	death occur	red at the t	time, dat	e end place, end du	e to the cause	e(e) end me	nner as str	rted.	
COMPLET	one) 2 MEDICAL EXAMINER:	On the beele of e	xamination end/	or investigat	on, in my	opinion,	death occured at the	time, date e	nd place, er	nd due to t	the ceuse(	s) end manner ee stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	0	0	0			29c. LICENSE NU			29d. DA	_	(Month, Day, Year)
O BE	Sighi	8	Com	LX.	N		D 01	225	-		7 ~	3-90
5	30. NAME AND ADDRESS OF PERSON WHO											
	Stephen P. Carr				Вох	106	Eastor	n MD	216	01		
	31. DATE FILED (Month, Day, Year)		AR'S SIGNATUR									
	JUL - 5'90	Geolia da	widow A	melione								

SHOOT NO CE	MOLESCHILL STORY
examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
- Fig. 1	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be detache	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
ir death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-rouns after death. Page 6 may be retained by the hosp

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT ( ERTIFICATE		MENTAL HYGIEN REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
	Richar	rd j	Keene		6-29-90	Y YEAR	12:59AM M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrg. las	st birthday) IF UNDER 1 Y	YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIR	THPLACE (State or Foreign
	212 90 7/79	1 DM 2 DF	YRS. MONTHS C	DAYS HOURS MIN.	(Month, Day, Year)	5 24	may)
	9a. FACILITY NAME (If not institution, give street	of and number)	F	OWN OR LOCATION OF OE		9c. COUNTY OF	vuy sno
~			VB. CLIT, I	OWN OR LOCATION OF DE	(,,)		0
0	Rt. 231 S. of Rt.	18	Ln	asonard	le	Queen	Anees County
DIRECTOR	10a, STATE 10b, COUNTY		10c. CITY. /fDWN OR	LOCATION	1 1		10d. INSIDE CITY
<u>=</u>	mel	110000	4-		Va.		LIMITS?
	1/M. a Mee	n ynnes	Lua	101, ZIP COOE	40	40- 01717511 01	F WHAT COUNTRY?
Z	10e. STREET AND NUMBER	2111		101. 21P COOK	•	iug. Citizien of	P WHAT COUNTRY?
FUNERAL	P.O. Poy	146		21630	,	0.3	1. 9.
5		12. WAS OECEDENT EVER IN U.S. AF FORCES? 1 YES 2 1		S DECENDENT OF HISPAN es, specify Cuben, Maxical		or No- 14. RA	ACE — American Indian, ack, White, atc.
84	1 Never Merried 2 Married 3 Widowed 4 Olvorced	IF YES, GIVE WAR OR DATES		YES 2 5-40 Specify		12	D b
				MANAGE TO SERVICE TO S		121	ack
<u>m</u>	15. DECEDENT'S EDUCA (Specify only highest grade or	Omystelect) 16s. Di	ECEDENT'S USUAL OCC Streeting of work during during to Dig NOT upon retired.)	UPATION ing most of working	16b. KIND OF BUS	SINESS/INDUSTRY	
<b>W</b>	Ejementary/Secondary (5-12)	College (1-4 or 5+)	by Not lawynoma.)		80	1 0	7
MP	Secondary		work	ν <u> </u>	Des	100,0	
COMPLETED	17, FATHER'S HAME (First, Mickey (aut)	P		TE. MOTHER'S HA	ME FROM BRIDGE MINIST	Bename	
BE	Truchard Re	en si.		Noto	Mus	nee	nl
TO 8	100. PRYCHMANT'S NAME (THEFTH)	2)/_ "	BE MAILING ADDRESS	Street and Humber or Flurel	buts Number City or Tox	m, Sheps, 7 (9) (10)	2 1-115
ř	Norothy D	reene 1	P.O. Box	246 1	ndison	erle.	md. 2165
	204. METHOD OF DISPOSITION		OF DISPOSITION/IN	gl.cometary cremetary or	20c. £0	CATION - City/or	Town, Styley)
	1 Denation 8 Other (Specify)	est from State Other p	mother	now	19	20200	wille mit
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	, 22. N/	ME AND ADDRESS OF FA	CILITY	21	1
	► 11. ·	1	11/	on n	1010	HI	1 6 m
	Dennell	d. xlmi	1111	11 1) 1	7 7 18	1 1 1 1 1 1	01 11 . 1111
		111111111111111111111111111111111111111	44		16	Mile	my line
	23. PART I. Enter the diseases, or co	emplications that caused the d	sath. Do not anter the	ne mode of dying, auc	h sa cardisc or reep	iretory arrest,	Approximats
	23. PART I. Enter the diseases, or co shock, or heart fellure. LI IMMEDIATE CAUSE (Finel	emplications that caused the dist only one cause on sech lin	sath. Do not anter ti	ne mode of dying, auc	h sa cardisc or reep	iretory arrest,	Approximats Interval Batween Onset and Death
	ahock, or heart fellure. Li IMMEDIATE CAUSE (Finel disease or condition	mplications that caused this dist only one cause on sech lin	sath. Do not anter thes.	ne mode of dying, auc	h sa cardisc or reep	iretory arrest,	Interval Batween
	ahock, or heart feilure. Li IMMEDIATE CAUSE (Finel	ist only one cause on sech lin	<b>.</b>	ne mode of dying, aud	h sa cardisc or reep	iretory arrest,	Interval Batween
z	ahock, or heart fellure. Li IMMEDIATE CAUSE (Finel disease or condition resulting in death)	NECK INJURY	<b>.</b>	ne mode of dying, aud	h sa cardisc or reep	iretory arrest,	Interval Batween
ION	ahock, or heart fellure. Li IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentistry list conditions,	NECK INJURY	EOUENCE OF):	ne mode of dying, auc	h sa cardisc or reep	iretory arrest,	Interval Batween
CATION	shock, or heart feilure. Li IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediats cause. Enter UNDERLYING	NECK INJURY  DUE TO (OR AS A CONSE	EOUENCE OF):	ne mode of dying, aud	h sa csrdisc or reep	iretory arrest,	Interval Batween
IFICATION	ahock, or heart fellure. Li  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediats	NECK INJURY  DUE TO (OR AS A CONSE	EOUENCE OF):	ne mode of dying, aud	h sa cardisc or reep	iretory arrest,	Interval Batween
RTIFICATION	shock, or heart fellure. Li IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediats cause. Enter UNDERLYING CAUSE (Disease or Injury	NECK INJURY  DUE TO (OR AS A CONSE	EOUENCE OF):	ne mode of dying, aud	h sa cardisc or reep	iretory arrest,	Interval Batween
CERTIFICATION	shock, or heart fellure. Li IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	EOUENCE OF):  EOUENCE OF):	0			Interval Batween Onset and Death
	shock, or heart fellure. Li  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentisity list conditions, if any, lesding to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSE	EOUENCE OF):  EOUENCE OF):	0		AUTOPSY :	Interval Batween
	shock, or heart fellure. Li IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	EOUENCE OF):  EOUENCE OF):	0	Psrt I. 24a. WAS AN	I AUTOPSY RMED?	Interval Batween Onset and Death  24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
	shock, or heart fellure. Li IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	EOUENCE OF):  EOUENCE OF):	0	Psrt I. 24a. WAS AN	I AUTOPSY RMED?	Interval Batween Onset and Death  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	shock, or heart fellure. Li IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	EOUENCE OF):  EOUENCE OF):	0	Psrt I. 24a. WAS AN	I AUTOPSY RMED?	Interval Batween Onset and Death  24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
	shock, or heart feilure. Li IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificent conditione	DUE TO (OR AS A CONSE	EOUENCE OF):  EOUENCE OF):	0	Psrt I. 24a. WAS AN PERFO	I AUTOPSY RMED?	Interval Batween Onset and Death  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	ahock, or heart feilure. Li IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  PART II. Other eignificant conditione  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A CONSE	EOUENCE OF):  EOUENCE OF):  resulting in the und	erlying ceuse given in	Psrt I. 24a. WAS AN PERFOL XIXXES :	I AUTOPSY RMED?	Interval Batween Onset and Death  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	ahock, or heart feilure. Li IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 XXXX 2 NO	DUE TO (OR AS A CONSE	EOUENCE OF):  EOUENCE OF):  resulting in the und  OTHER: 3 □ DOA	erlying ceuse given in  26. PLACE OF DEATH (Ch	PSrt I. 24a. WAS AN PERFO XIXXES :	I AUTOPSY RMED?	Interval Batween Onset and Death  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  XXXX YES 2 \( \) NO
PHYSICIAN: MEDICAL	ahock, or heart feilure. Li IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  PART II. Other eignificant conditione  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A CONSE  DUE TO (OR AS A CONSE  DUE TO (OR AS A CONSE  DUE TO (OR AS A CONSE  Contributing to death but not  HOSPITAL:    Inpetient 2   ER/Outpetient   28/(Month, Day, Vear)	EOUENCE OF):  EOUENCE OF):  Feoulting in the und  OTHER:  3 □ DOA 4 □ Nursit  28b. Time OF 2	26. PLACE OF DEATH (Ching Home SXPResidence	Psrt I. 24a. WAS AN PERFOUND TO SEE SEE SEE SEE SEE SEE SEE SEE SEE SE	I AUTOPSY RMED?	Interval Batween Onset and Death  24b, WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2 NO
BY PHYSICIAN: MEDICAL	ahock, or heart feilure. Li IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentisity list conditions, if any, leading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury the tinitieted events resulting in death) LAST  PART II. Other eignificent conditione  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 NAWE 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending investigation	DUE TO (OR AS A CONSE  DUE TO (OR AS A CONSE  DUE TO (OR AS A CONSE  DUE TO (OR AS A CONSE  Contributing to death but not  HOSPITAL:    Inpetient 2   ER/Outpatiant    28a. DATE OF INJURY (Month, Day, Year)     6-29-90	EQUENCE OF):  EQUENCE OF):  Feaulting in the und  The state of the sta	28. PLACE OF DEATH (Ching Home \$20 Besidence WORK?	Psrt I. 24a. WAS AN PERFOUND TO SEE STATES :	I AUTOPSY RMED?	Interval Batween Onset and Death  24b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  XXXX YES 2 \( \) NO
BY PHYSICIAN: MEDICAL	ahock, or heart feilure. Li IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentisity list conditions, if any, lesding to immediats cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other eignificent conditione  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 XXXX 2 NO  27. MANNER OF DEATH 1 Natural 5 Pending	DUE TO (OR AS A CONSE  DUE TO (OR AS A CONSE  DUE TO (OR AS A CONSE  DUE TO (OR AS A CONSE  Contributing to death but not  HOSPITAL:    Inpetient 2   ER/Outpetient   28/(Month, Day, Vear)	EQUENCE OF):  EQUENCE OF):  EQUENCE OF):  resulting in the und  3 DOA 4 Nursic  28b. TIME OF INJURY  12:34AM	28. PLACE OF DEATH (Ching Home \$20 Besidence WORK?	PSrt I. 24a. WAS AN PERFO  XIXXES:  eck only one)  8 Other (Specify)  28d. DE\$CRIBE HOW  PASSENGEY  281. LOCATION (Street City or Town, Street	I AUTOPSY RMED?  2 NO  INJURY OCCUREE  in automator of Run  and Number of Run	Interval Batween Onset and Death  24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  XXXX YES 2 \( \sqrt{N}\) NO  O/auto impact
BY PHYSICIAN: MEDICAL	shock, or heart feilure. Li IMMEDIATE CAUSE (Finel disease or condition	DUE TO (OR AS A CONSEDUE TO (O	EOUENCE OF):  EOUENCE OF):  EOUENCE OF):  resulting in the und  3 □ DOA	erlying ceuse given in  26. PLACE OF DEATH (Ch ng Home \$\infty\text{Residence}  8c. INJURY AT WORK?  1 □ YES \$\infty\text{NO} y, office	Part I. 24a. WAS AN PERFOUND STATE S	I AUTOPSY RMED?  2  NO  INJURY OCCURE  IN auto and Number or Ru  Of Rt	Interval Batween Onset and Death  24b. Were Autopsy Findings Available Prior TO COMPLETION OF CAUSE OF DEATH?  XXXX YES 2 \sum NO  O/auto impact  Tel Route Number,  18, Oueen
BY PHYSICIAN: MEDICAL	ahock, or heart feilure. Li IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, If any, leading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificant conditione  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 XXXX 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending investigation  3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only 1 CERTIFYINO PHYSIC)	DUE TO (OR AS A CONSE  DUE TO (OR AS A CONSE  DUE TO (OR AS A CONSE  DUE TO (OR AS A CONSE  DUE TO (OR AS A CONSE  Contributing to death but not  HOSPITAL: 1   Inpetient 2   ER/Outpetient  28a. DATE OF INJURY (Morith, Day, Vear) 6-29-90  28a. PLACE OF INJURY — At h	EOUENCE OF):  EOUENCE OF):  EOUENCE OF):  resulting in the und  3 □ DOA	erlying ceuse given in  26. PLACE OF DEATH (Ch ng Home \$\infty\text{Residence}  8c. INJURY AT WORK?  1 □ YES \$\infty\text{NO} y, office	Part I. 24a. WAS AN PERFOUND STATE S	I AUTOPSY RMED?  2  NO  INJURY OCCURE  IN auto and Number or Ru  Of Rt	Interval Batween Onset and Death  24b. Were Autopsy Findings Available Prior TO COMPLETION OF CAUSE OF DEATH?  XXXX YES 2 \sum NO  O/auto impact  Tel Route Number,  18, Oueen
BY PHYSICIAN: MEDICAL	ahock, or heart feilure. Li IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificent conditione  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 XXXX 2 NO  27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only 1 CERTIFYINO PHYSIC)	DUE TO (OR AS A CONSEDUE TO (O	EOUENCE OF):  EOUENCE OF):  EOUENCE OF):  Tesulting in the und  OTHER: 4   Nursit  28b. Time OF 12:34AM  nome, farm, street, factor  ROad	26. PLACE OF DEATH (Change Home SXD Besidence Sc. INJURY AT WORK?  1  YES 2 NO NO y, office	PSrt I. 24a. WAS AN PERFORM PERFORM PERFORM PERFORM (Specify)  28d. DESCRIBE HOW PASSENGET City or Town, State Rt. 213 SANDESSON CALLING	I AUTOPSY RMED?  INJURY OCCURE  In auto and Number or Ru  Of Rt	Interval Batween Onset and Death  24b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  XXXX YES 2 NO  O/auto impact Tall Route Number, 18, Oueen  1 and
COMPLETED BY PHYSICIAN: MEDICAL	ahock, or heart feilure. Li IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificent conditione  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 XXXX 2 NO  27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only 1 CERTIFYINO PHYSIC)	DUE TO (OR AS A CONSE  DUE TO (OR AS A CONSE  DUE TO (OR AS A CONSE  DUE TO (OR AS A CONSE  DUE TO (OR AS A CONSE  Contributing to death but not  HOSPITAL:    Inpetient   2   ER/Outpetient  28a. DATE OF INJURY (Month, Day, Year) 6-29-90  26a. PLACE OF INJURY — At holiding, stc. (Specify)	EOUENCE OF):  EOUENCE OF):  EOUENCE OF):  Tesulting in the und  OTHER: 4   Nursit  28b. Time OF 12:34AM  nome, farm, street, factor  ROad	26. PLACE OF DEATH (Change Home SXD Besidence Sc. INJURY AT WORK?  1  YES 2 NO NO y, office	PSrt I. 24a. WAS AN PERFOUND STATE S	INJURY OCCURED  IN autono Number or Ruton Number of Rt  Try Marcy and due to the cau	Interval Batween Onset and Death  24b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  XXXX YES 2 NO  O/auto impact Tall Route Number, 18, Oueen  1 and
BE COMPLETED BY PHYSICIAN: MEDICAL	ahock, or heart fellure. Li IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentisity list conditiona, if any, leading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST  PART II. Other eignificent conditione  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 XASK 2 NO  27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only one)  XXX MEDICAL EXAMINER	DUE TO (OR AS A CONSE  DUE TO (OR AS A CONSE  DUE TO (OR AS A CONSE  DUE TO (OR AS A CONSE  DUE TO (OR AS A CONSE  Contributing to death but not  HOSPITAL:    Inpetient   2   ER/Outpetient  28a. DATE OF INJURY (Month, Day, Year) 6-29-90  26a. PLACE OF INJURY — At holiding, stc. (Specify)	EOUENCE OF):  EOUENCE OF):  EOUENCE OF):  Tesulting in the und  OTHER: 4   Nursit  28b. Time OF 12:34AM  nome, farm, street, factor  ROad	erlying ceuse given in  26. PLACE OF DEATH (Change Home 5 Pesidence 18c. INJURY AT WORK? 1 YES NO 1, office 1. data and place, and due 1. inlon, dasth occured at the	PSrt I. 24a. WAS AN PERFOUND STATE S	INJURY OCCURED  IN JURY OCCURED  IN autoriand Number or Ru  Of Rt  The World Store  29d. DATE SION	Interval Batween Onset and Death  24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  XXXX YES 2 \( \) NO  O/auto impact  al Route Number.  18, Oueen land  ae(a) and manner as stated.
COMPLETED BY PHYSICIAN: MEDICAL	ahock, or heart fellure. Li IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentisity list conditiona, if any, leading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST  PART II. Other eignificent conditione  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 XASK 2 NO  27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only one)  XXX MEDICAL EXAMINER	DUE TO (OR AS A CONSEDUE TO (O	EQUENCE OF):  EQUENCE OF):  EQUENCE OF):  Feaulting in the und  Th	26. PLACE OF DEATH (Change Home Street No. 1) Yes No. 1) Yes No. 1) No. 1) Yes No. 1)	PSrt I. 24a. WAS AN PERFOUND STATE S	INJURY OCCURED  IN JURY OCCURED  IN autoriand Number or Ru  Of Rt  The World Store  29d. DATE SION	Inferval Batween Onset and Death  24b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  XXX YES 2 NO  O/auto impact ral Route Number, 18, Oueen land se(a) and manner as stated.

31. DATE FILED (Month, Day, Year)

JUL - 6 90

guay, ···

	1 - STATE REGISTRAR	STATE OF MAP	RYLAND / DEPARTM CERTIFIC				IENE . NO.		
	1. DECEDENT'S NAME (First, Middle LOLA)	e, Last)	KinnAV	nor	1	2. DATE OF DEA		YEAR 3.	7.50 PM
	4. SOCIAL SECURITY NUMBER	9 1 M 2 KF		UNDER t YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month, Day, Y		Country)	ACE (State or Foreign
H.	90. FACILITY NAME (If not institution	n, give street and number)	Weslevan	CITY, TOWN OF		1 1	9c. COL	INTY OF DEAT	
DIRECTOR	RESIDENCE OF DECEDE	NT					1001		
IRE		county aroline	Golds	OWN OR LOCATION	ON				Dd. INSIDE CITY LIMITS?
ורם	10e, STREET AND NUMBER	aronne	Journal	-	ZIP CODE		10a, CIT		T COUNTRY?
ERA	Rt. 1 Box 3			2	1636			JSA	
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merrie 3 Wildowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1   IF YES, GIVE WAR	YES 2 NO	If yes, spe-	INDENT OF HISPANIC city Cuben, Mexican, 2 X NO Specify:			14. RACE — Black, V Specify:	American Indien, white, etc. White
	15. DECEDEN' (Specify only higher	T'S EDUCATION est grade completed)	18e. DECEDENT'S USI	UAL OCCUPATION		16b, KIND (	F BUSINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0-12) 10 th	College (1-4 or 5+)	laborer	tired.)		San	del Pac	cking	Co.
	17. FATHER'S NAME (First, Middle, I				16. MOTHER'S NAM	•			
BE	John Bicklin  190. INFORMANT'S NAME (Typo/Pri	<u> </u>	10h MAILING AD	INDESS (Street or	Cora Th			in Code)	
입	Mary E. Lor				enton, M			p code)	
	20e. METHOD OF DISPOSITION  OF Burlet 2 Cremetion 3	18	20b. PLACE OF DISPOSITION Other place)				0c. LOCATION -	City or Town	, Slate
	4 Donetion 5 Other (Speci	ffy)		ensbor	Cemete	ry	Greens	boro,	MD
	21. SIGNATURE OF FUNERAL SER	IVICE LICENSEE			D ADDRESS OF FAC	Gree	ensboro		
	23. PART I. Enter the disees	es, or complications that ca	used the deeth. Do not		e-Helfent				Approximate
	iMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	s. O CV	AS A CONSEQUENCE OF):						Interval Between Onset and Death
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR	AS A CONSEQUENCE OF):						
CERTIFICATION	CAUSE (Disease or Injury that initiated events reculting in deeth) LAST	DUE TO (OR	AS A CONSEQUENCE OF):						
CAL	PART II. Other algnificent co	enditione contributing to des	ath but not resulting in t	the underlying	cause given in F	Pert I. 24a. W	AS AN AUTOPSY ERFORMED?	A	PERE AUTOPSY FINDINGS VAILABLE PRIOR TO OMPLETION OF CAUSE
		vere DJD Si			Anemia		res 2 NO	D	F DEATH?
Σ	Dencession	12 13 3	THE PERM	11002	MANCHAIR	-		1 '	YES 2 NO
¥	25. WAS CASE REFERRED TO MED EXAMINER?				ACE OF DEATH (Chec	ck only one)			
JS	1 VES 2 ILMO	HOSPITAL: 1   Inpatient 2   EF	/Outpetlent 3 □ DOA 4	THER: Nursing Home	5 🗆 Residence 6	Other (Speci	(y)		
BY PHYSICIAN: MEDI	27. MANNER OF DEATH  1 Hatural 8 Pendi	28s. DATE OF INJ (Month, Day, 1)		Y WOI		28d. DESCRIBE	HOW INJURY O	CCURED	
	2 Accident invest 3 Suicide 8 Could 4 Homicide daterr	28e. PLACE OF IN building, etc.	JURY — At home, farm, stre (Specify)	et, factory, office		28f. LOCATION ( City or Town	Street end Numb State)	er or Rural Rou	ite Number,
COMPLETED	(Orack Oray	IG PHYSICIAN: To the best of my							end menner as stated.
	29b. SIGNA USE AND TITLE OF C	SERTIFIER			29c. LICENSE NUM	BER	29d. DA	TE SIGNED (A	forth, Day, Year)
BE	Foltren				1)332	94	<b>•</b>	5/28	190
2	30. NAME AND ADDRESS OF PER	AND POS	Sax 127 G	Golds b	oro Mi	0 21	636	1	
	31. DATE FILED (Month, Day, Year)	32. JEGISTRABIS	SIGNATURE MODELLE		,	-			
	JUN 1 191								DHMH-18 Rev 1/8

TO BE COMPLETED BY FUNERAL DIRECTOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)		590			2. DATE OF DEATH MONTH DA	v ve	3. TIME OF DEATH
Lillie	F. K	vger			May 15	1990	
4. SOCIAL SECURITY NUMBER		GE (In yrs. lest birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	0.1	BIRTHPLACE (State or Foreign
227-28-7552	1 □ M 2 √ F	86 YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day, Year) Sept 15		Va.
9a. FACILITY NAME (If not institution, give s				OR LOCATION OF DE	ATH	9c. COUNTY	
423 South Main	St.		Hurio	ck,Md.		Dorci	hester
10a. STATE 10b. COUNTY		200	TOWN OR LOCA				10d. INSIOE CITY LIMITS?
Md. Dor	<u>chester</u>	Hur	lock,			r	1 X YES 2 NO
423 South	Main Stre	et	10	21643		10g. CITIZEN	OF WHAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMEO		CENDENT OF HISPAN pecify Cuban, Mexica	IIC ORIGIN? (Specify Yes	or No- 14.	RACE — American Indian, Black, Whita, etc.
1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 1 YE	DATES		S 2 NO Specify			Specify: White
15. DECEDENT'S EDU- (Specify only highest grade		18a. DECEDENT'S US (Give kind of work	k done during m		16b. KIND OF BU	SINESS/INDUST	RY
Elementary/Secondary (0-12)	College (1-4 or 5 +)	iife. Do NOT use n					
2	0	Housew	rite			<u>ewife</u>	
17. FATHER'S NAME (First, Middle, Last)	iam	Lamb		Calin	ME (First, Middle, Maiden e (Un	sumame) known	)
19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow		
Margaret Egge							Md. 21632
20a. METHOD OF DISPOSITION 1 1 Sturial 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	ovel from Stata	other place)		Cemetery or		aheys	ville, Va.
21. SIGNATURE OF FUNERAL SERVICE LIC			Will		Funeral		
23. PART i. Enter the diseases, or o	complications that cau	sed the death. Do not	Fede	ralshur	g, Md. 2	1632	Approximata
ahock, or heert feifure.	Liet only ona cause or	n each line.	arrar ara m	out of cynig, suc	ii sa cardisc or reap	natory streat,	Interval Between Onset and Death
iMMEDIATE CAUSE (Final disease or condition	(BT CLAN	on a of E	000/	the			Onset sho beath
resulting in daeth)	DUE TO (OR A	S A CONSEQUENCE OF	pe 9/0	7			
	b						
Sequentially list conditions, If any, leading to immediata	DUE TO (OR A	S A CONSEQUENCE OF):					
CAUSE (Disease or Injury	c. DUE TO (OR A	S A CONSEQUENCE OF):					
that initiated events resulting in death) LAST	502 10 (011 )	is a constant of j.					į
	d						
PART il. Other significant condition	ie contributing to deet	h but not reauiting in	the underlyic	ng cause given in	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
Hitrus					1 🗆 YES 2	! □ NO	OF GEATH?
10	07						1 TES 2 NO
	T						
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	2 7 701	THER:	PLACE OF OEATH (Ch			
27. MANNER OF DEATH	1 Inpetiant 2 ER/C	RY 28b. TIME (	OF 28c, IN	me 5 Ansidence	a ☐ Other (Specify)  28d. DESCRIBE HOW	NJURY OCCUR	ED
1 Natural 5 Pending	(Month, Day, Yea	Ir) INJUR	W W	YES 2 NO			
3 Suicide 8 Could not be	28s. PLACE OF INJI building, etc. (5	URY — At homs, farm, etre	et, factory, off	Ica	281. LOCATION (Street City or Town, State,	and Number or F	Rural Route Number,
4 Homicide determined							
ana)	ICIAN: To the best of my ki						auto(a) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	-01-	4 a A		29c. LICENSE NUI	WBER S COC	29d. DATE SI	GNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WH	IG COMPLETED CAUSE OF	OEATH (ITEM 27) (Type, P	rint)	11:	11/	100	04/0
M(Chnel T)	132. APGISTRAP'S	MD 30	77 CC	2//105	· Hurlock	- ma 3	1693
MAY 29 '90	Julia Dav	idson-Randell	_				

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frouts after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

1	-	STATE	A
			-

- STATE REGISTRAR		SIMIL OF I	(	ERTIF	ICAT	E OF	DEATH	MEN	REG.	NO.				
1. DECEDENT'S NAME (First, Mid	Idle, Last)								TE OF DEAT	Н			3. TIME OF	F DEATH
Beatrice	Kirch	hoff						-	11v	12		1990	12:2	O PM
4. SOCIAL SECURITY NUMBER		s. SEX	6. AGE (In yrs.	last birthday)	IF UND	DER 1 YEAR	IF UNDER 24 HRS.	7. DA	TE OF BIRTI	1		8. BIRTH	PLACE (Stat	
080 22 2378		1 M 2 F	63	YRS.	MONTH	B DAYS	HOURS MIN.		onth, Day, Ye.			Countr	York	
9e. FACILITY NAME (If not institu	tion, give stree	et and number)			9b. CI	TY, TOWN C	OR LOCATION OF		0. 12		_	NTY OF D		
Doctor's Hosp					L	anhan	n Maryla	nd		Pr	in	ce G	eorge	e's
	. COUNTY			10c. C/1	TY, TOW	OR LOCAT	ION				_		10d. INSID	E CITY
Maryland 1	rince	e George	1's	Box	wie								LIMIT	
10e. STREET AND NUMBER		00028		_ DO	WIC	101	. ZIP CODE			100	. CITI	ZEN OF V	WHAT COUN	
12700 Hoven La	ane						20716			τ	Jni	ted	State	es_
11. MARITAL STATUS 1 Never Married 2 🔀 Mer		FORCES? 1 IF YES, GIVE V	YES 2		1	If yes, sp	ENDENT OF HISP ecity Cuben, Mexi- 2 X NO Spec	cen, Puer			0-	14. RACE Black	E — America k, White, etc	in Indien,
3 Wildowed 4 Divorced		11 120, 0112 1	AN ON DAILS	No		1 163	Z ET NO Spec	my.	No		_	apec	Whit	. 0
	NT'S EDUCA		16a.	DECEDENT'S	S USUAL	OCCUPATIO	ON	T	16b. KIND O	F BUSINES	S/INC	USTRY	WILL	
(Specify only hig Elementery/Secondery (0-12)		College (1-4 or 5	+)	(Give kind of life. Do NOT u	work dor	no during mo <sup>d.)</sup> Lice	nsed	- 1						
		2					1 Nurse		Hosp:	ital				
17. FATHER'S NAME (First, Middle	, Last)						16. MOTHER'S N	IAME (Fir	st, Middle, M	aiden Surna	me)			
Paul Hebenst	riet						Johan	na I	Viegm.	an				
19e. INFORMANT'S NAME (Type/	Print)			19b. MAILIN	G ADDRE	ESS (Street e	nd Number or Rure	I Ploute N	umber, City o	r Town, Sta	n, Zip	Code)		
John F. Kirc	hhoff		1	12700	Hov	en La	ne Bowi	e Ma	rylan	nd 20	71	6		
20e. METHOD OF DISPOSITION			20b. PLA	CE OF DISPO	SITION	(Name of cer	metery, cremetory o	,	20	c. LOCATIO	ON —	City or To	wn, State	
4 Donation 5 Other (Sp.		mi from State		yland	Vet	erans	Cemete	rv		Chelt	en	ham.	Mary	land
21. SIGNATURE OF FUNERAL SI	FRVICE LICE	NSEE		`	2	2. NAME A	ND ADDRESS OF I	ACILITY						
PRIvat 1	5.	Jan an		)		Bea	11-Evan	s Fu	neral	Hom	e,	P.A	•	
Sequantially list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a	CON CODE TO	A	SEQUENCE C	e ( )	0	Arr to	M	eta ngs	sta	h	·C		
PART II. Other aignificant	conditiona	contributing to	daeth but no	et resulting	in tha	undarlyin	g cause given i	n Part i	PE	AS AN AUTO REFORMED	?	246	MAILABLE	ON OF CAUSE
25. WAS CASE REFERRED TO M EXAMINER? 1 ☐ YES 2 ☑ NO		HOSPITAL:	FR/Outpetient	3 [] DOA	ОТН	ER:	LACE OF DEATH (			d	-			
27. MANNER OF DEATH		28e. DATE OF	FINJURY	28b. TI	ME OF	28c. INJ	IURY AT	-	DESCRIBE I		n oc	CURED		
1 Natural 5 Pen		(Month, I	Day, Year)	115	JURY M	WC	YES 2 NO							
3 Suicide 6 Cou	stigation aid not be armined	28e. PLACE ( building	OF INJURY AI , etc. (Specify)	home, ferm,	street, 1			201.	OCATION (S Dity or Town,	State)	lumbe	r or Rural	Route Numbe	W,
one) 2 MEDICAL 29b. SIGNATURE AND TITLE OF	CERTIFIER	On the basic of c	examination and	or investigat	tion, in m		and place, end death occured at 1	he 1lme, d	fate and pla	ce, and due	e 10 ti	he cause(	e) end menn	
30. NAME AND ADDRESS OF PE Satish Angra		5804	Balt 1	MOY e	oe, Print)	dve	, Hya	tts	1:000	, 1	VI	D	207	31
31. MATE PLED (Month, Day, Year	2	32. REGISTR	AR'S SIGNATUR							,	- 1			

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. It is fine within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146 TO THE HOSEITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY FUNERAL DIRECTOR TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE	0F	MARYLAND	/ DEPART	TMENT OF	F HEALTH	AND	MENTAL	HYGI	ENE
		(	ERTIF	CATE C	DE DEAT	"H		DEC	NO

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			MENTAL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Lest)  ROBERT LO	uis	KLI	NE		2. DATE OF DEATH	20 195	3. TIME OF DEATH 12:03P M
4. SOCIAL SECURITY NUMBER 577-46-0464	1 X M 2 □ F	77		UNDER 24 HRS.	7. DATE OF BIRTH 11-19-33	- (	BIRTHPLACE (State or Foreign country) aryland
PHYSICIANS MEM			LA PLAT		ATH	OHA]	OF DEATH RLES
10e. STATE 10b. COUNT	rles	La P	own or location				10d. INSIDE CITY LIMITS? 1  YES 2 NO
Rt 1 Box 1203			200	646		U.S.	
11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 N Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 NO	If yes, specify		IC ORIGIN? (Specify Yee I, Puerto Rican, etc.)	or No— 14.	RACE — American Indien, Black, White, etc. White te
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S USU (Give kind of work Me. Do NOT use re Truck D	done during most of tired.)	working	Car De		
17. FATHER'S NAME (First, Middle, Lest)  Leroy Kline  190. INFORMANT'S NAME (Type/Print)		100 MAN 100 AO	1	Mabel	ME (First, Middle, Melden S E. Hille: Joute Number, City or Town	ary	
Eva Arbutus Pe	20	Rt 1 B	ox 120.	3, LaP	lata, MD	2064	
1 N Buriel 2 Cremetion 3 Rem 4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	M1	c. Rest C	emeter			lata, P.O.	MD Box 567
23. PART I. Enter the diseeses, Dr	complications that cause	rd the death. Do not				LaP1	ata,MD 20646
IMMEDIATE CAUSE (Finel disease or condition reaulting in death)	e. DUE TO (OR AS	A CONSEQUENCE OF	June V	ny.	ocerdi	40	Interval Between Onset and Death
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Chro	A CONSEQUENCE OF):	fund	LW)	Bir	70	Comer
PART II. Other algnificant condition	na contributing to death	but not resulting in t	the underlying co	euse given in	Part I. 24a, WAS AN PERFORI 1 TYES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 US 2 OO	HOSPITAL:		THER:	E OF DEATH (Ch	8 Other (Specify)		
27. MANNER OF DEATH  1 Natural 8 Pending 2 Accident investigation	26a. DATE OF INJURY (Month, Day, Year)	INJUR	WORK	AT ? 2 🗌 NO	28d. DESCRIBE HOW IN	-	
3 Suicide 8 Could not be determined	building, atc. (Sp				28f. LOCATION (Street e City or Town, State)		rurai Houte Number,
(Check only one) 2 MEDICAL EXAMIN	- 4		in my opinion, deat	h occured at the	time, date end place, en	d due to the c	suse(e) and manner se stated.
296. SIGNATURE AND TITLE OF CERTIFIED	trolali	DEATH (ITEM 27) (Type, Pri	\   1	20629		▶ 7	COLG (Mprith, Day, Year)
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	ENATURE	WALDO	RF, MAR	YLAND 02	603	
JUL 23 '90	Julia Da	ridson-Andell					DHMH-18 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nous after death. Page 6 may be retained by the hospital or attending physicis	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-t	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglehe pnor to burnal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
after death. Pa	y the funeral of	noval.	cai examine
thin 24 flours	stely filled in b	mation, or rer	it, the medi
e executed wit	an and comple	r to burnal, cre	umatic ever
th certificate b	ending physici	Hygiene prior	or other tra
s that the dea	ned by the att	alth and Menta	any injury.
equire	been sig	L. of He	shows
The law	e has	te Dep	m 23
PHYSICIAN: The law I	this certificate has	n with the State Depr	orked, or item 23
9 ATTENDING PHYSICIAN: The law	RECTOR: After this certificate has	urs after death with the State Depr	m 28 is marked, or item 23
HOSPITAL OR ATTENDING PHYSICIAN; The law I	FUNERAL DIRECTOR: After this certificate has	within 72 hours after death with the State Dep	STANT: If Item 28 is marked, or Item 23

	500									5	90	21157
	FOR STATE REGISTRAR	STATE OF M					DEAT		REG. NO			
	1. DECEDENT'S NAME (First, Middle, Lest)  LITTITAN MAE	LARMO	PF.							4		O: 30 a. M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		IF UNDER	1 YEAR	IF UNDER 2	4 HRS.	7. DATE OF BIRTH (Month, Day, Year)	S.	BIRTHPLAC Country)	E (State or Foreign
	214-10-7373 9a. FACILITY NAME (If not institution, give str	1 M 2 DF	74	YRS.			R LOCATION		5-6-191	6 D	elaw	
OR	Peninsula General	l .			list		N OF DEA	атн	9c. COUNTY OF DEATH Wicomico			
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		10c.			OR LOCAT	ION			10d.		
		nerset			Eden						-	LIMITS? YES 2 NO
FUNERAL	10e. STREET AND NUMBER					10f. ZIP CODE				10g. CITIZEN		COUNTRY?
NE I	511 5th Street	12. WAS DECEDENT	EVER IN U.S. AR	WED .	13.	WAS DEC	ENDENT OF	822 HISPANI	C ORIGIN? (Specify Ye	-	RACE - A	merican Indian,
BY FL	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 [ IF YES, GIVE WA	YES 2 1	2 NO If yes, specify Cubah,				Mexican	, Puerto Rican, etc.)		Specify:	ha, etc.
8	15. DECEDENT'S EDUC (Specify only highest grade of		16e. DE0	CEDENT'S	USUAL O	CCUPATIO	N at of working		16b. KIND OF BU	I ISINESS/INDUS	_	II.L UC
COMPLET	Elamentary/Secondary (0-12)	College (1-4 or 5 +)					st of working					
OMP	17. FATHER'S NAME (First, Middle, Last)			ouse	ewif	е	18. MOTHE	ER'S NAM	IE (First, Middle, Maider	Surname)		
BE C	David Willia	m Thoma	S						re O'Nea			
10 B	19a. INFORMANT'S NAME (Type/Print)			. MAILING	ADDRES	S (Street a	nd Number o	or Rural R	oute Number, City or To	vn, Stete, Zlp Co	de)	
-	Edgar C. Tarmo	re. Sr.		511				36.	den, Maj			
	20a. METHOD OF DISPOSITION  1 Description   Description	oval from State	20b. PLACE Cother pla	ice)			cema Cem	-		CATION - City		21870
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	/)	Lau.	22.	NAME AN	D ADDRESS	S OF FAC	ILITY		1/1/()	21070
	I Jam d	Hmin	L MOO	295					ral Home			
	23. PART /. Sinter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval interval.									Approximata Intarval Batween Onset and Deeth		
	DUE TO (OR AS A CONSEQUENCE OF):											
ERTIFICATION	Sequentially list conditions, if any, leading to immediate	oue to (	OR AS A CONSEC	DUENCE O	F):						1	
2 2	cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (	OR AS A CONSEC	DUENCE C	IF):							
	resulting in death) LAST	i										
IL C	PART II. Other significent condition				In tha u	nderlyln	g csuse gl	lven in i	Part I. 24s. WAS A	N AUTOPSY		RE AUTOPSY FINDINGS
MEDICAL	Rheurato.	o an	Mr.	75			_		1 _ YES		CON	APLETION DF CAUSE DEATH?
											1 🗆	YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					26. PI	ACE OF OE	ATH (Che	ck only one)			
SICI	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE	R:						
PHYSICIAN:	27. MANNER OF DEATH  1 Waturel 5 Pending	28a. DATE OF (Month, De	INJURY	28b. TII		28c. INJ WO	Home 8 Residence 8 Other (Specify)  INJURY AT 28d. DE\$CRIBE HOW INJURY WORK?			INJURY OCCUI	RED	
red BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28a. PLACE Of building,	M 1 YES 2  28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)				281. LOCATION (Street and Number or Rural Route Number, City or Yown, State)			Number,		
COMPLET	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.  2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.									I manner as stated.		
BEC	29b. SIGNATURE AND TITLE OF CERTIFIER	00	//	/			29c. LICE	NSE NUM	BER .	29d. DATE S		nth, Day, Year)
0	of materia 7.	wn	10	)			n 2	17	46	▶ 7	118	190

29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Y
I matin 7. Why	D31546	D 7/14/90
	. ~	

 $\nabla$ 

32. ABGISTRARIO SIGNATURE June Daydson-Randell

WILLIAM A
4. SOCIAL SECURITY NUMBER

218-20-6320

LONG 5. SEX

1 M 2 | F

IF UNDER 1 YEAR

DAYS

IF UNDER 24 HRS.

HOURS

6. AGE (In yrs. lest birthday)

YRS.

81

6:20

8. BIRTHPLACE (State or Foreign Country) Maryland

90

3. TIME OF DEATH

2. DATE OF OEATH DAY

7. OATE OF BIRTH (Month, Day, Year) 10-12-08

		9a. FACILITY NAME (If not i	institution, give s	treet and number)		94	b. CITY, TOW	N OR LOCATION OF DE	ATH		9c. COU	NTY OF OEATH	
APPLIAN.	DIRECTOR	ALTCE BYRE	TAWES	NURSING H	HOME		Cr	sfield			Somerset		
8	EC	10a. STATE	10b. COUNT	,		10c. CITY, 1	10c. CITY, TOWN OR LOCATION				10d. INSIDE CITY		
nii. Pag		MD		rset			Cris						LIMITS? YES 2 NO
unsit perr	FUNERAL	100. STREET AND NUMBER  23 Columbia Ave.					101. ZIP CODE 21817				10g. CITIZEN OF WHAT COUNTRY?		
the burial-transit permit. Pages	B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT E FORCES? 1 FYES, GIVE WAR			YES 2	rES 2 NO If yes, spe			CENDENT OF HISPANIC ORIGIN? (Specify Year pecify Cuban, Mexican, Puerto Rican, atc.) S 2 NO Specify:			or No— 14. RACE — American Indian, Black, White, etc. Specify: White	
use as	TED	(Specify or	CEOENT'S EDU	completed)	18a, Di	ECEDENT'S US	BUAL OCCUP k done during	ATION most of working	16b, KIN	O OF BUS	INESS/INC	USTRY	
ched for	COMPLETED	Grade 5		College (1-4 or 5+)		ruck Di						ng Com	pany
be detach	BE CO	17. FATHER'S NAME (First, I	_					16. MOTHER'S NA	ME (First, Middle la Ada		Sumame)		
5 should notified	TO B	19a. INFORMANT'S NAME (			19			a b c d		City or Town	, Stata, Zip	Code)	
ector, page must be		20g. METHOD OF DISPOSI 1 XBurlel 2 Cremet	TION 07-1	7-90 oval from State	other p	lece)		cemetery, cremetory or		20c. LOC	ATION —	City or Town,	State
irectc		4 Donation 5 Othe	r (Specify)		Sunny	yridge	_	rial Park		Cri	sfie	ld, MD	
in by the funeral director, page 5 should be detached removal.  edical examiner must be notified at once.	1	21. SIGNATURE OF FUNER.	CUTT!	Budl	un		Bı	and address of FA Cadshaw & 06 W. Main	Sons F				21817
ed by the attending physician and completely filled in by the th and Mental Hyglene prior to burial, cremation, or removal any injury, or other traumatic event, the medical	AL CERTIFICATION	23. PART I. Enter the abook, or I IMMEDIATE CAUSE (Fi disease or condition resulting in death)  Sequentially list condition and it is any, leading to immediate. Enter UNDERLY CAUSE (Disease or injust initiated events resulting in death) LA:	heart failure.	b. DUE TO (OR DUE TO (OR d.	AS A CONSE	COUENCE OF):  COVENCE OF):  COVENCE OF):  resulting in	Hu Co	Infar Lecio Ving cause given in	eles sele	A CO-	AUTOPSY	24b. WEF	Approximata Interval Between Onset and Death  20 9
ficate has been signed State Dept. of Health a Item 23 shows any	N: MEDICAL	Cerebeller atoxi					rovar Cular Design			1 YES 2 THO OI		OF	MPLETION OF CAUSE DEATH? YES 2 NO
State De	SICIAN:	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:		10	20 OTHER:	PLACE OF OEATH (C)	eck only one)				
E 2 0	YSI	1 TES 2 NO		1 Inpatient 2 EF		3 🗆 DOA   4	Nursing I	fome 5 - Residence					
with with	ву РНУ	27. MANNER OF DEATH  1 Natural 5  2 Accident	Pending Investigation	28a. DATE OF INJ (Month, Day,		28b. TIME (	RY.	INJURY AT WORK?  YES 2 NO	28d. DE\$CRI	BE HOW IN	NJURY OC	CURED	
ECTOR: After the safter death warte	8	a D outstan	Could not be determined	28e. PLACE OF IN building, etc.	IJURY At h . (Specify)	ome, ferm, stre	eet, factory, (	office	281. LOCATIO City or To	ON (Street a bwn, State)	nd Numbe	r or Rural Route	Number,
TO THE FUNERAL DIRECTOR: After the filed within 72 hours after death IMPORTANT: If item 28 is man	COMPLET	(Olibon oray		ICIAN: To the best of my ER: On the basis of axam									d manner as stated.
TO THE FI be filed w	TO BE (	296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  7/13/90											
			orio B	elloso, M.	D	- McCre	eady I	Memorial H	ospita	1C	risf	ield,M	D 21817
		31. DATE FILED (Month, De	90	32. REDISTRAR'S	SIGNATURE	Randelle	•						
L			_			-		· · · · · ·					DHMH-16 Rev 1/89

nul (2014 - 100-52-52)

Crisfield Summond

Dielia i. Jaggerei

THE COLUMN SVE.

crade 5 Crues univers Comment of the Crues o

smalu wilese bond verble

comet Jorden west and de fig

07-17-90

Nomeraline Newscried Park Criminis, and

Translaw & Sons Fineral Lord 206 W. Waln St. - Cristicit, of Think

	ğ
	must
1	xaminer
the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	or Item 23 shows any injury, or other traumatic event, the medical examiner must be
rtion,	the
, crema	event.
burial	natic (
orior to	traun
ygiene	other
Ŧ	0
Menta	Hur.
and	my in
Health	W.S. a
6	She
Dept.	23
State	Item
the	10

31. DATE FILEO (MONTH, Day, Year)

JUL 20 '90

1. DECEDENT'S NAME (First, Mi	iddle, Last)	1/	1		TIFICAT				2. DATE	OF DEAT	. NO.		YEAR	3. TIME OF D	EATH
WAYNE	E	YERS	LIN	IG G					7	-1	9-	90	TEAH	602	P
4. SOCIAL SECURITY NUMBER 217-42-9599		5. SEX		yrs. lest birth	months	ER 1 YEAR	IF UNDER	24 HRS. MIN.	(Mont	OF BIRT	er)		Countr	IPLACE (State of	
9a. FACILITY NAME (If not institu	ution, give s	street and number)		1.1	9b. CI	TY. TOWN (	OR LOCATIO	ON OF DE		0,	1946	_	TY OF D		IA
CARROLL COUNT	TY GE		OSPITA	L			ISTER						ROLL		
	Ob. COUNT	Υ		100	c. CITY, TOWN	OR LOCA	TION							10d. INSIDE (	ITY
MARYLAND 1	FREDE	ERICK		E	MITS	BURG								YES 2	□ NO
100. STREET AND NUMBER							. ZIP CODE				10	g. CITIZ		WHAT COUNTR	?
304 EAST MAIN	N STF						21727							SA	
11. MARITAL STATUS 1 Never Married 2 X Mar 3 Widowed 4 Divorced			INT EVER IN U 1 YES WAR OR DATE	2 X NO	2 NO II yes, spec			ecendent of Hispanic Origin? (Specify apacify Cuban, Maxican, Puerto Rican, etc.) (ES 2 X NO Specify:			No-	14. RACE — American Indian, Black, White, atc. Specify: CAUCASIAN		idian,	
15. DECEDI (Specify only his	ENT'S EDU	ICATION	1	16a. DECEDE	ENT'S USUAL	OCCUPATION	ON		168	. KIND O	F BUSINE	SS/INDL			
(Specify only his		College (1-4 or 5	5+)	life. Do N	nd of work don VOT use retired	e auring mo	sı or workin	9							
11th				PAINT	ER				R	ESII	DENTI	IAL.	REMO	ODELLI	JG
17. FATHER'S NAME (First, Middle	lle, Last)						18. MOTH	ER'S NA	ME (First,	Middle, M	laiden Surr	name)			
	NRY	L]	LINGG JEAN								SNER				
19a. INFORMANT'S NAME (Type	s/Print)				ILING ADDRE				Route Num	ber, City o	or Town, St	tete, Zip	Code)		
JUDY LINGG					EAST ISPOSITION (				EM		BURC C. LOCATI			LAND 2	727
4 □ Donation 6 □ Other (Sp	pecify)	novel from State	0	other place) WST.	JOSEI	PH'S	CEME	FERY						MARYLAI	D_
21. SIGNATURE OF FUNERAL S  23. PART I. Enter the dise	pecify)	censor Judy	NE	W ST.	JOSEI 20 5	OH'S 2. name a SKILE	CEMET ND ADDRES	PERY SS OF FA	L HO	EM 210 ME	MITS WEST	SBUR F MA	IN S	MARYLAI STREET , MD 2	.727
21. SIGNATURE OF FUNERAL S  23. PART I. Enter the dise	pecify) BETIVICE LI Peses, or ret fellure.	complications the	NE	the death.	JOSEI	OH'S 2. NAME A SKILE or the mo	CEME! ND ADDRES S FUE ode of dyl	TERY SS OF FA NERA Ing, auc	L HO	210 ME	WEST EMMI respirato	SBUR F MA FTSB Ory arre	RG. N AIN S BURG	MARYLAI STREET , MD 2	.727
23. PART I. Enter the disease or condition	pecify)  DERIVICE LI  DESESS, OF rt fellure.	complications to List only one co	NET	the death. the death. the Hine.	Do not entr	OH'S 2. NAME A SKILE or the mo	CEME! ND ADDRES S FUE ode of dyl	TERY SS OF FA NERA Ing, auc	L HO	210 ME	WEST EMMI respirato	SBUR F MA FTSB Ory arre	RG. N AIN S BURG	MARYLAI STREET , MD 2	.727
23. PART I. Enter the disease or condition resulting in death)  Sequentially list condition if eny, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	pecify)  Desess, or rt fellure.	complications to List only one co  a.	NET coused to suse on each of the coused of	the death. the death. the leath. the death. the death. the death. the death. the death. the death. the death. the death. the death. the death. the death. the death. the death. the death. the death. the death. the death.	DD not entrice of:	PH'S 2. NAME A SKILE or the mo	CEME ND ADDRESS FULL Dide of dyl	VERA	L HO th as car	210 ME diec pr	MITS WEST EMMI respirate	SBUR MAITSBUTTSBUTTSBUTTSBUTTSBUTTSBUTTSBUTTSBU	AIN SBURG	MARYLAI STREET , MD 2	.727 Imate Betweend Dea
23. PART I. Enter the disease or condition resulting in death)  Sequentially list condition if eny, leading to immedia cause. Enter UMDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	neses, or rt fellure.	complications in List only one of a	NET coused to suse on each of the coused of	the death. the death. the leath. the death. the death. the death. the death. the death. the death. the death. the death. the death. the death. the death. the death. the death. the death. the death. the death. the death.	Do not entered by the company of the	DH'S 2. NAME A SKILE or the mo	CEME ND ADDRESS FULL Dide of dyl	TERY SS OF FAR	L HO th as car  C A	210 ME diec Dr	MITS WEST EMMI respirate	SBUR MAITSBUTTSBUTTSBUTTSBUTTSBUTTSBUTTSBUTTSBU	AIN SBURG	MARYLAI STREET , MD 2. Approximatery Onset	.727 Irrate Betweend Dea
23. PART I. Enter the diseshock, or hear immediate or condition if eny, leading to immedia cause. Enter UNDERLYING CAUSE (Pisease or Injury that initiated events resulting in death)  25. WAS CASE REFERRED TO BEXAMINER?  1 YES 2 NO	neses, or rt fellure.	complications to List only one co a. DUE T b. DUE T d. DU	RD O (OR AS A CO) O (	the death.  the death.  the death.  CONSEQUEN  CONSEQUEN  thort result	Do not entreed to the control of the	OH'S 2. NAME A SKILF er the mo  C Underlyin  26. P ER: tursing Hor	CEMETOND ADDRESS FULL ODD DE DE DE DE DE DE DE DE DE DE DE DE D	PERLY SO FRANCE AND AUGUST AND AU	Part I.	210 ME diec pr	MITS WEST EMMI respirato  AS AN AUTO- CREFORME (ES 2)	TOPSY	PG. I	MARYLAI STREET , MD 2. Approximatery Onset	.727 Irrate Betweend Dea
23. PART I. Enter the dise shock, or hear IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list condition if eny, leading to immedia cause. Enter UMDERLYINK CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant  25. WAS CASE REFERRED TO MEXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Periods.	pecify)  Deses, or refellure.  Condition  MEDICAL	complications to List only one co a. CA DUE T b. DUE T c. DUE T d	RD O (OR AS A CO) O (	the death.  the death.  the death.  CONSEQUEN  CONSEQUEN  thort result	Do not entered to the control of the	Underlyin  26. P  26. P  26. P  26. P  26. IN.	CEMETOND ADDRESS FULL ODD DE DE DE DE DE DE DE DE DE DE DE DE D	PERLY VERA  NERA  NERA  HO  U  U  EATH (C/  Addence	Part I.	210 ME diec pr	WEST EMMI respirato	TOPSY	PG. I	MARYLAI STREET , MD 2. Approximatery Onset	.727 Imate Betweend Dea
23. PART I. Enter the dise shock, or hear IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  PART II. Other significant resulting in death) LAST  PART II. Other significant in year of the sequential process or condition of the sequential process or condition in year of the sequential process or condition in year of the sequential process or condition in year of the sequential process or condition in year of the sequential process or condition in year of the sequential process or condition resulting in year of the sequential process or condition resulting in year of the sequential process or condition resulting in year of the sequential process or condition resulting in year of the sequential process or condition resulting in year of the sequential process or condition resulting in year of the sequential process or condition resulting in death).	neses, or rt fellure.	complications to List only one co a. DUE T b. DUE T c. DUE T d  The contributing to a contributin	RD PO (OR AS A CO O (OR AS A CO O COR AS A C	the death.  CONSEQUEN  CONSEQUEN  The not result  At home, 4	Do not entire the company of the com	Underlyin  26. PER:  underlyin  26. PER:  ursing Hor	CEMETOND ADDRESS FUT DODGE STATEMENT OF STAT	PERLY VERA  NERA  NERA  HO  U  U  EATH (C/  Addence	Part I.	210 ME diec Dr  24a. WB 1 U Y  PE 1 U Y	MITS WEST EMMI respirate  AS AN AUTO- REFORMER (ES 2)  W) HOW INJUI	TOPSY OCC	AIN SBURG	MARYLAI STREET , MD 2. Approximatery Onset	.727 Irrate Betweenend Dea

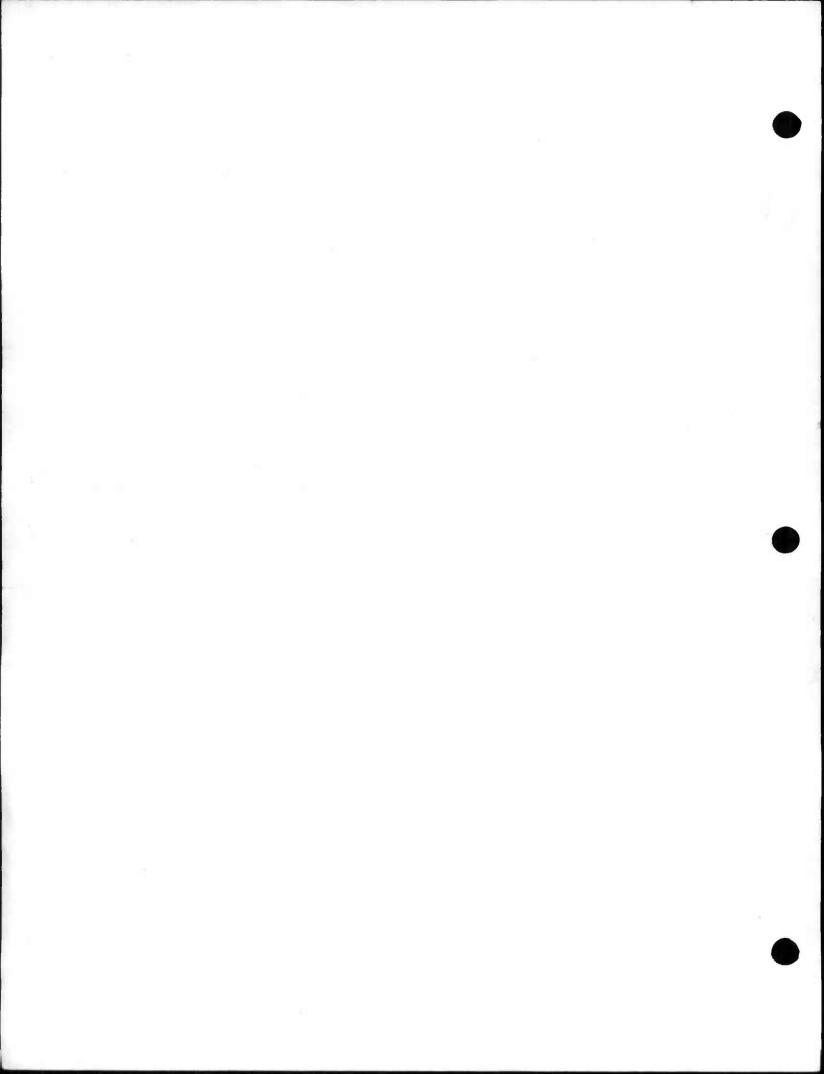
WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
SYE1) 20 CROSSROAD

OHMH-16 Rev 1/89

THE HOS THE FUNI filed within	DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending phy	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bube filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.
-------------------------------------	---	--	--

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLAND / DEI	PARTMENT OF HEALTH AND IFICATE OF DEATH		E			
	1. DECEDENT'S NAME (First, Middle, Last)		2. OATE OF OEATH MONTH DA	3. TIME OF DEATH			
	Carmen Hernandez Lemus		7 1-	7 90 1235 1			
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birth	MONTHS DAYS HOURS M	IN. (Month, Day, Year)	6. BIRTHPLACE (State or Foreign Country)			
	317 06 9816 10 M 2 F 75 YF	9b. CITY, TOWN OR LOCATION O	12/17/14	El Salvadore			
R	Suburtan Haspital	·Bothes da	m d	Montgomery			
5	THEORETICE OF DESCRIPTION						
DIRECTOR		riverdale		10d. INSIDE CITY VLIMITS? 1 YES 2 NO			
	106. STREET AND NUMBER	101, ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL	6163 64th ave #5	207	37	U.S.A.			
2	11. MARITAL STATUS  12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 24 NO		ISPANIC ORIGIN? (Specify Yes exicen, Puerto Ricen, etc.)	or No— 14. RACE — American Indian, Black, White, etc.			
ВУ	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	1 X YES 2 NO S		Specify:			
		NT'S USUAL OCCUPATION d of work done during most of working	16b. KINO OF BUS	SINESS/INDUSTRY			
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5 +)	OT use retired.)					
MP		emaker		wn Home			
8	17. FATHER'S NAME (First, Middle, Lost) Leopoldo Hernandez		S NAME (First, Middle, Maiden	Surname)			
B		LING ADDRESS (Street and Number or F	a C. Reyes	n State Zin Code)			
임			Action of the Contract of the	ale, Maryland 20737			
		SPOSITION (Name of cemetery, cremator		CATION — City or Town, State			
- 1	4 Donation 5 Other (Specify) Washing	ton National Cem		itland, Maryland			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEI	22. NAME AND ADDRESS OF		neral Home, PA			
	Christian of hopey			attsville. MD 20781			
	23. PART I. Entar the diseases, or complications that deused the death, shock, or haert feilure. List only one cause on each line.	Do not antar the mode of dying,	such es cerdiac or respi	Iratory errest, Approximsta interval Batween			
	IMMEDIATE CAUSE (Final disease or condition	· / L A		Onset and Death			
ŀ	resulting in deeth)  e. DUE TO (OR AS A CONSEQUEN	CE OFI:					
_	Carcin one	ssis		ļ			
CERTIFICATION	Sequantielly list conditions, If any, leading to immediate	CE OF):	7				
2	CAUSE (Disease or injury that lettled events	3 Stone	~				
	that initieted events resulting in death) LAST	52 OF J.					
	d.						
¥	PART II. Other significant conditions contributing to death but not result	ing in the underlying ceuse give	on in Part I. 24s. WAS AN PERFOR				
ă		Mortuelin	1 _ YES 2	OF DEATH?			
×	E buloferal hy dro rephroses			1 TYES 2 NO			
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF OEAT	H (Check only one)				
SIC	EXAMINER?  1 YES 2 NO 1   HOSPITAL:  1   I   Inpetient 2   ER/Outpetient 3   D	OTHER: OA 4 Nursing Home 5 Reside	ence 6 Other (Specify)				
Ŧ	(Month, Day, Year)	TIME OF 26c, INJURY AT WORK?	26d. DESCRIBE HOW I	INJURY OCCUREO			
84	1   Nefüral 5   Pending 2   Accident   Investigation	M 1 YES 2 N					
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, f building, etc. (Specify)	arm, street, factory, offica	28f. LOCATION (Street City or Town, State)	and Number or Rural Route Number,			
Ē	29a, CERTIFIER						
COMPLETED	(Check only one)    MEDICAL EXAMINER: On the best of my knowledge, death of the control of the best of examination and/or investigations.						
	29b, SIGNATURE AND TITLE OF CERTIFIER	29c, LICENS	E NUMBER	29d. DATE SIGNED (Month, Day, Year)			
8E	tereny V Cooke no	D 24	1206	12/18/90			
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27)	(Type, Print)		1 1/1			
	Jeremy V. Cooke 1040	o Com. Au	e Kenny	ton, UG			
	31. DATE FILED (Month, Dev. Sher) 32. REGISTRAR'S SIGNATURE  JUL 2 90  July Davidson-Ren	delle					



burial-transit

the 935

158

104

detached

90

once.

te

notified

9	40	2
2	30e	2
E.	ЭС. П	150
9	lect lect	E
Pag	il di	e
=	nera	E
de l	e fu	ex
afte	th ye	60
CIS	in the	Dec
8	lied o	-
D C	ily fl	#
vietri	rem	ant,
Pa	OH C	3
SCU.	o pu	ile.
9	1 2	E
20	sicia	E
heat	phy se	er
in series	ing	5
=	lend H. H.	0
dea	e at	UZ,
the	the bo	E
that	od by	any
SE	sign	92
nba.	5 10	5
3W	s be	53
he	ha De	E
-	Stat	Te
CIA	the th	6
133	is c	ed,
2	中中	ark
N	Afte	E
EN	DR.	60
A	ECT 2	1 2
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zerous after death. Page 6 may be re	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 filed within 72 hours after death with the State Dent of Health and Mental Hybiete prior to burial, cremation, or removal	PORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be no
M	素の	22
SP	Thin	N
王	FF	F
王	王章	2

IMPORTANT

223

0

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR Oran M. Masingale 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH singale Dran 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH BIRTHPLACE (State or Fold 522 30 1387 MONTHS DAYS HOURS MIN. 1 X M 2 F YRS 12-29-28 Colorado 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 0 PCT. m DIRECTOR RESIDENC 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MD Calvert Chesapeake Beach 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3705 29th Street USA 20732 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 2 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 X Married IF YES, GIVE WAR OR DATES

1946-50 white Spec/fv: ВУ 3 Widowed 4 Divorced COMPLETED 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12 supervisor construction 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Oran E. Masingale Maye Frances Kuykendal BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Irene M. Masingale same as 10 above 20a. METHOD OF DISPOSITION
1X Burial 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION --- City or Town, State MD Veterans Cemetery 4 Donation 5 Other (Specify) Cheltenham (PG) 21. SIGNATURE OF FUNETIAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Rausch Funeral Home, Owings, MD 20736 23. PART I. Enter the disease, or complications and caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fellure. Liet only one co Interval Setween Onset and Death IMMEDIATE CAUSE (Final disease or condition arcmoma Houth wo reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditione, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 00 OF DEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1 Inpatiant 2 ER/Outpatient 3 DOA OTHER: 1 YES NO 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 286. TIME OF INJURY 28s. DATE OF INJURY 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural Nat 5 Pending 1 TYES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcida 6 Could not be ETED 4 Homicide detarmined CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. COMPL (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 0 PERSON WHO COM 30. NAME AND ADDRESS OF LETED CAUSE OF DEATH (ITEM 27) (Type, Print)

REGISTRAB'S SIGNATURE

ı		-
		න්
		5
		0
		100
		9
		5
,		5
L		9
		8
		E
i		-
		틒
		E
	=i	ĕ
	remova	8
1	ET.	dic
	N F	e
	0	E
	ion	the s
	nat	-
	ē	=
	0	2
	La	w
	Ę	ati
	2	E
	jor	ē
	ā	7
	90	e e
	Die.	o
	£	50
	Ital	×
	Mei	5
	P	三
í	29	1
	臣	60
10	Hea	8
	10	20
	1.	69
3	de(	23
	l e	E
į	tat	ē
	9	-
	£	
	=	9
š	3	F
į	att	Ē
	de	60
í	ter	8
į	40	2
1	ALC:	E
ì	2	If item 28 is m
į	2	=
	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or rei	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatte event, the medical examiner must be notified at once.
5	\$	8
	P	E
	file	2
2	90	Ξ

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF	MARYLAND	DEPARTMENT	OF I	HEALTH	AND	<b>MENTAL</b>	HYGIENE
	C	ERTIFICATE	OF	DEAT	Ή	The state of the s	REG. NO.

1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			ENTAL HYGIEN		
1. DECEDENT'S NAME (First, Middle, E		ackall			2. DATE OF DEATH	DAY Y	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 167-32-6884	5. SEX 1  M 2  F 6. AGE (In		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country) Maryland
9a. FACILITY NAME (If not institution,	give street end number) SS Hospital	9b	•	or Location of DEA ver Sprin		9c. COUNTY	
RESIDENCE OF DECEDEN	т	Transcon et			ıg	Mon	tgomery
	Calvert		own on Locat unkirk				10d. INSIDE CITY LIMITS?  1 YES 2 X NO
10e. STREET AND NUMBER	1 75 1		101	ZIP CODE			N OF WHAT COUNTRY?
3559 Yellow Ba	12. WAS DECEDENT EVER IN			20754 ENDENT OF HISPANIC		U S	RACE — American Indian, Black, White, atc.
1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	2 MNO ES		ecify Cuben, Mexican, 2 X NO Specify:	Puerto Hicati, etc.)		specify:Black
15. DECEDENT'S (Specify only highest	grade completed)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use re	done during mo	ON ost of working	16b. KIND OF BU	JSINESS/INDUS	TRY
Elementary/Secondary (0-12) 0-2	College (1-4 or 5+)	House	-Wife				
17. FATHER'S NAME (First, Middle, Les James H. Jone					E (First, Middle, Maide Gambril		
190. INFORMANT'S NAME (Type/Print)	<del></del>	19h MAILING AD	DRESS (Street	and Number or Rural Ro			nofe)
Rosetta Tyler				Bank Rd. I			
20a. METHOD OF DISPOSITION 1 1 Burtel 2 Cremation 3	Removal from State	PLACE OF DISPOSITIO	ON (Name of ce	metery, crematory or	20c. L		y or Town, State
4 Donation 5 Other (Specify)  21, SIGNATURE OF FUNERAL SERVICE		Сооре		rch Cemet		nkirk,	Maryland
Pencor	C. Servel	l		ND ADDRESS OF FACI	145		s Beach Rd. ederick, Md
	a. Due to (or As A		enter the mo	ode of dying, such	as cardiac or res	piratory smes	Approximata Interval Between Onset and Death
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Diseass or injury that initiated events resulting in death) LAST	с	CONSEQUENCE OF):					
	ditions contributing to death bu					N AUTOPSY PRMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDIC EXAMINER?				LACE OF DEATH (Chec	ck only one)	-	
1 🗆 YES 2 🗍 🖽	HOSPITAL:		THER:  Nursing Hor	ne 5 🗆 Residence 8	Other (Specify)		
27. MANNER OF DEATH  1 Netural 5 Pending Investige	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	r W	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCU	RED
2 Accident Investigs 3 Suicide 6 Could ru 4 Homicide determin	26e. PLACE OF INJURY - building, atc. (Specia	Al home, farm, etre	et, factory, offic	>e	281, LOCATION (Stree City or Town, Stat	t and Number or e)	Rural Route Number,
none)	PHYSICIAN: To the best of my knowle						
29b. SIGNATURE AND TITLE OF CER	Blukar M	TH (ITEM 27) (Type, Pri		29c. LICENSE NUME			SIGNED (Month, Day, Year)
MYRON C.  31. DATE FILED (Marty, Described)	CENTEN ,	MUNIC A. CO	23	MEATO	N MO		
I JUL 44.1	7711 Guna Davidson	Manage					

want to the second

5	0	(0)
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be send within 72 hours after death with the State Deer of Health, and Mental Horlete prior to burial, cremation, or removal	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified a
De re	ge 5	9
nay	, pag	ti D
9 8	ecto	E
29	al dir	ner
leath.	funer	шех
fter o	the loval	aje
urs a	in D	edi
4 ho	filled on.	10 H
hin	rtely	t,
d wit	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the formal authority of hours after death with the Stran Den of Health and Mental Hydiene prior to burial, cremation, or removal	even
ecut	nd c	atic
Se es	ian a	E
cate	hysic price	5
ertific	ing p	ŧ,
ath c	tend al Hy	0
e de	the at	E C
hat th	Day of	Ę
es ti	gned	20
requi	Sen s	show
MP	as b	23
The	ate h	tem
CIAN	ertific the S	0
HYS	his co	ked,
NG P	fer t	шаг
END	R. A	18
ATT	ECIC	п 28
L DR	BIO.	le le
PITAL	ERAL	T. H
HOS	FUN	IAN
光	THE	POR
2	22	N N

30. NAME AND ADDRESS OF PERSON WHO COM
Bel Ar Health

31. DATE FILED (Month, Day, Year)
JUL 19 '90

	FOR 1 - STATE REGISTRAR	STATE OF M	MARYLAND /			F HEALTH		MENTAL	HYGIEN REG. NO.		90	2116
	1. DECEDENT'S NAME (First, Middle, Lest) EDWARD LEO MALONE						2. DATE O MONTH July	18,	1990	WEAR	TIME OF OEATH 30 PM M	
	4. SOCIAL SECURITY NUMBER 220-20-1654	5. SEX 1 🔀 M 2 🗍 F	6. AGE (In yrs. las	st birthday) YRS.	IF UNDER 1 Y	EAR IF UNDE	R 24 HRS. MIN.	7. DATE OF (Month)	Day, Year)	28	8. BIRTHPLA Country) Maryl	and
OR	98. FACILITY NAME (If not institution, give at 330 S. Main Stree					wn or locat Sel Ail		EATH		9c. COUN	ity of DEAT Harfor	d
DIRECTOR	nesidence of decedent  10a. STATE 10b. COUNTY  Maryland Har	ford		10c. CIT Be	T TOWN OR	OCATION						d. INSIDE CITY LIMITS?  YES 2 NO
FUNERAL	330 S. Main Stree	t				101. ZIP COI 21(	)14			10g. CITIZ	USA	COUNTRY?
BY	11. MARITAL STATUS 1 Never Merried 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V		RMED NO	If y	DECENDENT es, specify Cub YES 2 M	an, Maxica	n, Puarto Ric		or No—	14. RACE — Black, W Specify: White	American Indian, hita, atc.
COMPLETED	15. OECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5	+) (G	ive kind of Do NOT u	work done during the retired.)  Orker	PATION ng most of work	dng	16b. F		siness/ind	USTRY	
BE COM	17. FATHER'S NAME (First, Middle, Last) Francis Aloysius	Malon	e			18, MO Mu	riel	ME (First, Mi	ddle, Maiden	sumeme) Sauer	S	
TO B	198. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS /Street and Number or Rural Route Number, City or Town, State, Zip Code, 330 S. Main Street, Bel Air, Md. 21014											
	20a, METHOD OF DISPOSITION 12 Buriel 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from Stata	20b. PLACE other pi Gar:	of dispo lace) LISOI	sition (Name 1 Fore	of cometery, cre st Vet	emetory or • Cen	metery	20c. LO	ings	City or Town, Mills	Stata Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC	Me Os	Mas I	I	How	ard K. 7 Coke	McCo	omas :	III F	unera ingdo	l Home	e, P.A. 21009
	23. PART i. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiec or reepiratory arrest, shock, or heert fellure. Liet only one ceuse on each line.  IMMEDIATE CAUSE (Final											
	disease or condition											
ATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING											
CERTIFICATION	CAUSE (Disease or injury that initiated events reaulting in death) LAST	c. DUE TO	(OR AS A CONSE	OUENCE C	PF):					-		
MEDICAL	PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY F						MILABLE PRIOR TO MPLETION OF CAUSE					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	28. PLACE OF						
PHYS	1  YES 2	28a. DATE OF	ER/Outpatient : FINJURY Day, Year)	28b. TI	JURY	C. INJURY AT WORK?		8 Other		INJURY OC	CUREO	
red BY	2 Accident Investigation 3 Suicide a Could not be determined		OF INJURY At he, etc. (Specify)	ome, ferm,		YES 2	U NO		TION (Street Town, State		or Rural Rout	e Number,
COMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	ICIAN: To the best o										nd manner as stated.
O BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	Kroveles	ho MT	)		29c. LI	CENSE NU	574		29d, DAT	E SIGNED (M	onth, Day, Year)
1 6	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAL	DE OF DEATH //T	ER4 070 /E-	o Dul-ett							

TED CAUSE OF DEATH (ITEM 27) (Type, Print)

Comby 212 S. Bond St

32. REGISTRAR'S SIGNATURE

210)4

Mel Air Md

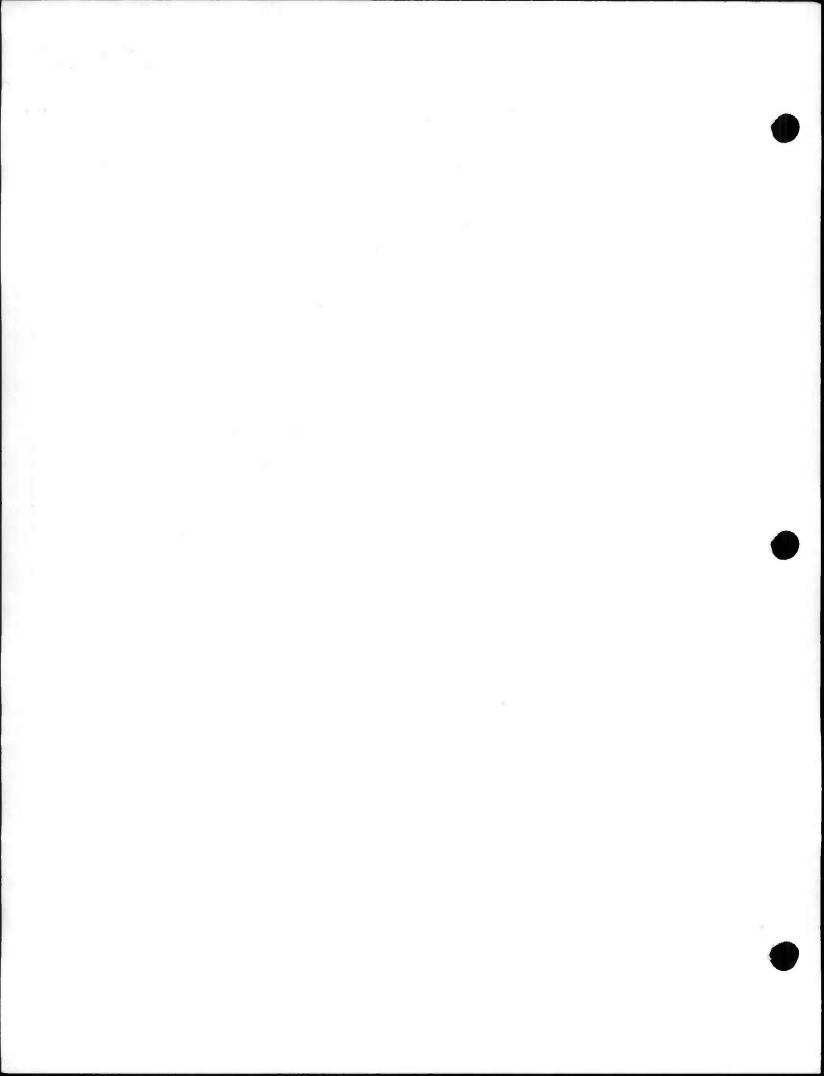
permit. Pages 1, 2, 3 should

1

the funeral director, page 5 should be detached for use as the burial-transit after death. Page 6 may be retained by the hospital or attending physician. has been signed by the attending physician and completely filled in by Dept. of Health and Mental Hygiene prior to burial, cremation, or remo executed within OR ATTENDING PHYSICIAN; The law requires that the death certificate be FUNERAL DIRECTOR: After this certificate within 72 hours after death with the State HOSPITAL THE F TO THE 23

FOR STATE REGISTRAR GERTIFICATE OF DEATH REG. NO . 30 2. DATE OF DEATH 3. TIME OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) ar 3.30P М 0 6 A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year, 6. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 9e. FACILITY NAME (If not institution, give atreet end n 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Dorc 5 Te DIRECTOR - 11 10 10e. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 FYES 2 NO AVE d FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 PHO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES If yes, specify Cuban, Mexican, Puerto Ricen, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 Merri Specify BY 3 Widowed 4 Divorced la ETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5 +) COMPL 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) 7 BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Boute Number, City or Town, State, Zip Code, 2 é pe 20a. METHOD OF DISPOSITION 20c. LOCATION - City or Town, State 20b. PLACE OF DISPOSITION (Name must Burlel 2 Cremetion 3 Re Lene Md. 4 Donetion 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY P unva medical 23. PART I Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fallure. List only one cause on each line. Interval Between **Onset and Death** IMMEDIATE CAUSE (Finel the disease or condition resulting in death) neumoria event, DUE TO (OR AS A CONSEQUENCE OF): Pneumonia other traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): thet initieted events reaulting in death) LAST 6 injury, PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL old C shows any endlow 1 TES 2 NO Syndrome, OF DEATH? В. CVA CHF Organic 01d 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item HOSPITAL: OTHER: 1 TES 2 NO ient 2 - ER/Outpatient 3 - DOA ne 6 🗆 Residence 6 🗆 Other (Specify) 4 I Nu 6 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, fi building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 99 6 Could not be COMPLETED 4 Homicide IMPORTANT: It item 28 290. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner se stated. (Check only one) ils of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) H telleall 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 32. HEGISTRAP'S SIGNATURE PONDER. 31. DATE FILED (Month, Day,



	funera		examir
	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examir
	/ filled	tion, c	the n
	ompletely	І, сгета	event,
	and co	o buna	natic
	ysician	prior t	traur
	fing ph	ygiene	other
	ащен	ental H	17, 01
	by the	and Me	y Infu
	signed	lealth i	VS an
	been s	1. of F	shov
	has	8	123
	ficate	State	Hem.
	certi	£	0
	this	with	rked
	After	death	S ma
	JOR.	after	28
	DIREC	hours	tem
1	A	2	-
5	FUNE	within	TANT
	B TE	be filed	IMPOR
		_	

ermit.		
ansit p		
urial-tr		
the b		
ise as		
o tor o		
age 5 should be detached for use as the		once.
De d		at
should		tiffed
ge 5		e no
d.		ust t
uneral directo		m Jel
-		latic event, the medical examiner must be notified at once.
illed in by the f	moval	cai
I P	0r re	med
ly fille	ation.	the
mplete	, cremation, or removal.	vent,
nd cor	bunal,	offic e
ian ar	or to	irked, or item 23 shows any Injury, or other traumatic
y the attending physic	ne pri	er tr
guipu	Hygie	or of
e atte	ental	ury,
by th	M pur	y in
igned	eafth 3	rs an
een s	0 H	show
has b	Dept	n 23
ficate	th the State Dept. of Health and	Iten
certi	h the	1, 0
this	with	rke

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
		CERTIFICATE OF DEATH

	REGISTRAR		CERTIFIC	CATE O	F DEATH	REG. NO.			
ļ	1. DECEDENT'S NAME (First, Middle, Last)  DORIS WARY MCGLOIN  2. DATE OF DEATH MONTH JULY 11, 1990  3. TIME OF DEATH 10:21 A. M								
		MARY MOGLO						10:21 A. M	
		5. SEX 6. AGE 75		ONTHS DAY		7. DATE OF BIRTH (Month, Day, Year) Feb. 25,1	1915 No	RTHPLACE (State or Foreign cuntry) WYORK	
	Se. FACILITY NAME (If not institution, give stre	et and number)	1	b. CITY, TOW	N OR LOCATION OF DE	EATH	9c. COUNTY O	F DEATH	
DIRECTOR	RESIDENCE OF DECEDENT	Hospital		E	aston		Tall	oot	
E.	10a. STATE 10b. COUNTY			TOWN OR LO				10d. INSIGE CITY LIMITS?	
٥	Maryland Talb	ot	St.	Micha				1 ☐ YES 2 X NO	
FUNERAL	10e. STREET AND NUMBER  Rt#2 Box 705				101. ZIP CODE 21663		U.S.	A.	
BY FUN	11. MARITAL STATUS 1 ☐ Never Merried 2 ☑ Merried 3 ☐ Widowed 4 ☐ Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 V NO	If yes,	Specify Cuben, Maxica ES 2 NO Specify		2	ACE — American Indian, Black, White, atc. Specify: White	
	15. DECEDENT'S EDUCA (Specify only highest grade or		18a. DECEDENT'S U (Give kind of wo			16b. KIND OF BU	SINESS/INDUSTR	m	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT use	retired.)	most of worlding				
₹	12		Housewif	e		ME (First, Middle, Malden			
	17. FATHER'S NAME (First, Middle, Last)				100				
BE	Robert Russell  19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Stre		Carpente		a)	
임	Gilbert T. Mcgl	oin	Rt#2	Box '	705 St. N	Michaels, M	Marvlan	d 21663	
	20a. METHOD OF DISPOSITION	20	b. PLACE OF DISPOSIT				CATION — City of		
	1 XBurial 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	Nat from State	laryland V		ns Cemeter		rlock	Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE		22. NAME	AND ADORESS OF FA	CILITY Leonard Fu	neral H	ome 21663	
	Harrison Eo	Leona	d					s, Maryland	
	23. PART I. Entar tha diseases, or co shock, or heart fallure. L.							Approximate Interval Between	
	IMMEDIATE CAUSE (Final disease or condition Park Cause (Final Disease or condition Park Cause (Final Disease or condition Park Cause (Final Disease or condition Park Cause (Final Disease or condition Park Cause (Final Disease or condition Park Cause (Final Disease or condition Park Cause (Final Disease or condition Park Cause (Final Disease or condition Park Cause (Final Disease or condition Park Cause (Final Disease or condition Park Cause (Final Disease or condition Park Cause (Final Disease or condition Park Cause (Final Disease or condition Park Cause (Final Disease or condition Park Cause (Final Disease (Fina								
	resulting in death)  s. OUE TO (OR AS A CONSEQUENCE OF):								
Z	Sequentially list conditions,  Due TO ION AS A CONSEQUENCE OF:								
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING								
임	CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF	7004	1 Section	caterna		13"3	
E	resulting in death) LAST	Car	cinan	01	Low				
	PART II. Other significant conditions	contributing to death	but not enoughled in	the under	ulna cause alvan lii	Part I. 24s, WAS AF	AITMPSV	24b. WERE AUTOPSY FINDINGS	
S	A SIGNIFICANT CONCILIONS	Contributing to death	but not resulting in	the discert	ying cause given in	PERFO	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE	
Ē	-			·		1 TYES	2, NO	OP DEATH?	
Σ						_		1 YES 2 NO	
A	25. WAS CASE REFERRED TO MEDICAL			26	. PLACE OF DEATH (C	heck only one)		100	
SIC	EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Ou		OTHER:	tome 5 - Residence	8 Other (Specify)		*2	
PHYSICIAN: MEDICAL	27. MANNER OF CEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c.	INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCURE	D	
BY F	1 Netural 5 Pending 2 Accident Investigation	(			YES 2 NO				
	2 Suicide 6 Could not be building, etc. (Specify)  28a. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
COMPLETED	(Check only	SIAN: To the best of my kno							
00	2 MEDICAL EXAMINER	CON the basis of examinati	on end/or investigation	, in my opinic				use(a) and manner as stated.	
BE (	29b. MCNATUNE AND TITLE OF CONTIFIER	20 0	MIX		29c. LICENSE NU	537	29d. DATE SIG	INED (Month, Day, Year)	
10	30, NAME AND ADDRESS OF PERSON WHO	COMPLETED CALIFE OF	FATH (ITEM 27) (See	Print)	INIT.	551	- (	111 10	
	P. Gregg Rho				ana Fact	on, Maryla	nd 2160	1	
	31. DATE FILED (Month, Day, New )		NATURE NATURE		are East	on, waryla	110 2100	_	
	JUL 12 90	Station of the	Short State of State						

and and a second

## BALTIMORE, MARYLAND 21203-3146

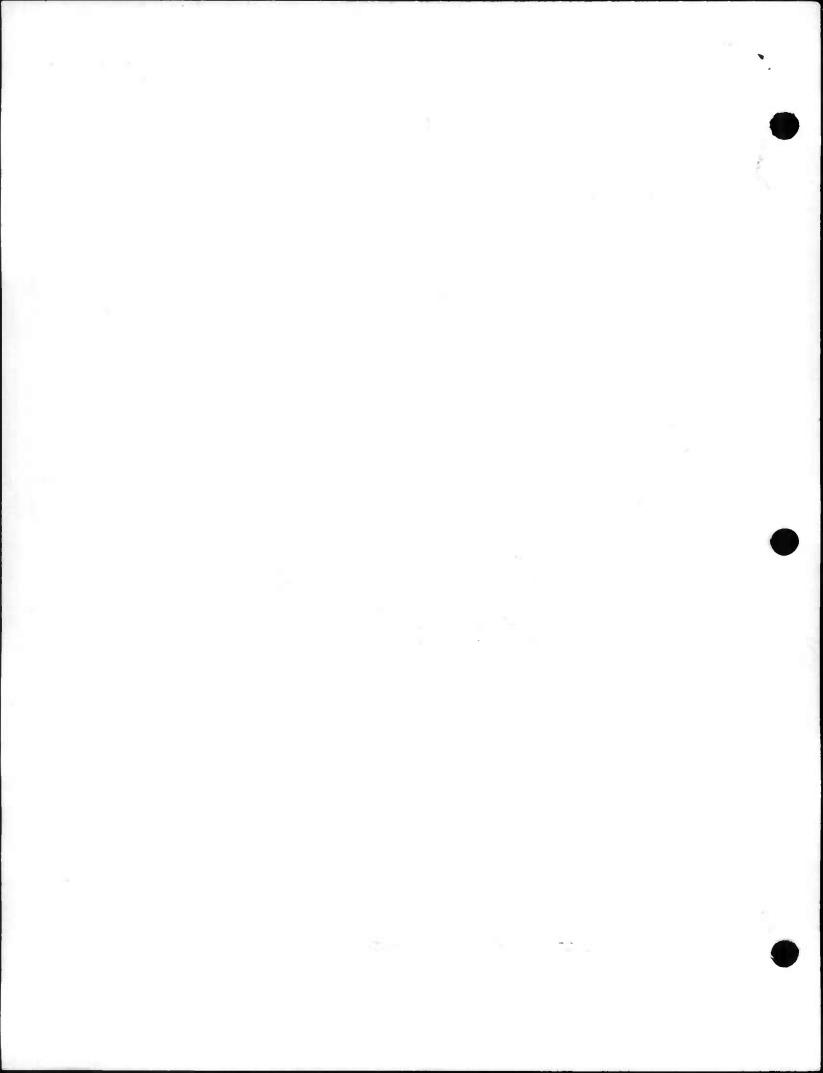
TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mounts after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygliene prior to burnal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
---	---	---	--

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR 1 - STATE REGISTRAR	STATE STATE OF MARTILAND / DEFARIMENT OF HEALTH AND MENTAL HIGHER								
1. DECEDENT'S NAME (First, Middle, Last) Cori	nna Mil	ton		3. TIME OF DEATH					
4. SOCIAL SECURITY NUMBER 216-01-6639	5. SEX 8. AGE (In yrs. In	YRS. IF U	NDER 1 YEAR IF UNDER 24 HRS. THS DAYS HOURS MIN.	7 1 ( 7. DATE OF BIRTH (Month, Day, Year) 6 2 1	8. B	HRTHPLACE (State or Foreign ountry)			
9a. FACILITY NAME (If not institution, give a	street and number)		CITY, TOWN OR LOCATION OF D	EATH	9c. COUNTY				
RESIDENCE OF DECEDENT  10a, STATE  10b, COUNT	rsing Center		Easton, Mary	Tand	Talb	OO C			
Md. Talb	ot		al Oak, Md.			1 TYES 2 THO			
BOX 46			10f. ZIP COOE 21662		10g. CITIZEN	S. A.			
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 TYES 2 H IF YES, GIVE WAR OR DATES	RMED (NO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxico 1 YES 2 NO Specif	in, Puerto Rican, atc.)		RACE — American Indian, Black, Whita, etc. Specify: Black			
15. DECEDENT'S EDL (Specify only highest grade Elementary/Secondary (0-12)	e completed) (	n. Do NOT use reti	ione during most of working	16b. KINO OF BUS	siness/inoust	0 ( )			
17. FATHER'S NAME (First, Middle, Last)	nd Gardner			ME (First, Middle, Melden					
19a. INFORMANT'S NAME (Typo/Print)	ton	Box 4	RESS (Sweet and Number or Rural	ak, Md.		le)			
20a, METHOD OF DISPOSITION  1 Meurial 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)  21, SIGNATURE OF FUNERAL SERVICE LI	noval from State other p	plece)		poley F	ASTON	or Town, Stata			
Bennie	Amith		22. NAME AND ADDRESS OF FA	sti East	on. Mo	h Funeral Home 1. 21601			
	disease or condition resulting in death)  DIFFO (OR AS A CONSCOLENCE OF THE TO (OR AS A CONSC								
resulting in death) LAST	· BUMU	WI	Gellele						
PART II. Other significant condition	ne contributing to death but not	t resulting in th	e underlying cause given ir	Part I. 24e. WAS AN PERFO!	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2  NO	HOSPITAL: 1   Inpatient 2   ER/Outpatient	3   DO4   O1	26. PLACE OF DEATH (C						
27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	WORK?	28d. DESCRIBE HOW	NJURY OCCUR	ED			
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At I building, etc. (Specify)	home, farm, street	M 1 YES 2 NO	281. LOCATION (Street City or Town, State)	and Number or F	Rural Route Number,			
COLLOCK CHILD	SICIAN: To the best of my knowledge,					use(a) and manner as stated.			
296. SIGNATORN AND TURE OF CERTIFIE	Craco 191	0	29c. LICENSE NU	MBER OG	29d, DATE SI	GNEO (Month, Day, Mear)			
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE		•						
.## 14'90	GRANG ARMINI	AND DESCRIPTION OF THE PERSON NAMED IN							



or required traction bears consistent on account the result of the results of the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should	be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	d. or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
חומר חום מסמרון מסו מווימום	ed by the attending physicia	th and Mental Hygiene prior	any injury, or other tra
WIN. HE	s certificate has been sign	th the State Dept. of Heal	ed. or item 23 shows
IO INE MUSICIAL UN ALIENDING PRICE	AL DIRECTOR: After this	72 hours after death with	IMPORTANT: If item 28 is marked
IN INE RUSKI	TO THE FUNER	be filed within	IMPORTANT

	FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTN CERTIFIC			MENTAL HYGIEN REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) WALTER R. M	1ITCHELL				2. DATE OF DEATH DATE OF DEATH DATE OF DEATH	Y YEA	3. TIME OF DEATH 10:22 A M	
	4. SOCIAL SECURITY NUMBER 245-05-57/6	1 M 2 - F	72 YRS. MO	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3 25 /	918 3	ATHPLACE (State or Foreign sentry)	
OR	99. FACILITY NAME (If not institution, give at PRINCE GEORGE S H			HEVERLY	R LOCATION OF DE	ATH	PRINC	E GEORGE S	
DIRECTOR	10e. STATE 10b. COUNTY	00-t	10caCiTY, T	OWN OR LOCATI	on l			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	100. STREET, AND NUMBER	421-1	34.1	101.	ZIP CODE		10g. CITIZEN C	OF WHAT COUNTRY?	
BY FUN	11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 VES IF YES, GIVE WAR OR	2 NO	If yes, spe		IC ORIGIN? (Specify Yes n, Puerto Ricen, etc.)	or No— 14. F	RACE — American Indian, Black, White, atc.	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Bementary/Secondary (0-12)	CATION	18e. DECEDENT'S US (Give kind of work life. Do NOF use n	done during mos		16b. KIND OF BUS	SINESS/INDUSTR	W /	
	12. PATHERTS NAME (FORE, ANGELIA, LOUI)	t. l. M	X. M.	splet	4	AE (First, Middle, Maider)	Surneme)	ment to M	
TO BE	TOU. HETOFMANT HAME (TYPOPHIN)	mitchel	19b. MAILING AD	DORESS (Street or		lous Number, City or Tow	m, State, Zip Code	ml.	
4	26a. METHOD OF DISPOSITION 1 ☑ Burlet 2 ☐ Cremation 3 ☐ Rem 4 ☐ Donation 5 ☐ Other (Specify)		Ob. PLACE OF DISPOSITI	ON (Name of com	etery, chemetory or	20c. L0	CATION — CHY C	ox Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LIC	Smits	1	PO.	BALL G	100 8 2 8 2 B	unla	ek ml	
		List Dnly Dne ceuse on	each line.				iratory srrest,	Approximate interval Between Onset and Death	
	disesse or condition								
NOIT	Sequentially list conditions, If any, leading to immediate  b. CHRONIC OBSTRUCTIVE PULMONARY DISCASS.  DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST  d.								
	PART II. Other algnificant condition  CORONARY  HYPERTE				ceuse given in	Part I. 24e. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?	
PHYSICIAN: MEDICAL	HYPERTE	NSION						1 - YES 2 - NO	
IAN	25. WAS CASE REFERRED TO MEDICAL				ACE OF DEATH (Ch	eck only one)			
SIC	EXAMINER? 1 ☐ YES 2 ☑ ATÓ	HOSPITAL: 1 Inpatient 2 In ER/Out		THER:	e 6 🗆 Residence	6 Other (Specify)			
	27. MANNER OF DEATH  1 Netural 5 Pending	26e. DATE OF INJUR' (Month, Day, Year	Y 26b. TIME (	WO WO	URY AT RK? 'ES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCURE	ED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28f. LOCATION (Street etc.)  City or Town, State)						end Number or R )	ural Route Number,	
COMPLETED	CONSTRUCTION OF THE CONSTR	ICIAN: To the best of my kno ER: On the basis of examinat						use(e) end menner as stated.	
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIE	mora	7 MS			860	29d. DATE SIGNED (Marith, Day, Year)  7/8/90		
F	30. NAME AND ADDRESS OF PERSON WY	COMPLETED CAUSE OF I	HEVERL	Y, MD	2078	5			
31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE									

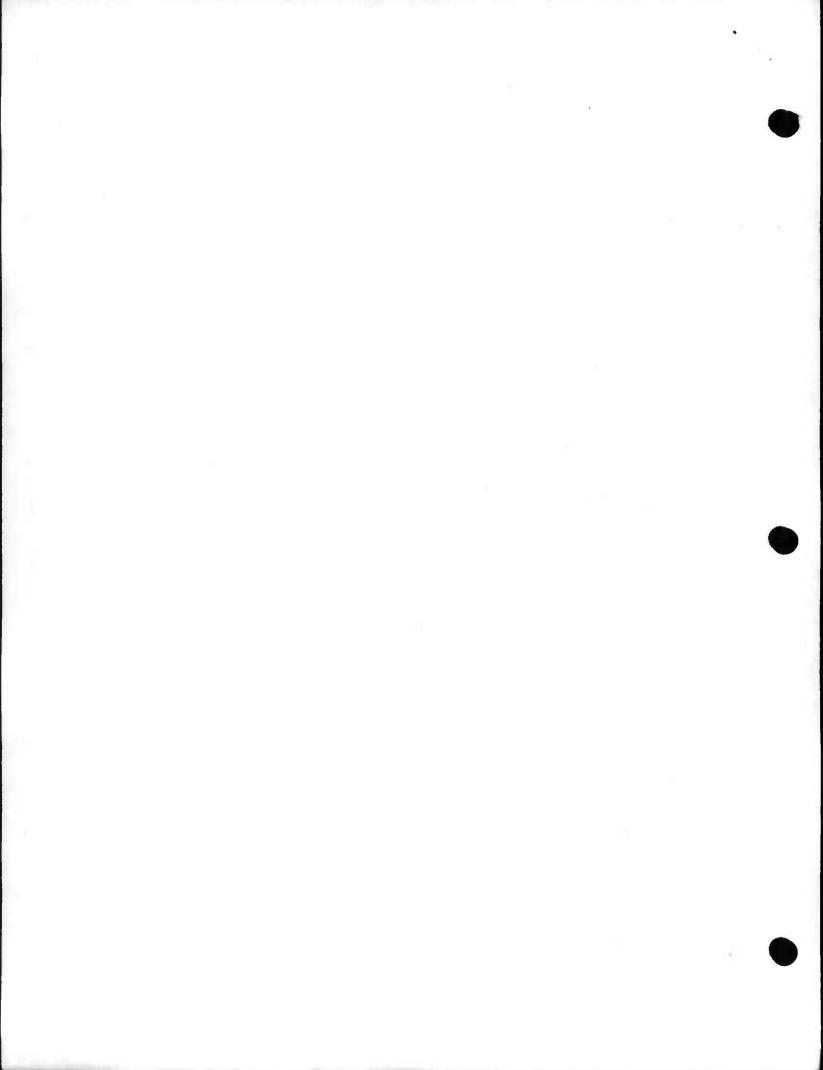
BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL DR ATTENDING PHYSICIAN:
TO THE FUNERAL DIRECTOR: After this certifica
be filed within 72 hours after death with the Siz
IMPORTANT: If Item 28 is marked, or Iti

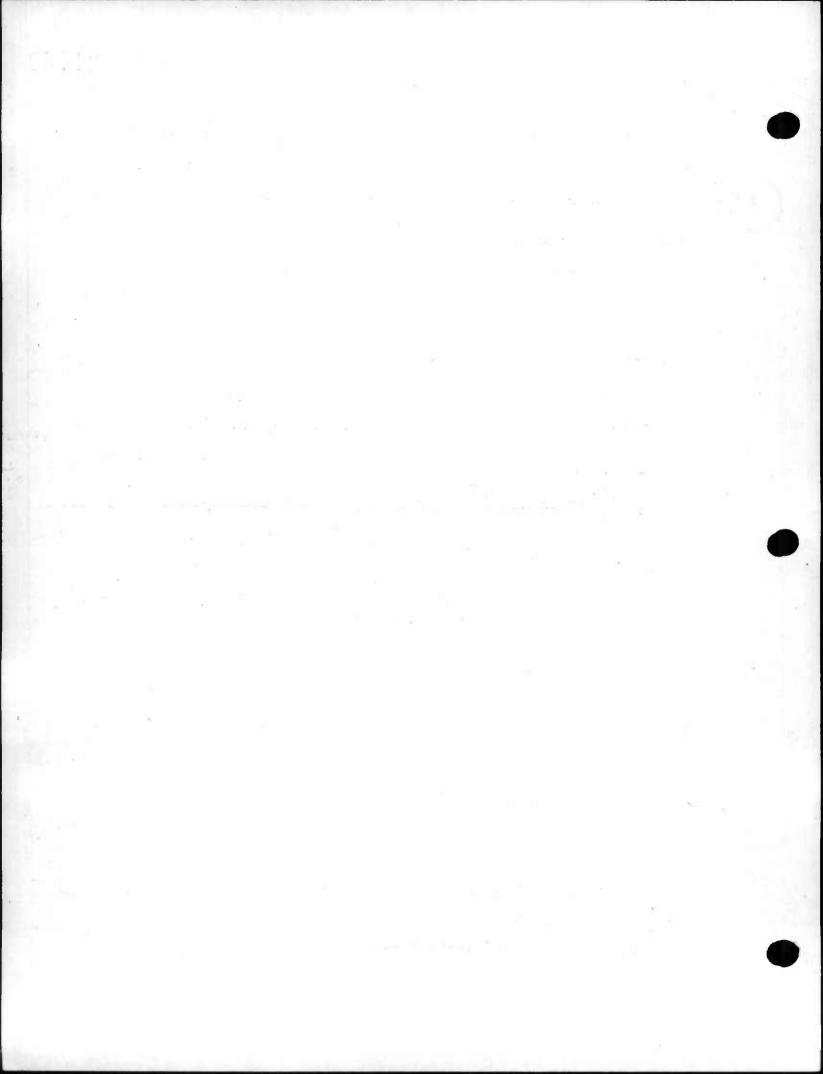
	permit		
priysician.	zate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit		
Dung	the		
TTEN	e as		
0	or us		
spira	ed fi		
20	etach		nce.
N E	be d		at o
90	PIN		pe
Lecali	5 sho		Otiff
90	age :		pe 1
May	or, p		ISI
0e 0	lirect		E
7	iral o		ine
Oean	fune		ехап
апе	y the	пола	<u>E3</u>
DUIS	Ē.	JE FE	ned
11.47	filled	on, c	he n
	etely	этар	H, 1
¥ R	отр	l, cre	eve
BCCT	nd or	buria	atic
8	an a	of 10	E
are	hysic	pulc (	F I
Branc	ng p	giene	흥
5	tendi	H H	0
90 8	he at	Went	E,
at di	by th	and	y in
S III	Dang	alth	30
Boull	en si	of He	POW
The law requires that the death certificate be executed within 25-hours are death. Mage to may be retained by the hospital of attending phy	s be	tate Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
9	te ha	rte D	E
	44	23	=

Pages 1, 2, 3 should

	1 - STATE OF MA	RYLAND / DEPARTM CERTIFIC			ENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	AY YEAI	3. TIME OF OEATH		
	IRVING D. MULLI				July 16	1990	0928Am		
			NTHS DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	6. Bit Con	RTHPLACE (State or Foreign untry)		
	212-10-7930   1 M 2   F		L CITY TOWN O	R LOCATION OF OEA	0000	O Ma	aryland		
OB	Memorial Hospit			ston			lbot		
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY	10c. CITY, 1	OWN OR LOCAT	ON			10d. INSIDE CITY		
E	Maryland Talbot	Ea	aston				1 YES 2 NO		
	10e. STREET AND NUMBER			ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?		
FUNERAL	Rt 3 Box 223			21601		U.S.A	A.		
BY FU	11. MARITAL STATUS  1 Never Merried 2 Merried  12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 NO	If yes, spe	ENDENT OF HISPANIC belfy Cuban, Mexican, 2 NO Specify:	C ORIGIN? (Specify Yea Puerto Rican, atc.)	В	ACE — American Indian, lack, White, atc. pec/fy:		
	3 Wildowed 4 Divorced	Torreson		**			white		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16e. DECEDENT'S US (Give kind of word life. Do NOT use n	RUAL OCCUPATION  R done during modelized.)	N it of working	16b. KIND OF BU	SINESS/INDUSTR	Y		
2	Elementary/Secondary (0-12) College (1-4 or 5+)	mechani			refric	geratio	an l		
NO.	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S NAM	E (First, Middle, Maiden		J11		
BE C	Irving Price Mullikin			Lottie	A. Dief	enderf	fer		
TO B	19a. INFORMANT'S NAME (Type/Print)		·		ute Number, City or Tow	vn, State, Zip Code;	,		
-	I. Terence Mullikin			3 East		21601			
	20e. METHOD OF DISPOSITION 1 Burlet 2 T Cremetion 3 Removal from State					- 110			
	4 Denetion 5 Other (Specify)	Eastern S		remator		orgeto	wn DE		
	PM = 4	ICCSP			ral Home	<u> </u>			
$\dashv$	23. PART I. Enter the diseases, or complications that c	aused the death. Do not		on, Mar		iretory erreet	Approximate		
	shock, or heart fallure. List only one ceuse		anter the mo	se or dying, such	as cardiac of reop	matory arrest,	Interval Between		
	disease or condition — acute myocardial infarction 07-10-90  Due to (or as a consequence of):								
8	Sequentially list conditions, Due to one as a consequence on								
A	the any, leading to immediate cause. Enter UNDERLYING								
FIC	CAUSE (Disease or Injury C.	R AS A CONSEQUENCE OF):							
CERTIFICATION	resulting in death) LAST								
	PART II. Other significant conditions contributing to de	ath but not resulting in	the underlying	r cause given in F	Part I. 24s. WAS AF	AHTOPSV	24b. WERE AUTOPSY FINDINGS		
CAL	Nor		and arradityin	, oddoo giron iii i	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
					1 _ YES	2 (M.NO	OF DEATH?  1 YES 2 NO		
PHYSICIAN: MEDIC					_				
NA N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			ACE OF OEATH (Che	ck only one)				
YSIC	HOSPITAL.		OTHER:	e 5 🗆 Residence (	☐ Other (Specify)				
PH	27. MANNER OF DEATH 28e. DATE OF IN (Month, Day,		RY WC	RK?	28d. DESCRIBE HOW	INJURY OCCURE	۰		
BY	2 Accident Investigation 28e. PLACE OF I	NJURY — A1 home, farm, atm	M 1		281. LOCATION (Street	and Number or Ri	ural Bruta Number		
	3 Suicide 6 Could not be 4 Homicide detarmined	(Specify)	, , , , , , , , , , , , , , , , , , , ,		City or Town, State				
COMPLETED	29e. CERTIFIER (Check call)  CERTIFYING PHYSICIAN: To the best of m	knowledge death occurred	at the time date	and place, and due t	n the cause(e) and me	nner se stated			
MP	(Check only one)  2 MEDICAL EXAMINER: On the basic of examiners of the basic of examiners.						se(a) and manner as stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIER	BER	29d. DATE SIG	NED (Month, Day, Year)					
BE		ren. M. D		D109	38	<b>▶</b> 7-	16-90		
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF DEATH (ITEM 27) (Type, P	rint)						
	RD3 Boy	c297 F	=aste	w. Wg	. 2160	) ]			
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  RD3 Box 297 Fablur. Md. 21601  31. DATE FILEO (Month, (Pay, Year)) 190 32. REGISTRANS SIGNATURE								



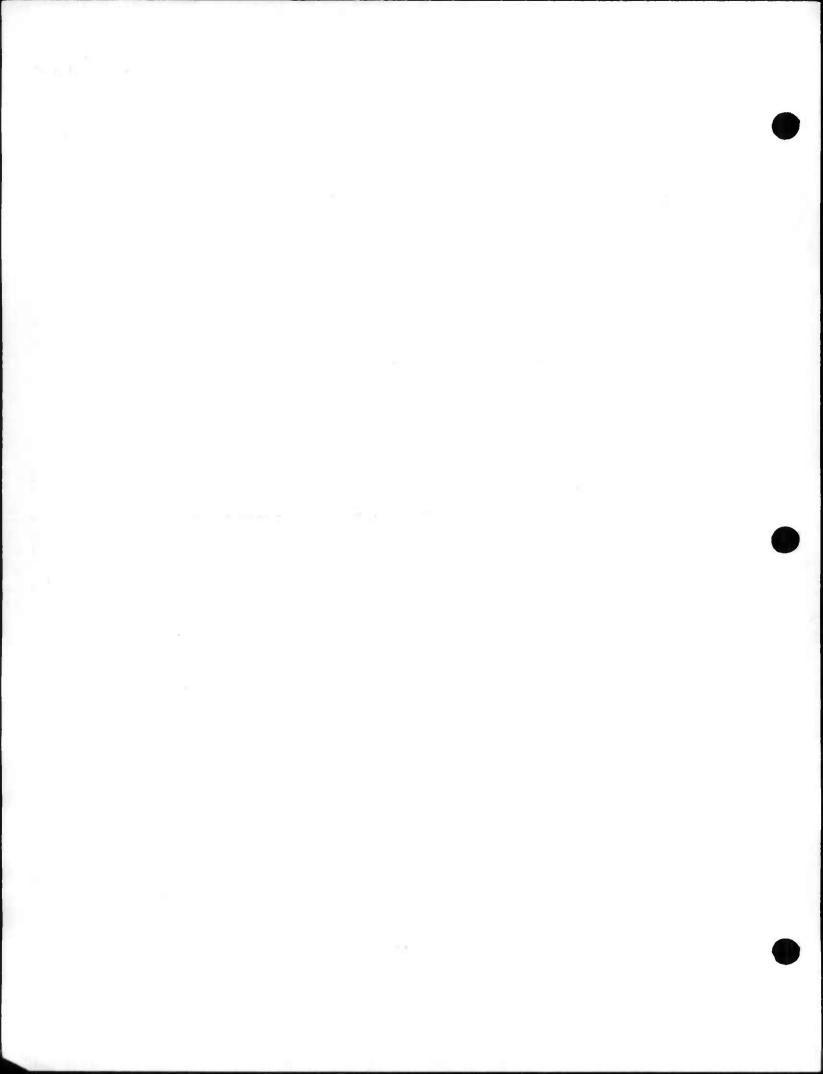
1. DECEDENT'S NAME (First, Middle, Las		CEI	KIIF	ICATE OF	DEA	Н	2. DATE O	DA	Y	YEAR	3. TIME OF DEATH
	MEREDITH				,		7	- 18-	90		6:12 P M
4. SOCIAL SECURITY NUMBER 214-09-9311	5. SEX	6. AGE (in yrs. lest t	YRS.	MONTHS DAYS	HOURS	MIN.	7. OATE OF	Day Monet	920	Mar Mar	PLACE (State or Foreign y)
9a. FACILITY NAME (If not institution, gl	ve street and number)			96. CITY, TOWN	OR LOCAT	TION OF DI	EATH		9c, COU	NTY OF D	DEATH
Ravenwood Luthe				Hager	stow	n				W	ashington
Maryland W.	ashington			r, town on Loc gerstow							10d. INSIDE CITY LIMITS? 1X YES 2 NO
10e. STREET AND NUMBER					H. ZIP CO						WHAT COUNTRY?
12 Clubhouse Dr						2174				SA	
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA	YES 2 XNO		If yes, t	pecify Cut		in, Puerto Ric	(Specify Yee can, etc.)	or No—		E American Indian, k, White, atc. #y: white
15. DECEDENT'S E (Specify only highest gr	DUCATION ade completed)	16a. DECI	EDENT'S	USUAL OCCUPATI work done during rise retired.)	ION lost of work	dna	16b. I	KINO OF BUS	INESS/IN	DUSTRY	W112.00
Elementary/Secondary (0-12) 12 years	College (1-4 or 5+)		oo NOT US emak				L	lome.			
17. FATHER'S NAME (First, Middle, Last)		Hom	dilan	EL	T 18. MO	THER'S NA		ddle, Malden	Sumamal		
Roy E. L. Mar	r						Snyc		ourname)		
19a, INFDRMANT'S NAME (Type/Print)				ADDRESS (Street						p Code)	
Jean Newland				kes Roa			N. J				
1 X Buriel 2 Cremation 3 R 4 Donation 5 Other (Specify)	emovel from State	Rose	Hil	1 Cemet	ery	ematory or					Maryland
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			Geral	AND ADOR	ESS OF FA	CILITY				ac Street
Doud C.	Burner	MW CO	50	Funer							Maryland
IMMEDIATE CAUSE (Final	145/10	on aach iina.				-		ac or reapi			Approximata interval Batween Onset and Death
MMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	OR AS A CONSEQUENCE OF AS	UENCE O	20		2		52			interval Batween
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO (	OR AS A CONSEQUENCE OF AS	UENCE O	Luy They	NG 7	a	De lu	52	AUTOPSY MED?		interval Batween
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (	OR AS A CONSEQUENCE OF AS	UENCE O	Fi:  Lift  In the undarly  26.	J J	Q given in	De lu	24a, WAS AN PERFOR	AUTOPSY MED?		b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daath) LAST  PART II. Other algnificant conditions are conditionally in the conditional conditions are conditionally in the conditional conditions.	b. DUE TO (  d. HOSPITAL:  1   Inpettent 2	OR AS A CONSEQUENCE OF AS A CONSEQUENCE OF A CONSEQUENCE	UENCE O	In the underlying the second of the second o	ng cause	given in	Part I.	24a. WAS AN PERFOR 1 YES 2	AUTOPSY IMED?	244	b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentielly list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE. (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions are caused in the cause of the conditions of the cause of	b. DUE TO ( d. HOSPITAL: 1   Inpetient 2   28a. OATE OF ( Month, Da	OR AS A CONSEQUENCE OF AS	UENCE O	in the undarfyling the surface of th	ng cause	given in	Part I.	24a. WAS AN PERFOR	AUTOPSY IMED?	244	b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions and the cause of the conditions of the conditions of the cause of the c	b. DUE TO (  d. DUE TO (  d. Liona contributing to (  HOSPITAL: 1   Inpetient 2    28s. OATE OF (  (Morith, Da)  29s. PLACE OF building.	OR AS A CONSEQUENCE OF AS	DOA 28b. TIM	P:  In the undarlyi  OTHER: 4   Nursing Hi  EG OF   28c.     UNY M   1	PLACE OF THE 8 DISTRICT ORK?  YES 2	given in	Part I.  Peck only one  6 Other  28d. DESC	24a, WAS AN PERFOR 1 YES 2	AUTOPSY IMED?	244	b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentielly list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in daath) LAST  PART II. Other algnificant conditions and investigations are sequentially as a condition of the condition	b. DUE TO (  d. DUE TO (  d. Liona contributing to (  HOSPITAL: 1   Inpetient 2    28s. OATE OF (  (Morith, Da)  29s. PLACE OF building.	OR AS A CONSEQUENCE OF AS A CONSEQUENCE OF A CONSEQUENCE	DOA 28b. TIM th.	in the undarfyl  26.  OTHER: 4   Nursing H  E OF   26c.    URY M   1    street, factory, of	ng cause	DEATH (C) Residence	Part I.  Part I.  Beck only one  City of the cause to the cause	24a. WAS AN PERFOR 1 VES 2  (Specify)  TION (Street a r Town, State)	AUTOPSY IMED?  NO  NJURY OC  and Number	241  CCUREO  or or Rural  ited.	interval Batween Onset and Death  b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPILETION OF CAUSE OF DEATH?  1 YES 2 NO  Route Number,
Sequentielly list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in daath) LAST  PART II. Other algnificant conditions and investigations are sequentially as a condition of the condition	b.  DUE TO (  d.  HOSPITAL: 1   Inpetient 2    28a. OATE OF (Month, Da)  Due TO (  d.  HOSPITAL: 1   Inpetient 2    28a. OATE OF (Month, Da)  Building, d	OR AS A CONSEQUENCE OF AS A CONSEQUENCE OF A CONSEQUENCE	DOA 28b. TIM th.	in the undarfyl  26.  OTHER: 4   Nursing H  E OF   26c.    URY M   1    street, factory, of	PLACE OF TIME 6   INJURY AT YORK? YES 2 Ice	DEATH (C) Residence	Part I.  Peck only one  6 Other  28d, DESC  28f, LOCA  City o	24a. WAS AN PERFOR 1 VES 2  (Specify)  TION (Street a r Town, State)	AUTOPSY IMED?  NO  NJURY OC  and Number	24l	interval Batween Onset and Death  b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH  1 YES 2 NO  Route Number,
Sequentielly list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions and investigations are sexaminers.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Netural 5 Pending Investigation and Could not determined.  29a. CERTIFIER (Check only one)  29b. SIGNATURE AND TITLE OF CERTIFIER CERTIFIER (Check only one)	b. DUE TO (  c. DUE TO (  d. DU	OR AS A CONSEQUENCE OF AS	DOA 28b. TIM	in the undarfyl  26. OTHER: NURY M 1 Catory, of the time, dependent on the time, dependent	PLACE OF TIME 6   INJURY AT YORK? YES 2 Ice	DEATH (C) Residence NO	Part I.  Peck only one  6 Other  28d, DESC  28f, LOCA  City o	24a. WAS AN PERFOR 1 VES 2  (Specify)  TION (Street a r Town, State)	AUTOPSY IMED?  NO  NJURY OC  and Number	24l	interval Batween Onset and Death  b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Route Number,
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or injury that initiated events resulting in dasth) LAST  PART II. Other algnificant conditions.  26. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Natural 5 Pending Investigated in Suicide a Could not determined.  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER.	DUE TO (  DUE TO	OR AS A CONSEQUENCE OF AS	DOA 28b. TIM	in the undarfyl  26. OTHER: NURY M 1 Catory, of the time, dependent on the time, dependent	PLACE OF TIME 6   INJURY AT YORK? YES 2 Ice	DEATH (C) Residence NO	Part I.  Peck only one  6 Other  28d, DESC  28f, LOCA  City o	24a. WAS AN PERFOR 1 YES 2  (Specify)  CRIBE HOW II  TION (Street a rown, State)	AUTOPSY IMED?  NO  NJURY OC  and Number  and due to to  29d. DAT	241  241  course  or or Rural  ated.  the cause(	interval Batween Onset and Death  b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Route Number,
Sequentielly list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions and investigations are sexaminers.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Netural 5 Pending Investigation and Could not determined.  29a. CERTIFIER (Check only one)  29b. SIGNATURE AND TITLE OF CERTIFIER CERTIFIER (Check only one)	DUE TO (  DUE TO	OR AS A CONSEQUENCE OF AS	DOA 28b. TIM th. occurr westigation	26. OTHER: Auraing He LE OF 28c. II UNY 1 catreet, factory, of ed at the tima, do on, in my opinion	PLACE OF TIME 6   INJURY AT YORK? YES 2 Ice	DEATH (C) Residence NO	Part I.  Peck only one  6 Other  28d, DESC  28f, LOCA  City o	24a. WAS AN PERFOR 1 YES 2  (Specify)  CRIBE HOW II  TION (Street a rown, State)	AUTOPSY IMED?  NO  NJURY OC  and Number	241  241  course  or or Rural  ated.  the cause(	interval Batween Onset and Death  b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Route Number,



IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1	-	STATE REGISTRAR

	1 - STATE REGISTRAR		CERTIF	ICATE OF	DEATH	REC	G. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	Ethel Loui	se MOORE			2. DATE OF DE	ATN		3. TIME OF DEATN	٦
- 8	Ethel L.		m00	10		MONTH	DAY	90	1914	М
- ()		5. SEX 6. AG	E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR	TH	8. BIRT	NPLACE (State or Foreign,	П
	214-46-5483	1 □ M 2 🖾 F 8	1 YRS.	MONTHS DAYS	HOURS MIN.	March March		Coun Ma	aryland	
	9e. FACILITY NAME (If not institution, give street	at and number)		9b. CITY, TOWN	OR LOCATION OF DE			DUNTY OF		$\dashv$
9 8	Washington County	Hospital		Hag	erstown		Wa	shin	gton	
E	10a. STATE 10b. COUNTY	-	10c. CIT	Y, TOWN OR LOCA	TION				10d. INSIDE CITY	$\exists$
뜸	Maryland Washi	ngton	H	lagersto	m				LIMITS?	
5	10e. STREET ANO NUMBER			10	f. ZIP CODE		10g. C	TIZEN OF	WHAT COUNTRY?	$\exists$
FUNERAL DIRECTOR	Avalon Manor Nursi				21740		US			
5	CONTRACTOR OF THE PROPERTY OF	12. WAS DECEDENT EVER FORCES? 1 YE			ENDENT OF HISPAN ecify Cuban, Mexica			- 14, RAC Bla	CE — American Indian, ck, White, etc.	
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR			NO Specify			spo whi	city:	
	15. OECEDENT'S EDUCA			USUAL OCCUPATI		15b. KINO	OF BUSINESS/		Le	
	(Specify only highest grade of Elementary/Secondary (0-12)		(Give kind of life. Do NOT u	work done during m se retired.)	ost of working					
7	12	0	hous	ewife						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle,	Melden Sumam	o)		
BE C	Victor A. Souders				Berth	a Bessi	e Shuy	ler		
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural I	Route Number, City	or Town, State,	Zip Code)		
2	Edgel L. Moore		45 Ea	st Ave.	Apt. 3,	Hagers	stown,	Md.	21740	
	20e. METHOD OF DISPOSITION  1 XBuriel 2 Cremetion 3 Remov	ral from State	20b. PLACE OF DISPO	SITION (Name of ce	metery, crematory or		20c. LOCATION	— City or 1	Town, State	
	4 Donation 5 Other (Specify)		Cedar Law				Hagers	town	, Md.	_
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE '	•		ND ADDRESS OF FA					
	50000	/ Km	reck		CH FUNER  United to the control of t			town	, Md. 21740	
	23. PART I. Enter the diseases, or co								Approximete	
	ahock, or heart fallure. Li IMMEDIATE CAUSE (Final	st only ona cause or	n aach line.						intarval Between	
	disease or condition			Azel	carde	11.647.	Tour	A:~	· A	
	resulting in death)	DUE TO (OR A	S A CONSEQUENCE O	F)	C-1741	ures pen	Many	110		
z	C.	Annual		+A a	candi	SHEUMON	ia	/	- face day	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR A	S A CONSEQUENCE O	NF):	- 1				1	
2	ceuse. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO COR A	S A CONSEQUENCE O	yn. /						
Ë	that initiated events reaulting in death) LAST			5.0						
E E	C 4								1	
	PART ii. Other significent conditions	contributing to deat	h but not resulting	in the underlying	ig cause given in		WAS AN AUTOP PERFORMED?	SY 24	4b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO	S
DICAL	ASCUS			<u> </u>			YES 2 NO		COMPLETION OF CAUSE OF DEATH?	
MEL	11.						-		1   YES 2   NO	
ä	/									
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	/	26. I	LACE OF DEATH (CA	neck only one)				_
/Si		1 Inpetient 2 ER/C	Outpatient 3 DOA		me 5 🗆 Realdenca	a 🗆 Other (Spe	olfy)			
PH	27. MANNER OF DEATN	28a. DATE OF INJUI (Month, Day, Yes		ME OF 28c. IN	JURY AT ORK?	28d. DEŞCRIBI	E NOW INJURY	OCCURED		
BY	1 Natural 5 Pending 2 Accident investigation				YES 2 NO					
	3 Suicide 6 Could not be	28e. PLACE OF INJU building, etc. (S	URY — Al home, farm, Specify)	street, factory, off	ce	28f. LOCATION City or Tow		nber or Rura	I Route Number,	
ETE										_
P	(Uneck only	IAN: To the best of my ki	nowledge, death occur	red at the time, da	e and place, and du	a to the cause(a)	and manner as	stated.		
COMPLETED	one) 2 MEDICAL EXAMINER	On the besie of exemin	ation and/or investigat	lon, in my opinion,	death occured at the	time, data and p	lace, and due	o the cause	e(a) and menner as stated.	_
BE C	29b, SIGNATURE AND TITLE OF CERTIFIER	F A	100		29c. LICENSE NU	мвел	294.	DATE BIGNE	ED (Month, Clay, Year)	
	h	100	W_		30002	7		7-17	-90	
5	30. NAME AND ADDRESS OF PERSON WHI	COMPLETED MUSE OF	DENTH (ITEM 27) (NO	m, Print)	1	1,	0000	/	1	
	M.B.KAV	7 H.D. 19	133 Va.	the	Hazers	DA VED	10. 21	740		_
	31. DATE FILED (Moon, Dies Hear)	32. REGISTRAN'S S	HOMEN Prode	00	7		,	1.		
	I JUL - JU	1	turner - h - turner							



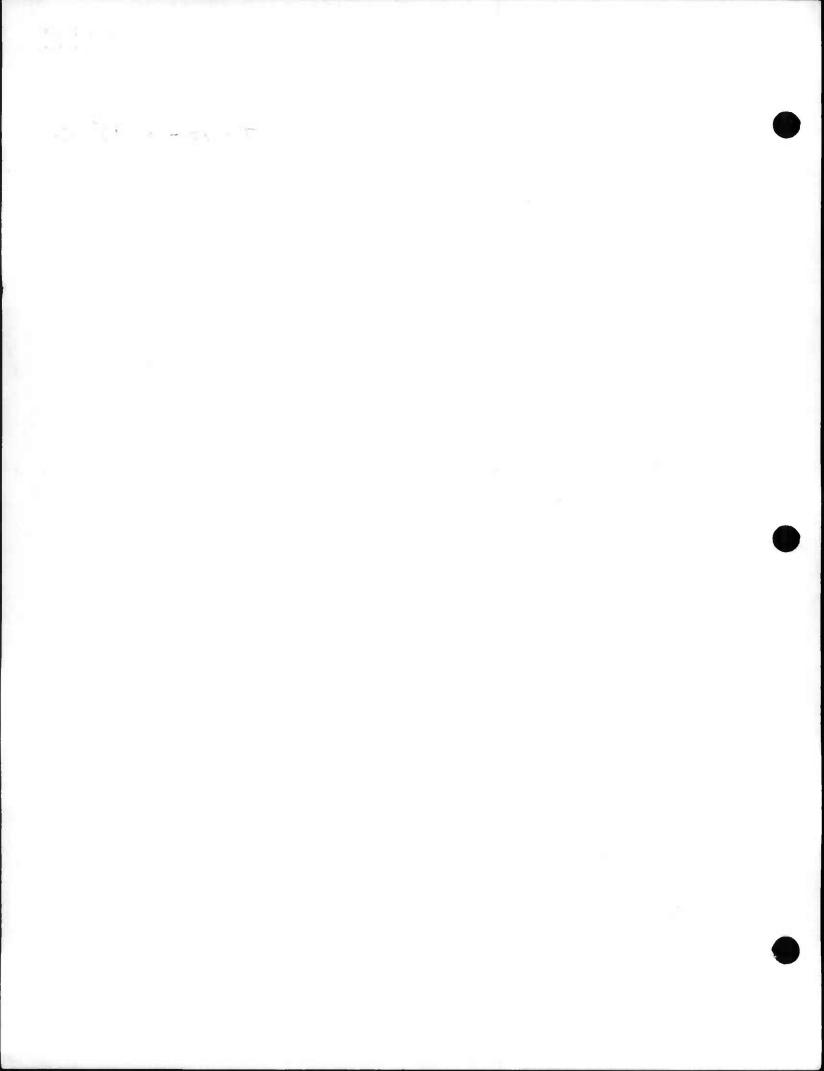
DALIMORE, MARILAND	24 nours after death. Page 6 may be retained by the hos	filled in by the funeral director, page 5 should be detachion, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, F.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach: be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

MANZAR 31. DATE FILED (MONTH, Day, Year) JUL 18 90

THE COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. PEGISTRAP'S SIGNATURE
Julia Davidson-Randalle

	FOR 1 - STATE REGISTRAR		STATE OF N					EALTH AND I	MENTAL	HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Mic	ddle, Last)	Mark E	verett N	lille	r			2. DATE O	F DEATH	7 -	YEAR 90	3. TIME OF DEATH
9 19	4. SOCIAL SECURITY NUMBER 173-03-3901		5. SEX . 1 💢 M 2 🗆 F	6. AGE (In yrs. las	t birthday) YRS.	IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.		BIRTH Day, Year)	1898	8. BIRTHI Country Peny	PLACE (State or Foreign ) 15 ylvania
TOR	90. FACILITY NAME (if not institution, give street and number)  Washington County Hospital  RESIDENCE OF DECEDENT  90. CITY, TOWN OR LOCATION OF DEATH  Hagerstown										nty of de hing?		
DIRECTOR	10a. STATE 10	10b. COUNTY 10c. CITY, TOWN OR LOCATION Washington Hagerstown											10d. INSIDE CITY LIMITS? 1 YES 2X NO
FUNERAL	Rt. 1 Box 2	19B					101	21740				IZEN OF W	HAT COUNTRY?
BY FUN	11. MARITAL STATUS  1 Never Married 2 X Mai 3 Widowed 4 Divorce	irrled		T EVER IN U.S. AR YES 2 1			If yes, sp	ENDENT OF HISPAN Holly Cuban, Maxica 2 X NO Specify	n, Puarto Ric		or No—	14. RACE Black Specifi Why	— American Indian, , White, etc. y:
COMPLETED	15. DECEDI (Specify only his Elementary/Secondary (0-12)			+) (G	ECEDENT'S live kind of Do NOT u	work done se retired.)	during mo	ON st of working		and of Bu		DUSTRY	
BE COM	17. FATHER'S NAME (First, Middle Jacob E. Mil	ler						18. MOTHER'S NA Annie	me (First, Mile E. Sp	odie, Meiden renkl	Surname)		
10	Esther M. Mi							nd Number or Rural 1 B Hagers				Code)	
	20s, METHOD OF DISPOSITION 1 A Burial 2 Cremation 4 Donation 5 Other (Sp	3 Remov		206. PLACE other pi	(ece)	e Cer	nete				nesb		
	21. SIGNATURE OF PUNERAL S	ERVICE LICEI	ISEE	har .	-	Do	avis	of Address of Fa Funeral Box 78	Home		MD	2175	83
	23. PART I. Enter the dise shock, or hear IMMEDIATE CAUSE (Finel disease or condition	rt fallure. Li	st only one cau	use on each line	h.	not enter	the mo	de of dying, suc					Approximate Interval Between Onset and Death
CERTIFICATION	Sequentielly liat condition if any, leading to immedie cause. Enter UNDERLYING CAUSE (Disease or Injury that inlitated events resulting in deeth) LAST	ote G	DUE TO	OR AS A CONSE  OR AS A CONSE  OR AS A CONSE	OUENCE O	F): (F): (F):	ear	27 7 A	712U1 Da e	r13.	na		
PHYSICIAN: MEDICAL (	PART II. Other significant	conditiona	contributing to	deeth but not	reaulting	In the u	nderlyin	g cause given in		24a. WAS AN PERFOI 1 YES	RMED?	24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO N EXAMINER?  1   YES 2   NO		HOSPITAL:	☐ ER/Outpatient ;	2 DO4	ОТНЕ	R:	ACE OF DEATH (Ch					
BY PHYS	27. MANNER OF DEATH  1 Netural 5 Per	000	28a. DATE OF	FINJURY	28b. TH		28c. IN.	RK?		(Specify)	INJURY OC	CURED	
	3 Suicide 6 Co	ould not be termined	28e. PLACE ( building,	OF INJURY At hi , etc. (Specify)	ome, farm,	street, fac	tory, offic	•	281. LOCA City o	TION (Street Town, State	end Numbe )	r or Rural F	Route Number,
COMPLET	one)							and place, and due					) and manner as stated.
TO BE C	29b, SIGNATURE AND TITLE OF	F CERTIFIER LOG	5.					29c. LICENSE NUI	36 °	5	29d. DAT	7./7	(Month, Day, Year)



TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Jurs after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	rith	sletely fill remation	ant, the
13146	xecuted v	and comp	natic evi
BOX	ficate be	physician ne prior to	er traun
P.O.	ath certif	ttlending tal Hygie	f, or oth
SOL,	nat the de	by the a	nujui A
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	requires t	een signed of Health	shows a
TAL	The law	ate has b	lem 23
F VI	YSICIAN	is certific ith the S	ed, or l
ONO	IDING PI	: After th	Is mark
INISI	DR ATTE	OURS after	tem 28
	TO THE HOSPITAL (	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If It

Ted E.

31. DATE FILED (Month,

Dr.

Jamuel	Samuel Hugh M	ADI	LL	DEATH	04	0118	990 3. TIME OF DEATH YEAR 98 9:45 P
4. SOCIAL SECURITY NUMBER	1 ∰ M 2 □ F 92	yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	NOURS MIN.	7. DATE OF BIRTH (Month, Day, Year April 7,		SelfthPLACE (State or Foreign Country)  Ireland
94. FACILITY NAME (If not institution, give a Williamsport Nurse RESIDENCE OF DECEDENT			the same of the sa	or Location of			v of death nington
Maryland Maryland Maryland	ontgomery		ry, town or Loca Olney	TION			10d. INSIDE CITY LIMITS? 1 CC YES 2 NO
3920 Brooke Mead	ow Lane		11	20832		10g. CITIZI	en of what country? $SA$
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 (INO	If yes, s		PANIC ORIGIN? (Specify lean, Puarto Rican, atc.) celly:	Yea or No 1	4. RACE — American Indian, Black, Whita, stc. Specify: White
15. DECEDENT'S EDL (Specify only highest grade Elementary/Secondary (0-12)		(Give kind of Ille. Do NOT u	usual occupat work done during m se retired.) penter			n carpe	
17. FATHER'S NAME (First, Middle, Last) William B. Madil	ı			18. MOTHER'S	NAME (First, Middle, Maile Wylie	den Sumama)	
19a. INFORMANT'S NAME (Type/Print)  James T. Madill		19b. MAILING 3920	Brooke	and Number or Rui Meadow	al Route Number, City or Lane, Olne	Town, State, Zip (	20832
20e. METHOD OF DISPOSITION 1  Suriel 2 Cremation 3 Ren 4 Donation 8 Other (Specify)	noval from State	PLACE OF DISPO	SITION (Name of or	Gardens			ty or Town, State
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE -	-A	MTNN	AND ADDRESS OF VICH FUN. E. Wils	ERAL HOME	lagerst	own, Md. 21740
23. PART I. Enter the disease, or shock, or heert feliure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	a. Poeu Due to (or as a Due to (or a) Due	MON CONSEQUENCE CONSEQUENCE D	112 15eas	e - F	Prostat		Interval Betwee
Sequentieity list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	Contrib	CONSEQUENCE	, Cau	50-	C.H.F.		
if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	c. Contrib	CONSEQUENCE	Cau	56-	in Part i. 24a. WAS		24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. Contrib	conscourage ut not resulting	In the underlying	ng cause given	in Part i. 24e. WAS PER 1 🗆 YE	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending investigation	DUE TO (OR AS A  d	ut not resulting	In the underlying the	PLACE OF DEATH	in Part i. 24s. WAS PER 1   YE: 1   YE: 25c. DESCRIBE HO	AN AUTOPSY FORMED? 3 2 NO	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  2 Accident Investigation  3 Suicide 8 Could not be detarmined	DUE TO (OR AS A  d  na contributing to death be  HOSPITAL:  1 □ Inpetient 2 □ ER/Outp  28a. DATE OF INJURY	conscource ut not resulting etiant 3 □ DOA 28b. Till iN —All home, farm,	In the underlying the	PLACE OF DEATH  me 5 Resident  NORK?  YES 2 NO	in Part i. 24s. WAS PER 1   YES	AN AUTOPSY FORMED?  S 2  NO  W INJURY OCCI	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  URED  WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Howe, 18100 Marden Lane, Olney, MD 20832

32, REGISTRAR'S SIGNATURE

Julia Davidson Ponder

Talk

OX 13146, BALTIMORE, MARYLAND 21203-3146

te be executed within 2-rouns after death. Page 6 may be retained by the hospital or attending physician.

spician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 movers after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 72 hours after death with the State Dent, of Heatth and Mental Horlene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
the	e de	10
D.	ple b	d a
taine	shou	III
e re	10	2
ay b	page	Pe
E	tor,	net
10e	direc	F
9.	le le	- E
feat	fun	ХЗП
fter	the oval	9
50	ren by	- De
3	ed i	Ē
7 U	ation	華
withi	plete	ent,
nted	COM	8
xeci	and	nati
2	cian or to	age .
cate	hysi e pri	er to
ertif	ng p	-
th c	tendi	6
dea	Wents	E,
#	by th	=
s the	th th	am
uire	Sign	DWS
red /	been	=
- B	has	23
Ē	cate	Tem
CIAN	the S	6
HASH	o Sith	ed,
d D	ter th	Пап
- Q	R: Af	50
ATTE	CLO THE	28
OR.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 he find within 20 hours after death with the State Dent of Health and Mental Hydiene prior to burial, cremation, or removal.	tem
A	当な	=
OSP	JNE	X
工	市田	E
土	工品	AP.
F	F 2	=

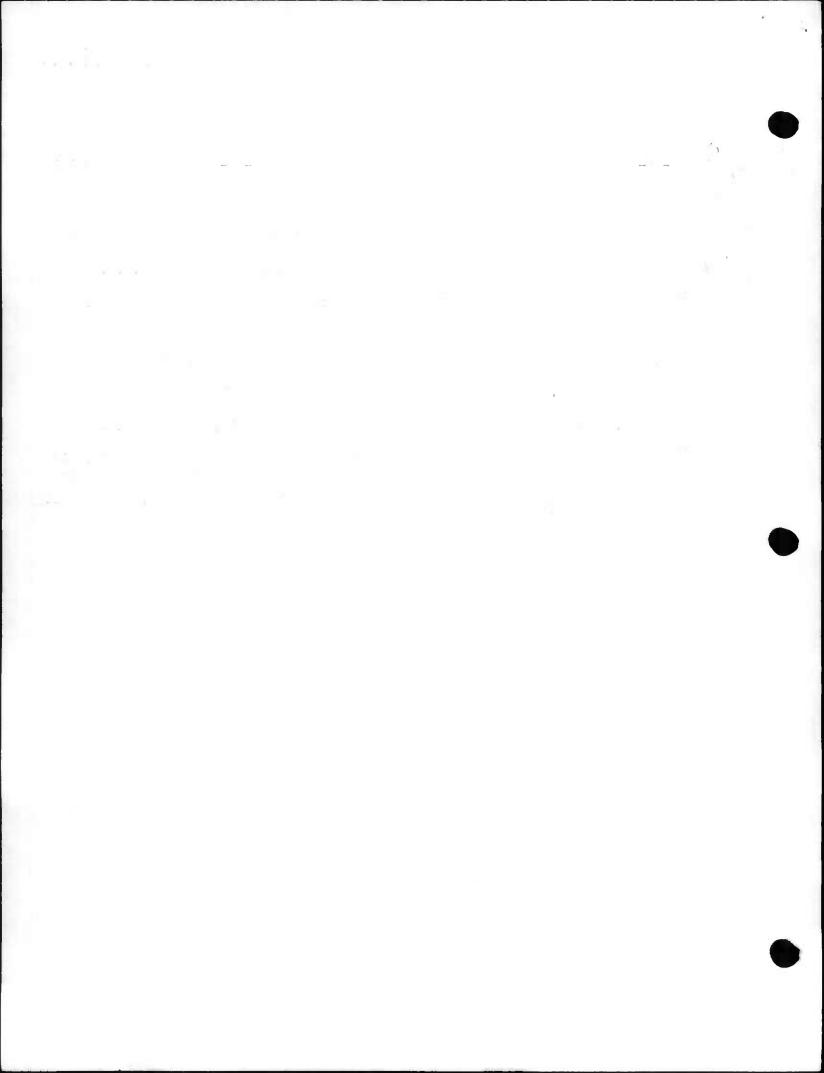
ANN M.

3 HE DE (Mgh Pay, Year)

DIXON, MD

				UL		JAIL U	יר ו	DEATH	1		REG. NO.							
1. DECEOENT'S NAME (Fire	t, Middle, Lest) Susan		Ton	n		Max	¬ V	/ D 7 7			TE OF DEATH NTH -15-90	NY	YEAR	_	OF DEAT	Н		
			Jea			Mac			_						MAOC	N		
4. SOCIAL SECURITY NUM 215-27-0950		5. SEX 1 ☐ M 2 😡 F	2.00	in yrs. last		IF UNDER 1 YEAR		IF UNDER 24	HRS. MIN.	(Month, Day, Year) Coul			Count	RTHPLACE (State or Foreign buntry) est Virginia				
9a. FACILITY NAME (If not		treet and number)				9b. CITY, TOW	/N OR	LOCATION	OF DEA									
Clayton Ro		inger Ro	ad			Jop	<u>p</u> a				Harford				d County			
RESIDENCE OF DE	10b. COUNTY				10c, CITY,	TOWN OR LO	CATIO	ON	_	_				10d. IN	ISIDE CITY			
Maryland		Harford						Bel	Ai	r				LI	MITS?	NO		
10e. STREET AND NUMBER							10f. 2	ZIP CODE				10g. CITI	ZEN OF	WHAT CO	OUNTRY?			
9.	52 Ches	ney Lane	:						210:	14			U.S	S.A.				
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Oh		12. WAS DECEDED FORCES? 1 IF YES, GIVE 1	YES	2 🗶 N		If yes	, apec	Ify Cuban,			GIN? (Specify Yes to Rican, atc.)	or No-	14. RAC Blac Spec	k, White,	arican India atc. hite	n,		
	CEDENT'S EDUC			16a. DEC	CEDENT'S U	SUAL OCCUP	ATION	1		1	16b. KIND OF BU	SINESS/INC	OUSTRY					
Elamentary/Secondery	nly highest grade (0-12)	College (1-4 or 5	+)	Hie.	Do NOT use	rk done during retired.)	most	of working										
11					St	udent					Edu	catio	n					
17. FATHER'S NAME (First,							T				st, Middle, Maiden							
Th	nomas H	<ul> <li>MacKay</li> </ul>							Lou:	ise	Pierce	9						
19a. INFORMANT'S NAME											umber, City or Tow							
Thomas H.				9	52 Ch	esney	La	ane	В	el	Air, Ma	aryla	nd 2	2101	4			
20a. METHOD OF DISPOS 1 DBurlal 2 Cremat 4 Donation 5 Oth	ion 3 🗆 Reme	oval from State	201	other pla	DE DISPOSIT East	Avenu	e (	etery, cremat Cemet	ory or			CATION —			a,Ohi	Lo		
21. SIGNATURE OF FUNER			10			22. NAM	E AND	ADDRESS	OF FAC	ILITY	Marzul?	Lo Fu	nera	IL S	ervio	ce		
											Road U							
23. PART I. Enter the shock, pr IMMEDIATE CAUSE (F disease or condition resulting in death)	diseases, or o heart fallure.	complications the List only one ce	nt ceuse use on e	ebra		uma								1	and 2 Approximanterval Be Onset and	ite etweer		
shock, or IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentielly liet cond if sny, leeding to imm cause. Enter UNDERL	diseases, or cheart failure.	Cranio	TCET	ebra	l tra	uma								1	Approxima	ate etween		
shock, or IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentielly liet cond if sny, laeding to imm	diseases, or cheart failure.	Cranio a. Due To	CET	ebra consec	l tra DUENCE OF)	uma								1	Approxima	ate etween		
shock, or IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially liet cond if any, leeding to imm cause. Enter UNDERL CAUSE (Disease or in that initiated evants	diseases, or cheart failure.	Cranio  a. Due To  Due To  Due To  Due To	The course on e co	ebra A consec	l tra  DUENCE OF)  DUENCE OF)	ut entar the	mpd	e of dyln	g, euch	es c	ardlec or reap	AUTOPSY	rest,	b. WERE AMAILA COMPLO OF DEL	Approximation and a second and	nte stween I Death I Death I Death I Death I Death I Death I Death		
shock, or IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequantielly liet cond if any, leeding to imm cause. Enter UNDERL CAUSE (Disease or in that initiated evants resulting in deeth) LA	diseases, or cheart failure.	Cranio  a. Due To  Due To  Due To  Due To	The course on e co	ebra A consec	l tra  DUENCE OF)  DUENCE OF)	ut entar the	mpd	e of dyln	g, euch	es c	srdiec or resp	AUTOPSY	rest,	b. WERE AMAILA COMPLO OF DEL	Approximation of the control of the	nte stween I Death I Death I Death I Death I Death I Death I Death		
shock, or IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially liet cond if sny, leeding to imm cause. Enter UNDERL CAUSE (Disease or in that initiated evants resulting in deeth) LA  PART II. Other significations.	diseases, or cheart failure.	Cranio  Cranio  DUE TO  DUE TO  C.  DUE TO  DUE TO  C.  DUE TO	The course on e co	ebra A consec	l tra puence of) puence of) puence of)	t entar the	mod	e of dyln	g, euch	es c	24a, WAS AN PERFO	AUTOPSY	rest,	b. WERE AMAILA COMPLO OF DEL	Approximation of the control of the	NDINGS TO		
shock, pr IMMEDIATE CAUSE (F) disease or condition resulting in death)  Sequentielly liet cond if sny, leeding to imm cause. Enter UNDERL CAUSE (Disease or in that initiated evants resulting in deeth) LA  PART II. Other significations	diseases, or cheart failure.	Cranio  a. Due To  Due To  Due To  Due To	et ceuse euse on e use on e use on e use on e use on e use o (or as a o (or as a o (or as a o )	ebra A consect A consect A consect A consect A consect A consect	l tra	t entar the	mpddiying	cause gir	g, euch van in F	es c	24a, WAS AN PERFO	AUTOPSY NMED?	rest,	b. WERE.	Approximation of the control of the	NDINGS TO		
shock, pr IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially liet cond if sny, leeding to imm cause. Enter UNDERL CAUSE (Disease or in that initiated evants resulting in deeth) LA  PART II. Other signific  25. WAS CASE REFERRED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH 1 Neturel 5	diseases, or cheart failure. Inal hittons, ediata YING jury ST	Cranic  Cranic  Cranic  DUE TO	et ceusee euse on e euse on e euse on e euse on e euse ou e euse ou o (or as a euse o (or as a euse o (or as a euse o o (or as a euse o o o deeth b	ebra A consect A consect A consect A consect A consect A consect	l tra	t entar the	mpddiying	Cause gl	van in F	Pert I.	24a, WAS AN PERFO	I AUTOPSY PMED?	24 Cene	b. WERE AVAILA COMPLOT OF DEE	AUTOPSY FI BLE PRIOR ETION OF C ATH?	nte etweers I Death I Death INDINGS TO CAUSE		
Shock, pr IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially liet cond if sny, leeding to imm cause. Enter UNDERL CAUSE (Disease or in that initiated evants resulting in deeth) LA  PART II. Other signification  25. WAS CASE REFERRED EXAMINER?  1. YET SE 2 NO  27. MANNER OF DEATH  1 Naturel 5	diseases, or cheart failure. Inal inal inal inal inal inal inal inal i	Cranio  a. Cranio  DUE TO  b. DUE TO  c. DUE TO  d	o (or as a control of the control of	ech line.  ebra  a consec  a consec  a consec  a consec  a consec  a consec  a consec	DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DOAL DOAL DOAL DOAL CONTROL DAY 6:51	t entar the	mpdd ying  bying  Homa inju	Cause gl	van in F	es c	24a, WAS AN PERFO XXXXYES :	AUTOPSY MED?	cene cureo auto	b. WERE. AMAILA COMPIO OF DE SACONDO DE SACO	AUTOPSY FI BLE PRIOR ETTON DE CATHE	INDINGS TO AUSE		
Shock, Dr IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially liet cond if sny, leeding to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other signific  25. WAS CASE REFERRED EXAMINER?  1	diseases, or cheart failure. Inal hittons, ediata YING jury ST Cent condition  To MEDICAL  Pending Investigation  Could not be detarmined	Cranic  Cranic  Cranic  Cranic  DUE TO  DUE TO  C.  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  C.  DUE TO	D (OR AS A D) (OR	ech line.  ebra a consec a consec a consec a consec but not re	DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DOAL  29b. Time INJU 6:51	t entar the	mpdd  b. PLA  Homa INJUIN WOR  Office	cause gli	van in F	es c	24a. WAS AN PERFO XXXXYES:  y one)  Ther (Specify)  DESCRIBE HOW  BSSENGE:  COATION (Street City or fown, State Cay CON I.	AUTOPSY RMED?  SINJURY OF IN and Number Road	cenecunes auto	b. WERE. AMAILA COMPIO OF DE SACONDO DE SACO	AUTOPSY FI BLE PRIOR ETTON DE CATHE	interest in the state of the st		
shock, pr IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially liet cond if sny, leeding to imm cause. Enter UNDERL CAUSE (Disease or in that initiated evants resulting in deeth) LA  PART II. Other signific  25. WAS CASE REFERRED EXAMINER?  1 Naturel 5  X Yes 2 NO  27. MANNER OF DEATH 1 Naturel 5  X Signification 3 Suleida s 4 Homicide  29a. CERTIFIER (Check only)	diseases, or cheart failure. In the condition of the cond	Cranio  a. Cranio  DUE TO  b. DUE TO  c. DUE TO  d	The course of th	ech line.  ebra  a consec	DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DOAL 28b. Time 18.19 6:51	of at the time,	mpdds.	Cause gives of DEA	wan in F	es c  Control  Contro	24a. WAS AN PERFOLENCY One)  Ther (Specify) DESCRIBE HOW AS SENGE! COCATION (Street City or Jown, State Carto(s) and markets and markets)	AUTOPSY PMED?  ROAD NO  Solinjury occin  and Number  Road  Ylan  mer as sta	cene council & Si	b. WERE AMAILA COMPLOF DE AMAILA COMPLOF DE AMAILA COMPLOF DE AMAILA COMPLOF DE AMAILA COMPLOF DE AMAILA COMPLOF DE AMAILA COMPLOF DE AMAILA COMPLOF DE AMAILA COMPLOF DE AMAILA COMPLOFICATION DE AMAILA COMPLOFICATION DE AMAILA COMPLOS DE AMAILA COMPLACA COMPLOS DE AMAILA COMPLOS DE AMAILA COMPLOS DE AMAILA COMPLOS DE AMAILA COMPLOS DE	AUTOPSY FI BLE PRIOR DE TONO (FES 2   1	nnonces nnonce		
shock, pr IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially liet cond if sny, leeding to imm cause. Enter UNDERL CAUSE (Disease or in that initiated evants resulting in deeth) LA  PART II. Other signific  25. WAS CASE REFERRED EXAMINER?  1 Naturel 5  X Yes 2 NO  27. MANNER OF DEATH 1 Naturel 5  X Signification 3 Suleida s 4 Homicide  29a. CERTIFIER (Check only)	diseases, or cheart failure. Inal hittons, ediata YING jury ST Cent condition  TO MEDICAL  Pending investigation  Could not be detarmined  RTIFYING PHYSI  DICAL EXAMINE	Cranic  Cranic  Cranic  DUE TO  DUE TO  DUE TO  C.  DUE TO  DU	The course of th	ech line.  ebra  a consec	DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DUENCE OF) DOAL 28b. Time 18.19 6:51	of at the time,	mpddiying	Cause gives of DEA	van in F  ATH (Check Idenca 8  ANO	es c	24a. WAS AN PERFOLENCY One)  Ther (Specify) DESCRIBE HOW AS SENGE! COCATION (Street City or Jown, State Carto(s) and markets and markets)	AUTOPSY PRIMED?  E IN NO  Solution and Number of the control of th	Cene counse auto a Si de	b. WERE ANAILA COMPIL OF DE XXXX	AUTOPSY FI BLE PRIOR DE TONO (FES 2   1	nnongs noongs noongs noongs noongs noongs noongs noongs noongs noongs noongs noongs		

111 Penn Street, Baltimore, MD 21201



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the part of the funeral director, page 5 should be detached to THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely med in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1, DECEDENT'S NAME (First, Middle, Las OSCAT	н)		Mi1	ler				2. DATE MONTH 07	OF DEATH		YEAR	TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER	DAYS	IF UNDE	R 24 HRS.	7. DATE (Month	OF BIRTH	1	BIRTHPL A	ce (State or Foreign
220-10-2109  9e. FACILITY NAME (If not institution, give		10		9h CITY	/ TOWN	OR LOCAT	ION OF D		17-17		Y OF DEAT	
Lions Manor		Home				erl		LAIII			egany	
RESIDENCE OF DECEDENT												VACCIONE DE LA COMPANION DE LA
	llegany		10c, CIT	Fro	stb	urg					1 [	LIMITS?  YES 2 NO
Rt. 1. Box	117				10	21	532				S A	COUNTRY?
11. MARITAL STATUS  1 Never Merried 2 Married  3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. AR	10		If yes, sp		an, Mexica	an, Puerto I	17 (Specify Yea Rican, atc.)	or No— 1	Specify:	American Indian, hite, atc.
15. DECEDENT'S E (Specify only highest gri		/G	CEDENT'S	work done			ina	16b	. KIND OF BUS	SINESS/INDU	2700	1.00
Elementary/Secondary (0-12)	College (1-4 or 5	+) Iffe.	arme	se retired.)	ourny in	ot or work	y		Farm	ing		
17. FATHER'S NAME (First, Middle, Last)									Middle, Maiden	Surname)		
Wesley Mille	r							n Ha				
19a. INFORMANT'S NAME (Type/Print)  Elizabeth Pa	tterson		Rt.						tburg			532
20s. METHOD OF DISPOSITION		20b, PLACE	OF DISPOS	SITION (N	ame of ce	metery, cre	metory or		20c. LO	CATION - C	ty or Town.	State
1 Buriel 2 Cremation 3 R 4 Donalion 5 Other (Specify)	amoval from Stale	Fr	ostl	ourg	Me	mor	ial	Par.	k Fr	ostb	arg,	Md.
23. FANT . Enter the diseases, ahock, or heart fellur	or complications the	at caused the de	ath. Do r	not anter								Approximata Interval Between Onset and Da
disease or condition resulting in death)	e,	Rend	Jarle	in								6 mo
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO	O (OR AS A CONSE	ULLI DUENCE OF	F):	de	en						loglan
PART II. Other aignificant condit	ions contributing to		resulting	in the u	nderlyin	g ceuse	given in	Part I.	24a. WAS AN PERFOR	RMED?	AM CC OF	ERE AUTOPSY FINDIN AILABLE PRIOR TO IMPLETION OF CAUSI COEATH?  YES 2 NO
25. WAS CASE REFERRED TO MEDICAL					28. P	LACE OF	OEATH (C	heck only o	10)	_		
EXAMINER?  1 Tes 2 No	HOSPITAL:	☐ ER/Outpatient 3	□ DOA	OTHE		ne 5 🗆 F	Residence	8 🗆 Othe	er (Specify)			
27. MANNER OF DEATH  1 Netural 5 Pending		F INJURY Day, Year)	28b. TIM	IE OF JURY	W	JURY AT ORK? YES 2	□ NO	28d, DE	SCRIBE HOW	NJURY OCCI	JAED	
2 Accident Investigation 3 Suicide 6 Could not determined	28e. PLACE o	OF INJURY — Al ho , atc. (Specify)	ome, farm,	street, fac	tory, offic	20		28f. LOC City	ATION (Street or Town, State)	and Number o	r Rural Rout	e Number,
					_	_						
anni	YSICIAN: To the best of											of manner on states
(Check only one) 2 MEOICAL EXAM	INER: On the beels of					daeth occ	ured at the	e lima, dete		d due to the	cause(s) ar	
(Check only	INER: On the beels of					daeth occ		e lima, dete		d due to the	cause(s) ar	orith, Day, Year)

PLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

M.D.

Breza,

3 0 1990

George M.

31. DATE FILED (Month, Day, Year)

912 Seton Drive, Cumberland, MD 21502

DHMH-18 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR

## TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Is TO THE FUNERAL DIRECTOR: After this certificate has be filed within 72 hours after death with the State De IMPORTANT: It item 28 is marked, or item 2

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

I	B	1	J
	Ž	J	f
	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.		
	per 1		
	ansi		
200	ial-tr		
	P		
2	the		
2	38		
i i	use		
	Ď		
200	hed		-
2	etac		nce
5	9		it o
2	모		P
2	Shoe		H
3	40		and a
2	page		e d
	100		ist
2	Frech		2
3	aj d		Inn
neo	hune		mes
5	the	Maj.	in in
0	3	emo	dies
3	u p	0	E
-	fille	10U	9
	stely	mat	H
	mple	C.	Neve
200	00	inal	10
3	and	o Di	mai
3	cian	10	THE .
200	Mysi	e pr	ar th
	1 00	gien	the
	endi	Ŧ	ě
000	att	enta	2
200	J.	M	Ī
1001	D D	h an	Aug
200	Sign	tealt	35
200	Lee .	10	thos
ME	S	ept.	23 6
2	e ha	te D	W.
	ficat	Sta	all .
200	certi	the	0
MIND PRINCIPLY. THE MAY INCHARD THAT HE DESCRIPTION OF THE PRINCIPLY OF TH	this	death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	marked or item 23 shows any injury or other traumatic event the medical examiner must be notified at once
000	ter t	ath	mar
E	A	9	-

STATE OF MARYLAND / DEPARTMENT	OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE	OF DEATH	REG. NO.

FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTME			ENTAL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)		OLITI IOA	IL OI DE	T	2. DATE OF DEATH		3. TIME OF DEATH
Raymor	nd Walter N	orroomor			MONTH DAY	1990 YEA	
4. SOCIAL SECURITY NUMBER	5. SEX Male 8. AGE (In		IDER 1 YEAR # UI		7. DATE OF BIRTH		RTHPLACE (State or Foreign
181 07 5568	1 M 2 □ F 70	YRS. MONTH		RS MIN.	Nov. 5, 19	Co	Penna.
9e. FACILITY NAME (If not institution, give a	reet and number)	9b. C	TY, TOWN OR LO	CATION OF DEA	тн	9c. COUNTY C	F DEATH
Kent and Queen A	nnes Hospita	1 , Inc. Cl	hesterto	wn		Kent	
RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY	,	10c CITY TOW	N OR LOCATION				10d. INSIDE CITY
Maryland Ken		Rock H					LIMITS?
10e. STREET AND NUMBER			10f. ZIP C	ODE		10g. CITIZEN	OF WHAT COUNTRY?
# 6 South Haw	thorne Ave.		2	1661		1	JSA
11. MARITAL STATUSMarried	12. WAS DECEDENT EVER IN				ORIGIN? (Specify Yee	or No- 14. F	RACE — American Indian, Black, White, etc.
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 X YES IF YES, GIVE WAR OR DA		1 TYES 2		Puerto Rican, etc.)		Specify:
	 	WW 2			NO		White
15. DECEDENT'S EDU- (Specify only higheat grade	completed)	18a. DECEDENT'S USUAI (Give kind of work do life. Do NOT use retire	one during most of w	rorking	16b. KIND OF BUS	INESS/INDUSTF	TY .
Elementary/Secondary (0-12)	College (1-4 or 5 +)	Car Sales	*		Automo	biles	
17. FATHER'S NAME (First, Middle, Last)			16.1	MOTHED'S NAM	E (First, Middle, Maiden S	Sumama!	
	lliam Newcome	er	10. 1	Rui		surnemey	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDR	IESS (Street and Nu	mher or Rural Ro	oute Number, City or Town	State Zin Code	a)
Dorothy Newcomer	(Wife)						11, Md. 21661
	rial 20b.	PLACE OF DISPOSITION	(Name of cemetery,	crematory or	20c. LOC	ATION — City of	or Town, State
1 Surial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State Ho	oly Trinity	y Cemete	ry (7/	13/90) Co	lumbia	, Pa.
21. SIGNATURE OF UNERIAL SERVICE LIC			22. NAME AND AD		LITY		
1 (1)	Ilis (1	0000	J. Will	is Wel		O. Box	# 264 Md. 21620
23. PART I. Enter the disease, or o	complications that caused	the death. Do not er					Approximate
	Liet only one cause on as		iter the mode of	dynig, such	aa cardiac or reapi	atory arrest,	Interval Between
IMMEDIATE CAUSE (Final disease of condition	Δ .	a l	Λ.	+			Onset and Deeth
resulting in death)	· Carbion	phusenes of	y Hr	cresi			
	DUE TO (OR AS A	BOO M.		01 -	10/00/00		
	DUE TO (OR AS A	CONSEQUENCE OF):	veguie	CIT	-7020		
If any, leading to immediate cause. Enter UNDERLYING							
CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):					
resulting in death) LAST	d						
	•						
PART II. Other significent condition					Part 1. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
Lev Kopenia,	THROM BOCK to	peua,	COPD,	HBP	1 YES 2	□ NO	OF DEATH?
					_		1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТІ	26. PLACE (	OF DEATH (Chec	ck only one)		
1 TYES 2 NO	1 Inpetient 2 - ER/Outp	itlent 3 DOA 4 D	Nursing Home 5	· ·			
27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY A WORK?		28d. DESCRIBE HOW II	VJURY OCCURE	D
2 Accident Investigation			1 YES				
3 Suicide 6 Could not be 4 Homicide determined	building, atc. (Speci	— At home, farm, street,	ractory, ornee		28f. LOCATION (Street e City or Town, State)	na number or H	urai Houte Number,
200 CERTIFIER							
(Check only	CIAN: To the best of my knowledge						
2 MEDICAL EXAMINE	R: On the basis of examination	and/or investigation, in	my opinion, death o	occured at the t	lme, date and place, an	d due to the car	use(a) and manner ea stated.
296. SIGNATURE AND TITLE OF OF THE	21.1		Jr. I a	LICENSE NUM	BER		NED (Month, Day, Year)
(with		OHN C. ARRA	ABAL 0	2388	9	<b>&gt;</b> 7,	10/90
30. NAME AND ADDRESS OF PERSON WI			md &				
MIDTOWN H	all CHESTS	estown	Md o	169	-0		
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	CONTRACTOR CONTRACTOR			•		

DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
AR	CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR	TATE OF MARYL		MENT OF HE		MENTAL HYGIEN	E		4/18
	1. DECEDENT'S NAME (First, Middle, Lest)	EDWARD	NEERGA			2. DATE OF DEATH MONTH DA	1990	YEAR	TIME OF DEATH 4:45 P. M
					IF UNDER 24 HRS.	7. DATE OF BIRTH			CE (State or Foreign
	407-36-8729 15 9a. FACILITY NAME (If not institution, give atreet	M 2 D F 58	B YAS.		LOCATION OF DE	02-07-32		Country)	ESSEE
20	3204 SADIE LANE			LAPLAT			CHAR		
DINECTOR	100. STATE 10b. COUNTY MARYLAND CHARLE	S	10c. CITY, 1 LAPL	ATA	DN				I. INSIDE CITY LIMITS? YES 2 X NO
	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZI		COUNTRY?
	3204 SADIE LANE			2	0646		U.S.	Α.	
DI FUNENAL	11. MARITAL STATUS  1 Never Merried 2 Namined  3 Widowed 4 Divorced	WAS DECEDENT EVER FORCES? 1 7 YES IF YES, GIVE WAR OR E	IN U.S. ARMED 2 NO DATES	If yes, spec	NDENT OF HISPAN Ity Cuben, Mexica NO Specify	IIC ORIGIN? (Specify Yee n, Puerto Ricen, atc.)	or No-	14. RACE — Black, W Specify: WH	112.61
3	15. DECEDENT'S EDUCATION (Specify only highest grade com	ON pleted)	16a. DECEDENT'S US	UAL OCCUPATION	of working	16b. KIND OF BUS			
	Elementary/Secondary (0-12) Co	hllege (1-4 or 8+)	MECHANI	etired.)		U.S. I		ORI	DIANCE
	17. FATHER'S NAME (First, Middle, Last)	+	PECHANI			ME (First, Middle, Meiden			
١	RICHARD WILLIAM	NEERGAAR	D		IONA N		Common		
O DE	19e, INFORMANT'S NAME (Type/Print)					Route Number, City or Tow			
	DEBORAH NEERGAAR					Y, COLUM			
	20a. METHOD OF DISPOSITION  1	from State	other place) LEE CRE	MATORY			NTON,		State
	21. SIGNATURE OF FUNERAL SERVICE LICENS	EE /	0	22. NAME AND	ADDRESS OF FA	RAL HOME			
	> Michael C	J. Kogn	rosel	LA PLA	ATA, MAF	RYLAND 20	646		
NO	23. PART I. Enter the diseases, or come ahock, or heart failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions,	DUE TO (OR AS	each line.		J arr		natory arre	est,	Approximate Interval Between Onset and Death
CENTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):	V					
M. MEDICAL	Cercural Meta						RMED?	AM CO	RE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		26. PLA	CE OF DEATH (Ch	eck only one)			
1 SYES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 X Residence 6 Other (Specify)									
1 Metural 5 Pending (Month, Day, Year) INJURY WORK?  M 1 YES 2 NO									
בר ס	2 Accident investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJUR building, atc. (Sp	Y — At home, farm, atre	eet, factory, office		261. LOCATION (Street City or Town, State)		or Rural Rout	e Number,
COMPLEIED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN 2 MEDICAL EXAMINER: O								nd manner as stated.
O DE	29b. SIGNATURE AND TITLE OF CERTIFIER	snath	Attending	Physician	29c. LICENSE NUI	87	29d. DATE	SIGNED (M.	onth, Day, Year) - 90
-	30. NAME AND ADDRESS OF PERSON WHO CO	7C POS	TOFFIC		, WAL	DORF,	m).	206	02
	31. DATE FILED (Month, Day, Year)  JUL 2 0 '90	32. REGISTRAR'S SIG	MATURE BONDER						

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1	-	FOR STATE REGISTRAR

1	- STATE REGISTRAR		CERTIF	ICATE OF	DEATH	REC	3. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) FRANK W. OMAN	100				2. DATE OF DE		950°	3. TIME OF DEATH 3:10 a. M	
H	4. SOCIAL SECURITY NUMBER	5. SEX 8. AG	E (In yrs. last birthday)		IF UNDER 24 HRS.	7. DATE OF BIR	тн	e. BIRTH	IPLACE (State or Foreign	
	354-07-6070	1 💢 M 2 🗆 F	76 YRS.	MONTHS DAYS	HOURS MIN.	11/18	3/13		ton, Md.	
- 11	DVA Medical Centers of December 1		ard,Md.	Baltim	OPE	EATH		Baltin		
DIREC	Maryland Talb		10c. CIT	y, town dr loca ston	TION				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	10. STREET AND NUMBER  127 Harrison Stre	et		10	1. ZIP CODE 21601		10g. (		S.A.	
B	11. MARITAL STATUS  1 Never Married 2 Married  3 Divorced	12. WAS DECEDENT EVER FORCES? 1 1 YE IF YES, GIVE WAR OF 4/30/42 -	S 2 NO	Il yes, s	CENDENT OF HISPAI Decify Cuban, Maxica S 2 XNO Specif	en, Puerto Rican, e		- 14. RACI Black Speci	E — American Indian, k, Whita, atc. #y: White	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed)  College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during more retired.)	ON osl of working		of Business/			
	17. FATHER'S NAME (First, Middle, Last)	3	1 obcom	etrist	16. MOTHER'S NA	ME (First, Middle,				
W L	Samuel Oman					Larkin		0,0		
0	198. INFORMANT'S NAME (Type/Print)	on Et Hon			and Number or Rural			Zip Code)		
	DVA Medical Cent  20a. METHOD OF DISPOSITION 7/ 1 □ Burlal 2 Oxcremetion 3 □ Ramo		20b. PLACE OF DISPO				20c. LOCATION	City or To	own, State	
	1 Burial 2 Commation 3 Ramo 4 Donation 5 Other (Specify)	val from State	Eastern	Shore	Cremato	orium	Georg	getow	vn DE	
	21. SIGNATURE OF FUNERAL/SERVICE LICENSEE  **M. E. Derollon II CESP  22. NAME AND ADDRESS OF FACILITY  Newnam Funeral Home  Easton, Maryland									
CEHIIFICALION	iMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	HYPERTENS DUE TO (OR A	S A CONSEDUENCE C	of): IOVASCUL of):	AR DISEA:	SE			4 DAYS YEARS	
DICAL TOTAL	PART ii. Other algorificant conditions contributing to death but not resulting in the underlying ceuse given in Part I.  CVA, EMPHYSEMA  24a. WAS AN AUTOPSY PERFORMED?  YES 2 NO							. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF OEATH7  1  YES 2 NO		
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL			28.1	PLACE OF DEATH (C)	heck only one)				
35	EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpetient 2   ER/C	Outpetient 3 DOA	OTHER:	me 5 🗆 Residence	8 Other (Spec	Hy)			
BY PH	27. MANNER OF DEATH  1 N Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  M 1 YES 2 NO								
- 11	3 Suicide 8 Could not be determined	Could not be 28s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28s. LOCATION (Street and Number or Flural Route Number, City or Town, State)								
COMPLEIED	29a. CERTIFIER (Check only one) 1 X CERTIFYING PHYSIC 2 MEDICAL EXAMINEI	CIAN: To the best of my kr R: On the basis of examina							a) and menner as stated,	
BE C	296. SIGNATURE AND TITLE DE CENTRE	Tewan			29c. LICENSE NU	MBER	29d. I	DATE SIGNED	0 (Month, Day, Year)	
	PETER JUVAN,	/	OEATH (ITEM 27) (Typ NORTH POI		FORT HO	WARD, M	IARYLAN	D 21	052	
	31. DATE FILED (Month, Day, Year)  JUL 1 9 '90	32. REGISTRAR'S S		e						

BALTIMORE, MARYLAND 21203-3146	ir death. Page 6 may be retained by the hospital or attending physician.	been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page 1.0. of Health and Mertal Hygiene prior to burial, cremation, or removal.	examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the label within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

-31-90 cm	LLD AT II.	EVELLI DE	FI						(	90	21178
FOR STATE REGISTRAR	S	TATE OF MA				F HEALTH AND	MENT		E		21170
1. DECEDENT'S NAME (First, I	Middle, Last)			CENTIF	ICATE	DE DEATH	2. D/	REG. NO.			3. TIME OF DEATH
RODNEY J P	PREISSI	FR. SR					O MC	7 1.	-	90	11:28 P *
4. SOCIAL SECURITY NUMBE			AGE (In yrs.	last birthday)	IF UNDER 1 YE		7. DA	ATE OF BIRTN lonth, Day, Year)			PLACE (State or Foreign
213-30-7421	1%	M2 F	5	6 YRS.	MONTHS DA	HOURS MIN.	Ma	ar. 30,1	934		yland
9a. FACILITY NAME (If not inst	titution, give street a	and number)			9b. CITY, TO	WN OR LOCATION OF D				NTY OF D	EATH
NORTH ARUN		SPITAL			GLE	EN BURNII	E		AN	INE .	ARUNDEL
	10b, COUNTY			10c. CIT	Y, TOWN OR L	OCATION				T	10d. INSIDE CITY
Maryland	Anne A	rundel		G1	en Bur	nie					LIMITS?
10e. STREET AND NUMBER						10f. ZIP CODE			10g. CIT	IZEN OF W	THAT COUNTRY?
7505 01d Sta	age Rd.					21061			U.S	S.A.	
11. MARITAL STATUS		WAS DECEDENT E			13. WAS	DECENDENT OF NISPA	ANIC ORI	IGIN? (Specity Yes	or No-	14. RACE Black	- American Indian, White, stc.
1 Never Married 2XX N 3 Widowed 4 Divorce	Med 1100	orean Co	OR DATES		10	YES 2 X NO Spec	Hy:	rio riioani, oto.)		Specif	
15. DECE	DENT'S EDUCATION			DECEDENT'S	USUAL OCCU	PATION		16b. KIND OF BUS	INESS/IN	DUSTRY	WITTLE
(Specify only Elementary/Secondary (0-1	highest grade comp	oleted) ollege (1-4 or 5 +)		(Give kind of a	work done during se retired.)	ig most of working				5501111	
		2	C	orrect	ional	Officer 0		Law Enf	orce	ement	
17. FATNER'S NAME (First, Mid	ddle, Last)					- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		st, Middle, Maiden	Surname)		
George J. Pr		, Sr.				Helen					
19a. INFORMANT'S NAME (7/7						reet and Number or Rura					
M. Patricia		er	Last Die			cage Rd.,		- Y-			
1X Buriel 2 Cremation	n 3 🗌 Removal	from State	Mea	dowrid	ae Men	norial Par	k			City or To	
21. SIGNATURE OF FUHERAL		EE	1100	40111 10				IDONS	ey,	пома	rd, Marylar
124	>/1	211	. 1			kley Fune					MD 03/
23. PART I. Enter the dis	teases or come	alications that o	nuend the	death Do		Crain Hw					
ahock, or he	ert failure. List	only one cause	on aach i	line.	ive arrear trie	i mode or dying, ad	A	arulac or respi	etory at	reat,	Approximete interval Between Onset and Daath
IMMEDIATE CAUSE (Fine disease or condition	01	Acu	ti	IMO	CALL	hal lake	200	fa-			Onset and Death
resulting in death)	a	DUE TO (OF	AS A CON	SEQUENCE O	F): (	000	2				
	C b.	verta	ial	on	Fib	villat	700	To			
Sequentially list condition if any, leading to immed	lleta e	DUE TO (OF	AS A CON	SEQUENCE O	F):	2		, -			
CAUSE (Disease or Injur		DOCH	enic	DECLIENCE O	F/	nclo co	10	liles			
that initiated events resulting in death) LAST		Vant -	i/	OPIAC	n n	enlasse	000	W			i
	d	000176		COG		jane	7002				
PART II. Other algoritican	t conditions co	entributing to da	ath but no	ot resulting	in the under	rlying cause given in	n Part I	. 24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
517 N	metjo	UP	b	nas	etu	res		1 WES 2	□ NO		OF DEATH2
											1 YES 2 NO
25. WAS CASE REFERRED TO	WEDION!										
EXAMINER?	HC	SPITAL:			OTHER:	26. PLACE OF DEATH (C					
27. MANNED OF DEATH	110	Inpatient 2 El	JURY	28b. TIN	E OF 28	Home 5 Residence	_	Other (Specify) DESCRIBE HOW I	NJURY OC	CURED	
	Pending nvestigation	(Month, Day,	Year)	IN	JURY	WORK?					
2 Sudalda	Could not be	28e. PLACE OF III building, etc.	VJURY — A	t home, farm,	street, factory.	office		LOCATION (Street a	and Numbe	or or Rural R	loute Number,
4 Homicide d	letermined		· (opoony)					only or rown, stately			
	FYING PHYSICIAN	: To the best of my	knowledge	, death occurr	red at the time,	dete and place, and du	ue to the	cause(a) and mer	nner as str	rted.	
one) 2 MEDIC	CAL EXAMINER: O	n the basis of exam	Instign in	or investigation	on, in my opini	on, death occured at th	ne time, «	date and place, an	d due to t	he cause(a	) and manner as stated.
29b. SIGNATURE AND TITLE	OF CERTIFIER	0//	1		M	29c. LICENSE NI	UMBER	00/	29d. DA	TE SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS OF	PERSON WHO CO	OMPLETED CAUSE	OF DEATH (	ITEM 27) (Type	p, Print)	KU>(	C	10/		1/16	140
GIORA A PR	RAFF, M	.D. 46			HWY S	SW #302 0	GLEI	N BURN	ſΕ,	MD.	21061
JUL 17 19	90 delie	32. REGISTRAR'S	SIGNATUR	E							
	()	anguman a de la de de de de despesa de	Anna Park	4							

DHMN-16 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VIAL HECCHOS, P.C. BOX 13146,  TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Annual filed in by the funeral director, page 5 may be retained by the hosp. To THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed in by the funeral director, page 5 should be detache for filed with the State Dept. of Health and Mental Hyghere prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISIC IOSPITAL OR ATTEND UNERAL DIRECTOR: / rithin 72 hours after d

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM CERTIFIC			MENTAL HYGIEN		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
Katherine	R.	Peterson			MONTH.		2255 M
4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	July 18.	8.1	BIRTHPLACE (State or Foreign
217-42-8746	1 - M 2 X F	80 YRS.	ONTHS DAYS	HOURS MIH.	(Month, Day, Year) Jan. 13, 19		Tenn.
9a. FACILITY NAME (If not institution, give st	reet and number)	91	b. CITY, TOWN (	OR LOCATION OF DE		9c. COUNTY	
Calvert Memorial			Prince	Frederi	.ck	Ca	lvert
10a. STATE 10b. COUNTY		10e. CITY, T	OWN OR LOCAT	ION			10d, INSIDE CITY
MD	Calvert	Pri	nce Fre	derick			LIMITS? 1 YES 2 TONO
10e. STREET AND NUMBER	OULVELO	1 1 1 1		ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
0.4 (0)	- 3			0 1.1.5		3.18	
84 Chesapeak	12. WAS DECEDENT EVER	IN II S. ADMED	12 WAS DEC	206	) / B NIC ORIGIN? (Specify Ye	US	RACE — American Indian,
Never Married 2 Married	FORCES? 1 YE	3 2 X NO	If yes, sp	ecify Cuban, Mexica	in, Puerto Rican, etc.)	14.	Black, While, atc.
3 💢 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR	DATES	1 L YES	2 X NO Specifi	y:		SpecHy: white
15. DECEDENT'S EDUC	CATION	16a, DECEDENT'S US	UAL OCCUPATION	ON -	18b. KIND OF BU	SINESS/INDUST	TRY
(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of world life. Do NOT use n	k done during mo etired.)	st of working	2.00		
12	Conlege (I-4 of 5 +)	Editor			Federa	1 Cover	nment
17, FATHER'S NAME (First, Middle, Last)		Dartot		18, MOTHER'S NA	ME (First, Middle, Maider		nmeno
Samuel E. Rushin	α			Emma	Totty		
19a. INFORMANT'S NAME (Type/Print)	9	19b. MAILING AL	DDRESS (Street a		Route Number, City or Toy	yn, State, Zip Coo	de)
Robert Spires		***************************************			Ashton, M		
ROBEL C SPILES		0b. PLACE OF DISPOSITI				CATION — City	
Burlal 2 Cremation 3 Rema	oval from State	other place)					
Donation 5 Other (Specify)		Arlington		al Cemeta		lington	VA.
A/M /	24		22. NAME A	NU ADDRESS OF PA	GLIT		
· Willeam K	· - xrose		Rauso	ch Funera	al Home, O	wings M	ID 20736
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS	OF OVARY WE A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):	ith met	astases			
PART II. Other significant condition	a contributing to death	but not resulting in	the underlyin	g cause given in		N AUTOPSY	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
					1 TES	_	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (C/	heck only one)		
EXAMINER?	HOSPITAL:		THER:	ne 5   Residence	8 Other (Specify)		
27. MANNEPOF DEATH	28a. DATE OF INJUR	Y 28b. TIME (	OF 28c, IN.	JURY AT	28d. DESCRIBE HOW	INJURY OCCUR	NED
1 Natural 5 Pending	(Month, Day, Year			YES 2 NO			
2 Accident Investigation	28a PLACE OF INJUL	RY — At home, farm, stre			281, LOCATION (Street	and Number or	Rural Boute Number
3 Suicide 8 Could not be determined	building, etc. (S		out, factory, office	-	City or Town, State		e age as a constant a service of
(Critical Driny	CIAN: To the best of my kn						euse(e) end manner ee stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	8	)		29c. LICENSE NU	MBER	29d. DATE S	IGNED (Month, Day, Year)
	Clowa			1130	77		-19-90
30. NAME AND ADDRESS OF PERSON WI			rint)	1-0000			- 10
	ji, M.D.	Prince		ick, Mary	7land 2067	8	
31. DATE FILED (Mornth, Day, Year)	32 REGISTRAR'S SI	on-Handall					



DHMH-16 Rev 1/89

detach		once.
2		Ħ
S should		otified
age		ber
irector, p		must
funeral d	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	tiem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
章	Z.	e
2	nemer .	dici
드	6	E
E E	, 00	he
npletely	cremat	vent, 1
00	rial,	9 3
and	pa	te d
Sician	orior to	traun
F	Je L	her
ding	ygie	등
then	西	0
the a	Ment	njury
1 50	and	E
igne	ealth	60
en s	H JG	P
ě	젊	3
has	8	n 2
icate	State	fer
Sertif	the	0
his c	With	ked
After t	leath .	mar
JR:	ter c	8 18
ECL	s af	1 28
OFF	hour	Hen

	1 - FOR STATE OF MAR	YLAND / DEPARTMENT OF HE CERTIFICATE OF I		TAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)		2. 0/	TE OF DEATH		3. TIME OF DEATH
	HARRY T.	PHOEBUS	, MC	7 14	90	6:05 A M
		GE (In yrs. lest birthday) IF UNDER t YEAR	(1)	TE OF BIRTH		HPLACE (State or Foreign
	218-02-0292 1 DM 2 DF	22 YRS. MONTHS DAYS		-27-68	Count	cvland
	9e. FACILITY NAME (If not institution, give street and number)	9b. CITY, TOWN OR	LOCATION OF DEATH		COUNTY OF	
5	Peninsula General Hospita	1 Sali	sbury		Somer	set
DIRECTOR	RESIDENCE OF DECEDENT				Domer	
끮	10e. STATE 10b. COUNTY	10c. CITY, TOWN OR LOCATIO				10d. INSIDE CITY
	Maryland Wicomico	Salisbury				1 VES 2 NO
FUNERAL	10e. STREET AND NUMBER		ZIP CODE	10g.	CITIZEN OF	WHAT COUNTRY?
9	1016 Beaglin Park Drive		21801		U.S.	
5	11. MARHTAL STATUS  1 Never Merried 2 Merried  12. WAS DECEDENT EV FORCES? 1		NDENT OF HISPANIC OR		- 14. RAC Bled	E — American Indian, ck, White, etc.
BY	3 Widowed 4 Divorced				Spec	
	15. DECEDENT'S EDUCATION	16e. DECEDENT'S USUAL OCCUPATION		16b. KIND OF BUSINESS	//NIDIIOTEV	White
COMPLETED	(Specify only highest grade completed)	(Give kind of work done during most ille. Do NOT use retired.)		Clerk of		Circuit
7	Elementary/Secondary (0-12) College (1-4 or 5+)	· · · · · · · · · · · · · · · · · · ·		Court Of	fice	Som. Cour
Ž	17. FATHER'S NAME (First, Middle, Last)	Assistant	40 MOTHERIO MANE (E)			
8			18. MOTHER'S NAME (File		ne)	
BE	I . THEODORE PHOEBUS  190. INFORMANT'S NAME (Type/Print)	Lan Marine (Special Co.	ANN PET		- 71- O- 4-)	
2	Design of the state of the stat	19b. MAILING ADDRESS (Street end				3.5.3
	I . THEODORE PHOEBUS  208. METHOD OF DISPOSITION	Prince Willi				
	1 Burial 2 Cremation 3 Removal from State	20b. PLACE OF DISPOSITION (Name of ceme other place)		20c. LOCATION		
	4 □ Donetton 6 □ Other (Specify)	St. Andrews Epi	ADDRESS OF FACILITY		Anne,	Md. 21851
	. ( )		nan Funer			
	Jam & Minn h	M00295 Prin	cess Ann	e, Md. 2	1853	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):				Onset and Death
Ë	d					1
AL	PART II. Other algnificant conditions contributing to dea	th but not recuiting in the underlying	ceuse given in Part	I. 24s, WAS AN AUTO PERFORMED?		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
PHYSICIAN: MEDIC				1 🔀 YES 2 🗌 N	0	OF DEATH?
¥						1 XYES 2 NO
ż						
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	26. PLA	ACE OF DEATH (Check on	ly one)		
S	1 □XYES 2 □ NO 1 □ Inpatient 2 🗵 ER		5 Residence 6 C	Other (Specify)		
H	27. MANNER OF DEATH 20s. DATE OF INJ (Month, Day, )	har) INTURY WOR	2407	DESCRIBE HOW INJURY	OCCURED	
ВУ	1 Netural 5 Pending 7-14-	90 4:50a M 1□ Y	ES 2 NO	Oriver of a	auto t	hat lost
	3 Suicide e Could not be 26e. PLACE OF IN	JURY — At home, ferm, street, factory, office (Specify)	2ef.	LOCATION (Street and Nu City or Town, State)	imber or Rura	Anute Number
里	4 Homicide determined	road		13, Md 413		
7	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my	knowledge, death occurred at the time, date a	and place, and due to the	cause(s) and manner s	e stated.	
COMPLETED	one) 2 X MEDICAL EXAMINER: On the basis of exam					(a) and manner as stated.
	Sept BIGHATURE AND TITLE OF CENTRIES		29c. LICENSE NUMBER	20.4	DATE SIGNE	ED (Month, Day, Year)
BE	Was to Yell I	110	OCME	<b>&gt;</b>	7-14	
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE O	F DE ATH UTEM 27) (Type Print)	OCLIE		1 - 12	7 90
	Mario F. Golle, Jr., M/D		treet	Baltimore	, MD	21201
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S				,	
		idson-Rendell				
	n iii i k 411   400a 000	JEDON-Naulner				

The service of the se  e medical examiner must be notified at once.

CA	1 p	#5
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely its flad within 72 hours after death with the State Deot; of Health and Mental Hygiene prior to burial, cremation	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, th
ted	19 E	6
noe	E B	aff
8	5 5	Ē
9	왕은	2
icat	phy of	-
ertif	Die die	등
5	子	6
Jeat	atte	ž
he	Me	큳
at t	a de	-
\$	のま	8
alre	Sign	¥
8	9	4
W.	S b	3
9	a de	E
-	Stat	5
CIA	The st	6
S	SCI	Ď,
王	= 3	ž
ING	oatt	Ē
9	A P	-09
Ē	8	28
OR A	DIRE	tem
Z	30	=
F	ER.	Ë
호	21	M
뽀	무	R
DI	TO	F
-	- 5	_

	G-668 10-18-90 cm								20	21101
	FOR 1 - STATE	STATE OF MAR					MENTAL HYGIEN	E		
-	REGISTRAR		CER	TIFICAT	E OF	DEATH	REG. NO.		1	
,	1. DECEOENT'S NAME (First, Middle, Last)	Popow	11				2. DATE OF DEATH	" 9	YEAR 3.	690 M
	4. SOCIAL SECURITY NUMBER		GE (In yrs. last birth	MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	7, DATE OF BIRTH (Month, Day, Year)		Country)	CE (State or Foreign
	216 42 6328	1 - M 2 DE	7.7. Y	RS.			July 6,19	913	Ohi	0
_ ]	9e. FACILITY NAME (If not institution, give at	reet end number)		9b. Cl1	ry, town (	R LOCATION OF DE	ATH	9c. COUN	ITY OF DEATH	•
5	Anne Arundel M	Anne Arundel Medical Center						An	ne Ar	undel
RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  10c. CITY, TOWN OR LOCATION  10d.									100	I. INSIDE CITY
								LIMITS?		
	10e. STREET AND NUMBER	10 411440			<del></del>	. ZIP CODE		10g. CITIZ	ZEN OF WHAT	
FUNERAL	5 Kirkley Road	1				2140	1	1	U.S.A	
<u> </u>	11. MARITAL STATUS	12. WAS DECEDENT EVE		10		ENDENT OF HISPAN	IC ORIGIN? (Specify Yes		14. BACE -	American Indian
	1 Never Merried 2 Merried	FORCES? 1 TY	YES 2 NO			cify Cuben, Mexices 2 NO Specify	n, Puerlo Rican, etc.)		Black, Wi Specify:	site, etc.
ğ	3 🔀 Widowed 4 🗌 Divorced	1943-1	945						Whit	е
삗	15. DECEDENT'S EDUC (Specify only highest grade		(Give ki	nd of work don	e durina ma	ON st of working	16b. KIND OF BUS	SINESS/IND	USTRY	
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do I	NOT use retired	.)			~		
COMPLETED		5 +	Т	eache	r		Publi		hools	
	17. FATHER'S NAME (First, Middle, Last)	miros in a popular				All and the second	ME (First, Middle, Maiden			
BE	19e, INFORMANT'S NAME (Type/Print)	THOMAS EBI	ERST 10h M	ALL ING ADORE	eg /Street s		Hall MAF			
임	Contract Manager Manager						nnapolis			17
	Nikia Popow	T				metery, crematory or			City or Town,	
	1 Burial 2 Cremation 3 Remo	oval from State	other place)						dria.	11144
	21. SIGNATURE OF FUNERAL SERVICE LIC	EHSEE /	Metrop	2	2. NAME A	remator	ral Chap	- 7		
	Lung Odl 1:	1 to		13	ayl	or rune	ter St.,	у 6 Т		21401
	23. PART I. Enter the diseases, or o	emplified one that one	used the death							Approximate
	shock, or heart fallure.	List only one cause of	on asch lina.	DO HOL BILL	en titel tric	da oi dynig, adoi	r as cardiac or reap	natory str	out,	Interval Between
	IMMEDIATE CAUSE (Finel disease or condition	11.0	alec	-	,		0.11			3 Mon T45
	resulting in death)	DUE TO (OR	AS A CONSEQUE	NCE OF):	16	arge	eu			2 max 149
_										
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate	OUE TO (OR	AS A CONSEQUE	NCE OF):						
<b>8</b>	cause. Enter UNDERLYING CAUSE (Disease or injury	c								
E	that initiated events	DUE TO (OR	AS A CONSEQUE	NCE OF):						
H	resulting in death) LAST	d								
_	PART il. Other significant condition	a contributing to dea	th but not resu	Iting in the	underlyin	g cause given in			24b. WE	RE AUTOPSY FINDINGS
<u>8</u>							PERFO	- 1	co	AILABLE PRIOR TO IMPLETION OF CAUSE
							_   ' ' '' '	MIN		DEATH?
≥ :			*				_			3 140 0 4 4 110
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL				26. P	LACE OF DEATH (Ch	eck only one)			
Sic	EXAMINER?	HOSPITAL:	/Outpatient 3 🗆 I	DOA 4 1 N		ne 5 🗆 Residence	8 Other (Specify)			
E	27. MANNER OF DEATH	26e. OATE OF INJU		b. TIME OF	28c. IN.	JURY AT	28d. DESCRIBE HOW	INJURY OC	CURED	
ВУ	1 Natural 5 Pending 2 Accident Investigation			М	1 🗆	YES 2 NO				
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF IN. building, etc.		farm, street, f	actory, offic	:0	261. LOCATION (Street City or Town, State		r or Rural Rout	» Number,
ET										
7	(Orrook Orn)	CIAN: To the best of my I	knowledge, death	occurred at th	e time, date	and place, and due	to the cause(e) and ma	nner as stat	ted.	
COMPLETED	one) 2 MEDICAL EXAMINE	R: On the basis of exami	nation end/or inve	stigation, in m	y opinion,	leath occured at the	time, date and place, e	nd due to th	he ceuse(e) en	d menner ee stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIES					29c. LICENSE NUI				onth, Day, Year)
TO B	Merid (1.	SCENNES TO COMPLETED CAUSE O ARNES	MA			1152	764	1	180	180
F	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE O	F DEATH (ITEM 27	(Type, Print)	1	11.	cd col	042	, An	realis
	VMU(1) (. 15)	MOUES	vel)	5 /	180	MECCO	ST, SUL		M	10475 10

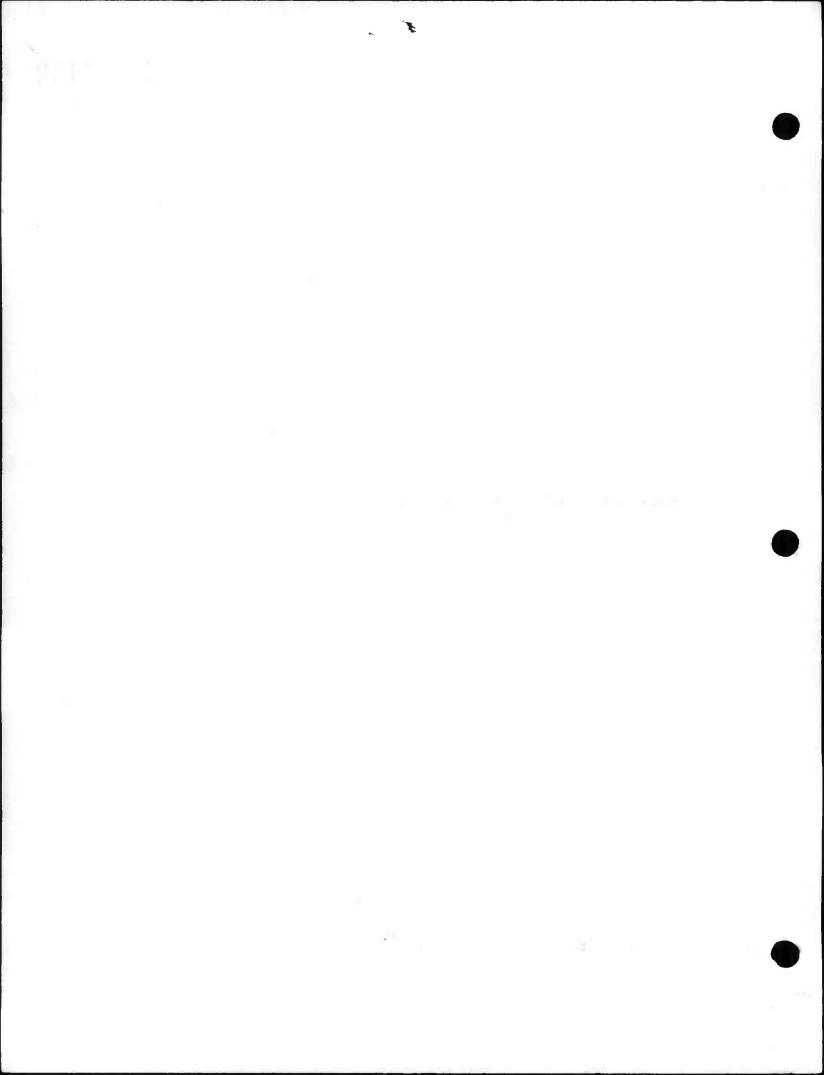
32. REGISTRAR'S SIGNATURE

Alia Davidon - Andall

JUL 2 0 1990

Marine garage and the the self was the first from the self-The transfer of the second of the second of the

	1 - STATE REGISTRAR	STATE OF M	ARTLAND .	ERTIF	ICATI	E OF	DEAT	ANU M		TUIENE EG. NO.			- 10
	1. DECEOENT'S NAME (First, Middle, Last)								2. DATE OF D	DEATH			3. TIME OF DEATH
	ELMER TOW	NSEND	PA	EKER	SAN	. 5	0.	- 1	MONTH	DAY		GA	9 PM
1		IAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH										BIRTHP	LACE (State or Foreign
	213-01-8309A	1 🔀 M 2 🗆 F	82	YRS.	MONTHS	DAYS	HOURS	MIN.	June 3		o l	Country)	land
	9e. FACILITY NAME (If not institution, give stre	et end number)	02		9b. CITY	Y, TOWN C	R LOCATIO	ON OF DEA		,100	9c. COUNT		
8	MNC - THEP	1105			E	ASTO	4)				To	1607	_
DIRECTOR	RESIDENCE OF DECEDENT					7310					100	DOI	
8	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY LIMITS?
	Maryland Talb	ot		St	. Mi	chae							1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER					101	ZIP CODE	E			10g. CITIZ	EN OF WI	HAT COUNTRY?
삘	201 E. Maple A						2166					S.A.	
2		12. WAS DECEDENT FORCES? 1	TEVER IN U.S. A	RMED NO		If yes, so	clfv Cube	n. Mexicen	C ORIGIN? (S) , Puerto Ricen	i, etc.)	or No—	Black,	American Indian,     White, etc.
BY	1 Never Merried 2 X Merried 3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES			1 TYES	2 <b>X</b> ) NO	Specify:	White	e		Specify	White
	15, DECEDENT'S EDUCA	ITION	180.0	ECEDENT'S	USUAL O	CCUPATIO	M		16h KIN	D OF BUS	I INESS/INDU	ISTRY	
	(Specify only highest grade or	ompleted)	S	Give kind of 6. Do NOT u	work done se retired.)	during mo	st of working	ng	Tob, Kill	01 200	III COONII O		
7	Elementary/Secondary (0-12)	College (1-4 or 5+	,	state									
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				-	-		NER'S NAM	IE (First, Middle	e, Maiden S	Surneme)		
	Elmer David Pa	rkerson					Har	nnah	Towns	end			
BE	19e. INFORMANT'S NAME (Type/Print)		1	9b. MAILING	ADDRES	S (Street e	_		oute Number, C		, Stete, Zip	Code)	
2	Dorothy J. Parke	rson		201	E. M	aple	Ave	. St.	Mich	aels	. Mar	vlan	d 21663
	20e. METHOD OF DISPOSITION			E OF DISPO							OCATION — City or Town, State		
	1 Donation 5 Other (Specify)	Olace)	ivet	Cem	eter	y		St.	. Michaels, Maryland				
	21. SIGNATURE OF PUNERAL SERVICE LICE	NSEE			22.			SS OF FAC					
	Danne	521	2000	1					Leona				
	23. PART I. Enter the diseases, or co	mplications that	t caused the c	leeth Do	not ente								Md. 21663
	ehock, or heart fellure. Li						ac o. c,	mg, coo.		or roup.		, ,	Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition	1.		,	7.	1.		1-	7.		Onset and Death		
	reaulting in death) a.	OUF TO	OR AS A CONS	LYC O	7 / C	(	m	CIPI	MICH	412	Pisa	nsc	14
_													İ
CERTIFICATION	Sequantially list conditions, if any, leading to immediate	DOM TO	OR AS A CONS	EOUENCE C	/ )F):								
\¥	cause. Entar UNDERLYING	,											
Ĕ	CAUSE (Disease or Injury that Initiated eventa	OUE TO	(OR AS A CONS	EOUENCE C	F):								
F	reaulting in daeth) LAST												
	PART II. Other aignificant conditions	contributing to	death but not	resulting	in the u	ındariyin	n cause	given in f	Part I 24s	. WAS AN	AUTOPSY	24b	WERE AUTOPSY FINDINGS
₹ I	2	nolle		Todatting	reauting in the Undarlying cause given in Pa					PERFOR	MED?	-	AVAILABLE PRIOR TO COMPLETION OF CAUSE
ă	Prior ST	720166							_   1	YES 2	NO		OF DEATH?
M									-				1 TYES 2 HO
PHYSICIAN: MEDICAL	AC WAS SACE DESCRIPTION TO MESSAGE												
0		HOSPITAL:		-	ОТНЕ	D.			ck only one)				
14S	1 YES 2 NO 27. MANNER OF DEATN	1 Inpatient 2 I		3 ∐ DOA 28b. TII	_	_	URY AT	eeldence	8 Other (Sp 28d, DESCRI		Alliev occ	LIBEO	
4	1 Natural 5 Pending	(Month, D		IN	JURY	W	PK7	NO.	200. DESCRIP	DE HOW II	100111 000	OHLO	
BY	2 Accident Investigation	28e, PLACE C	F INJURY — At I	home, farm.	street, for				28f. LOCATIO	ON (Street a	nd Number	or Rural R	oute Number
3 Suicide 4 Nomicide 6 Could not be determined 29s. PLACE OF INJUNY At home, farm, street, featory, ornice City or Town, State)  29c. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e)								281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
MP	(Check only CERTIFYING PNYSIC	_											end manner ee stated.
8		On the Desire of C		. myeeriget	on, at my	ориноп, (				piece, div			
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	11 1	10				29c. LIC	ENSE NUM	BER		29d. DATE	SIGNED	(Month, Day, Year)
2	a source of the	J 6	nelsta	my	)		$\mathcal{D}$	5146	26			1//	2/90
	30. NAME AND ADDRESS OF PERSON WHO	/										•	
	Ludwig J. Eglesed	mer III/	" P Dute	imans	Lar	ne	East	ion,	Maryla	and 2	1601		



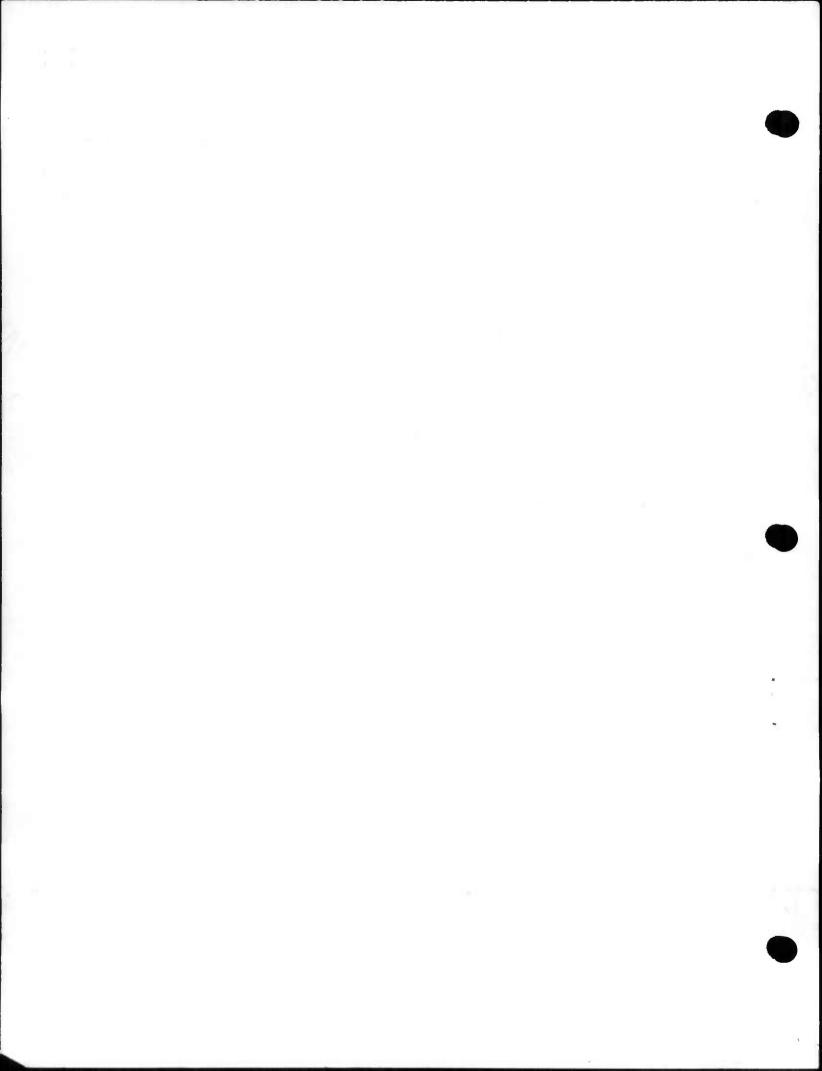
2	
METUTIANI. II IRBII 20 18 INGINEU, UT IRBII 20 MINUS CIII IIIIII), O CIIICI CELLINIII COLINI, IIIC IIICOLINIII	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
5	TIF
١,	iii
in land	AL C
	OIC
E C	. ME
3	Z
	SIC
5 j	7
	H
100	ВУ
2	Q
27 1112	ETE
	7
	×
Ę	S
5	BE
Ē	2

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE	0F	MARYLAND .	/ DEPARTMENT	0F	HEALTH	AND	<b>MENTAL</b>	<b>HYGIENE</b>
		C	<b>ERTIFICATE</b>	OI	F DEAT	ГН		REG. NO.

FOR 1 - STATE REGISTRAR	STATE OF MARYLAI	ND / DEPARTI			MENTA	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)		OLITINI IC	AIL OI	DEATH		OF DEATN		3. TIME OF DEATN
ISIS C	PRATHER				0.7	16	YEAR 90	11 10P M
			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTN		TNPLACE (State or Foreign
130-42-5231	1 □ M 3⁄XF 37	YRS.	ONTHS DAYS	HOURS MIN.	Nov.	6,1952	Nev	York
9a. FACILITY NAME (If not institution, give stre	et and number)	9	b. CITY, TOWN (	OR LOCATION OF			9c. COUNTY OF	DEATN
CE GEORGE'S HOSPITA	AL CENTER		CHEVER	LY			PRINCE	GEORGE S
RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY	3 700-101	100 CITY 1	TOWN OR LOCAT	ION				10d, INSIDE CITY
	Coormala			ION				LIMITS?
Maryland Prince	e George's	Land	over	. ZIP CODE			10a CITIZEN O	XX YES 2 NO
7346 Landover Rd.	#0			20785		+		STATES
	12. WAS DECEDENT EVER IN U	U.S. ARMED	13 WAS DEC	ENDENT OF NISP				
1 Never Married 2 Amerried		NO	If yes, sp	ecify Cuban, Maxi	ican, Puerto I	Rican, etc.)	Bi	CE — American Indian, ack, White, etc. ecity:
3 Widowed 4 Divorced	ir res, dive man on bal	ES	I L TES	MY NO Spe	сну.		Sp	Black
15. DECEDENT'S EDUCA (Specify only highest grade of		16a. DECEDENT'S US (Give kind of wor	UAL OCCUPATION	ON of weeking	16b	KIND OF BUSI	NESS/INDUSTRY	,
Elementary/Secondary (0-12)	College (1-4 or 6+)	life. Do NOT use r	retired.)	at or working				
11th.		H	ousewi:	fe		Priv	ate	
17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S	NAME (First, I	Middle, Maiden S	lurname)	
Durrah Simpson				Iola	Harri	s		
19a. INFORMANT'S NAME (Type/Print)				and Number or Run				
Deborah R. Simpson				Rd. #C		over, M	aryland	20785
20a. METNOD OF DISPOSITION  1 XX Burial Cremation 3 - Remove	ral from Stata I	PLACE OF DISPOSIT	ION (Name of ce	metery, cremetory of	or	20c. LQQ	ATION — City or	Town, State lary Land
4 Dunellum 6 Other (Specify)		armony M					,	_
21. SIMHATURE OF FUNERAL SERVICE LICE	HEEE N //	/ //				-		uneral Home
1 Lucius G	5 TIMV	SIR	7474	Landove	er Rd.	Lando	ver, Ma	ryland20785
23. PART I Enter the diseases, or co	mplications that caused,	He death. Do not	enter the mo	de of dylng, s	uch se can	diec or respir	atory arrest,	Approximats
shock, or heer failure. Li	at only and couse on each	ch line.						Onset and Death
disease or condition	Osostin	in the	Pre	lund	ua.			
resulting in desth) e.	DUE TO (OR AS A	CONSEQUÊNCE OF):	-		-			
	Dennied	din	mue	Deta	verei	ven Si	prodei	me.
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):	^	00		1,	1	
ceuse. Enter UNDERLYING CAUSE (Disesse or injury	Human	ann	une 6	eggi c	una	Vi	Rug.	
that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):		UU	2			
resulting in death) LAST								
PART II. Other significant conditions	contributing to death by	t not resulting in	the underlyin	g cause given	In Part 1.	24a. WAS AN	AUTOPSY :	24b. WERE AUTOPSY FINDINGS
	//	relase				PERFORI		AVAILABLE PRIOR TO COMPLETION OF CAUSE
						1 TYES 2	□ NO	OF DEATH?
							- 1	1 YES 2 NO
25, WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH	(Check only o	ne)		
	HOSPITAL:		OTHER:	ne 6 🗆 Rasident				
27. MANNER OF DEATN	28a. DATE OF INJURY	26b. TIME	OF 28c. IN	JURY AT			JURY OCCURED	
1 Netural 5 Pending	(Month, Day, Year)	INJUI		ORK? YES 2 NO				
2 Accident Investigation 3 Suicide & Could not be	26s. PLACE OF INJURY -		eet, factory, offi	:0	281. LOC	CATION (Street a	nd Number or Rui	rel Route Number,
4 Nomicide 6 Could not be	building, atc. (Specif	(y)			City	or Town, State)		
296, CERTIFIER 1 CERTIFYING PHYSIC	IANI. To the back of our form	des death	at the time of the	a and plant *	dua ta the			
(Check only	IAN: To the best of my knowle							se(a) and manner as stated
2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurse at the time, data end place, and due to the cause(s) and manner as stated.								
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year)								
30. NAME AND ADDRESS OF PERSON WHO		TN //TEM ST /Z== 2	Print!	7	7		1	170
JACKINDER S.	A AMPLETED CAUSE OF DEA	11N (HEM 27) (Typo, F	RISTON E	JAV	( FOL	7 7 7 P 1	RIVE	GREENRE
31. DATE FILED (Month, Day, Year)	32 DEGISTRAD'S SIGNA	THE		.,, (		0,0		F102072
nn 20 '90	Julia Davidson	Randall						1001011
III C U 911	Khama kamana	. 1						

DNMN-16 Rev 1/89



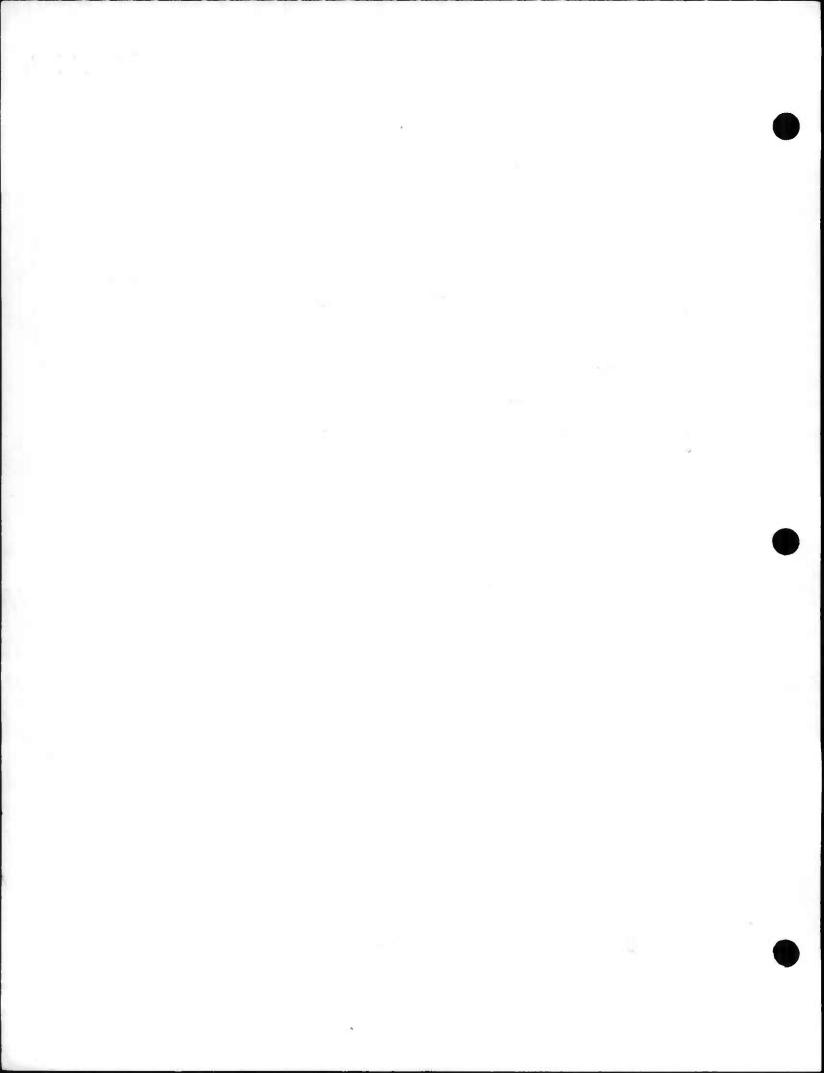
executed within	and complete b burial, crema	natic event,
ate be	hysician prior to	r traur
h certific	Hygiene	or othe
the deatl	the atte	Injury.
res that	igned by ealth and	rs any
w requi	been s	3 show
N: The Is	state De	Item 2
YSICIA	s certif	1d, 0r
ING PH	After thi	marke
ATTEND	croR:	28 is
AL OR	L DIRE	f Item
TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crem:	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event,
6-10	. 4	_

31. DATE FILED (Month, Day, Year) 24 '90

							90 21181
	FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT OF		MENTAL HYGIEN	_	
	1. DECEDENT'S NAME (First, Middle, Last)	Mildre	d R. Perr	1	2. DATE OF DEATH		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	FERRY  5. SEX 6. AGE (In yrs. last	birthday) IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
	214-07-8648	1 DM 2 BF 78	YRS. MONTHS DAYE	HOURS MIN.	(Monty), Day, Yelar) 2/17/19	12 "	Mary land
\ a	9a. FACILITY NAME (If not institution, give street	1 11	96. CITY, TOWI	OR LOCATION OF DE	ATH	9c. COUNTY	/
18	DOTCHESTER G-ENER	a 1105017a	Camo	riolge		Vorch	
DIRECTOR	Mary Charles	no.for	10c. CITY, TOWN OR LOC	AC T			tod. INSIDE CITY LIMITS?  1 YES 2 NO
	10a, STREET AND NUMBER	6/	Carroci	101, ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	809 Center	12. WAS DECEDENT EVER IN U.S. ARI	MED 12 MMC D	2/6/3	IC ORIGIN? (Specify Yea	ar No. 1 st	USA RACE – American Indian,
BY FU	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES 2 FIN	fo If yes,	specify Cuban, Mexican ES 2 NO Specify	n, Puarto Rican, atc.)		Black, White, etc.
ED B	15. DECEDENT'S FOUCA	TION 16a. OE	CEDENT'S USUAL OCCUPA	TION	16b. KIND OF BU	SINESS/INDUST	Black
E	(Specify only highest grade co	empleted) (Gir	ive kind of work done during Do NOT use retired.)	most of working	1		unit
COMPLET	SCEENIARY  17. FATHER'S NAME (First, Michie, Leet)		COOK	16 MOTHED'S NAI	ME (First, Middle, Maiden	can Lo	gion Aux, #91
BE CC	ARthur Joh	nson		Ber	tha Tue	ner Jo	Lason
0 8	19a, INFORMANT'S NAME (Type/Print)	14// 1/	. MAILING ADDRESS (Street	et and Number or Rural F	Route Number, City or Tow	n, State, Zip Coo	de)
-	20a, METHOD OF DISPOSITION	Wheatley 2	OF DISPOSITION Warne of	S+, Ca	mbRidge	CATION — City	216/3 or Town, State
	Burial 2 Cremation 3 Remove			emoters	C	robei	dae Md.
	21. SIGNATURE OF FUNERAL SERVICE LICE	ISEE .		AND ADORESS OF FAC	with Fur	epal	Services
	Benne 1	meth	P.0	Box 928	HURLO	ck, Me	1.21642
	The state of the s	st only one couse on each line.  Brain Canc		node of dying, suci	n as cardiac or reap	iratory errest.	Approximeta Interval Between Onset and Daeth
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	Bran Co	new				
	Linia de la Labor.	Selzure Di	sorder				
No.	Sequantially list conditions, if any, leading to immediate	DUE (D) (OR AS A CONSEC	DUENCE OF):	<b>T</b>			
S	cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CONSEC	DUENCE OF:				
CERTIFICATION	that initiated eventa resulting in death) LAST	302 10 (01170 7 001020	,				
	PART ii. Other algnificant conditions	contributing to deeth but not r	esulting in the underly	ring cause given in	Part I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
EDICAL					1 TYES		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Σ		<del>-</del>			_		1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		26.	PLACE OF DEATH (Ch	eck only one)		
SICI	EXAMINER?	HOSPITAL: 1 ☐ InpetIent 2 ☐ ER/OutpetIent 3	OTHER:	ome 5 - Residence			
	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	INJURY	INJURY AT WORK?	28d. OEŞCRIBE HOW	INJURY OCCUR	ED
ВУ	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY — At ho		YES 2 NO	28f. LOCATION (Street		Rural Route Number,
ETEC	4 Homicide determined	building, atc. (Specify)			City or Town, State	,	
COMPLETED	cont.	AN: To the best of my knowledge, de On the basis of exemination and/or i					essale) and manner on stated
	296. SIGNATURE AND TITLE OF CERTIFIED			29¢. LICENSE NUM			IGNED (Month, Day, Year)
O BE	MP For	lee u		026	388	17	-15190
IF	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITEI	M 27) (Type Print)			7/1	5/90

32. REGISTRAR'S SIGNATURE
Junia Day doon-Randall

DHMH-16 Rev 1/89



1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPART CERTIFIC	MENT OF HEALTH AND N CATE OF DEATH	MENTAL HYGIENE REG. NO.	30 2118				
1. DECEDENT'S NAME (First, Middle, Last)	D			3. TIME OF DEATH				
Beulah 4. SOCIAL SECURITY NUMBER 5.		IF UNDER 1 YEAR		90 6:47 AM BIRTHPLACE (State or Foreign				
3/3-22-7/06 1	□ M 2 10 F 62 YRS. 1	IONTHS DAYS HOURS MIN. 9b. CITY, TOWN OR LOCATION OF DE	1-28-1928	Country) Md.				
Memorial Hospi		Easton	Ta	albot				
RESIDENCE OF DECEDENT								
100. STATE 10b. COUNTY OUCE	Annes GK	zanson ville		10d. INSIDE CITY LIMITS? 1 YES 2 NO				
P. D. BOX 7		21638	10g. CITIZEI	of what country?				
1 Never Married 2 Married	. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 TO IF YES, GIVE WAR OR DATES	13. WAS OECENDENT OF HISPANI If yes, specify Cuben, Mexican 1 YES 2 TO Specify:	, Puerto Rican, atc.)	RACE — American Indien, Black, White, atc.				
3 Widowed 4 Olvorced	ON Jee- DECEMBER OF	OLIAL COMPLETION	Las vino or pupiliza incui	Black				
en / /		rk done during most of working retired.)	16b. KINO OF BUSINESS/INOUS	TRY				
17. FATHER'S NAME (First, Middle, Last)	- Lac	18. MOTHER'SINAN	ME (First, Middle, Msiden Surnagle)					
Vincent Co	ok	Katie	Conver					
190. INFORMANT'S NAME PYPETTING!	P.O.B	ADDRESS (Street end Number or Rural R	oute Number, City or Town, State, Zip Co	21638				
20e. METHOD OF DISPOSITION  1 Burlel 2 Commation 3 Removal  4 Donetion 5 Other (Specify)	from State 20b. PLACE OF DISPOSI	TION (Name of cemetery, crematory or	ery Granson	y or Town, State				
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY								
Bennie	Smith	P.O. Box 928	8 Hurlack 1	1. 21643				
23. PART I. Enter the diseases, Dr com ahock, or heart fellure. List	plicetions that caused the deeth. Do not only one ceuse on each line.	ot enter the mode of dying, such	as cardiac or reapiratory arrea	t, Approximate Interval Between				
IMMEDIATE CAUSE (Finel disease or condition	Bata Carolina	200	ai de A	Onset and Death				
reaulting in death) a	DUE TO (OR AS A CONSEQUENCE OF)	:		and				
Sequentially list conditions, b	Hyportensia	_		years.				
If any, leading to immediate cause. Enter UNDERLYING	DUE TO OR AS A CONSEQUENCE OF	1 8000	Q	3				
CAUSE (Diseese or Injury that initiated events	DUE TO (OR AS A CONSEQUENCE OF)	sorry factor						
resulting in deeth) LAST	Renal fail	und						
PART II. Other aignificent conditions co	ontributing to death but not resulting in	the underlying ceuse given in	Part I. 24a. WAS AN AUTOPSY PERFORMED?	24b, WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
		·	1   YES   2   NO	COMPLETION OF CAUSE OF DEATH?				
			_	1 TYES 2 NO				
25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (Che	ack only one)					
		OTHER: 4 Nursing Home 5 Reeldence						
27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year) 28b. TIME INJU	OF 28c. INJURY AT WORK?	28d. DEŞCRIBE HOW INJURY OCCU	RED				
2 Accident Investigation	On Di AOF OF IN HIEW As Lond of	M 1 YES 2 NO						
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — A1 home, farm, st building, atc. (Specify)	геет, тастогу, оптсе	281. LOCATION (Street end Number or City or Town, State)	Hursi House Number,				
one)	N: To the best of my knowledge, death occurred		to the cause(a) and menner as stated time, date end place, end due to the					
	on the case of examination end/or investigation	i, in my opinion, death occured at the		,				
296 SIGNATURE AND TITLE OF CENTIFIER	Muld.	29c. LICENSE NUN	ABER 29d. DATE	SIGNEO (Month, Day, Year)				

32. REGISTRAR'S SIGNATURE
Julia Davidsor

Mandell.

24

'90

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within concern teath. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DHMH-18 Rev 1/89

(	E)
1	J
	ed
	es 1

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within consumer death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	REGISTRAR			CERTIF	ICATE	OF	DEATH		REG. NO.			
i	1. DECEDENT'S NAME (First, Middle, Lest)	nard Br	uce	Pa	lmer	]	III	2. DATE OF MONTH /-22	-90 DAY	,	YEAR	5:30PM M
	4. SOCIAL SECURITY NUMBER	5. SEX	6 AGE /In s	yrs. lest birthday)	IF UNDER 1	VEAR	IF UNDER 24 HRS.	7. DATE OF		_	8 BIRTHP	LACE (State or Foreign
	220-04-9025 15□ M 2 □ F			MONTHS DAVE HOUSE MIN			March 13, 1969 Marylan		See House Care			
- 1	9e. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY,	TOWN 0	R LOCATION OF DE	ATH		9c. COUN	TY OF DE	ATH
Œ	WASHINGTON COUN	TY GENER	AL HO	SPITAL		H	AGERSTOWN	1		WASH	INGT	ON COUNTY
E I	RESIDENCE OF DECEDENT											
Ĕ.	10a. STATE 10b. COUNTY	,		10c. CIT	Y, TOWN O	R LOCAT	ION					10d. INSIDE CITY LIMITS?
FUNERAL DIRECTOR		ington		1	ئال 150	_		liams	port			1 🗌 YES 2 🔯 NO
10€. STREET AND NUMBER 10f. ZIP CODE										10g. CITI2	EN OF W	HAT COUNTRY?
6	Route 3, Box 165						21795			USA		
3	11. MARITAL STATUS	12. WAS DECEDEN					ENDENT OF HISPAN			or No-	14. RACE	- American Indian, White, etc.
	1x Never Merried 2 Merried	FORCES? 1					ecify Cuben, Mexican 2 🔣 NO Specify		n, etc.)		Specify	
B	3 Widowed 4 Divorced				- 1		- 25 110 5,000,0				whit	
	15. DECEDENT'S EDUC	CATION	1	a. DECEDENT'S	USUAL OC	CUPATIO	ON	16b. KJ	ND OF BUS	INESS/IND		
E I	(Specify only highest grade			(Give kind of life. Do NOT u	work done di se retired.)	uring mo	st of working					
2 1	Elementary/Secondary (0-12)	College (1-4 or 5	*'	homb	arma	2m2r	n t	11	S	Air	Force	
Σ				DOM	aline	amer	18. MOTHER'S NA				1010	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)									Surname)		
띪	Leonard Bruce Pal	mer, Jr.						a Pro				
- 1	19e. INFORMANT'S NAME (Type/Print)						nd Number or Rural F					
임	Leonard B. Palmer	, Jr.		Route	3, 1	Box	165, Wil	liams	port,	Md.	217	95
ì	20a. METHOD OF DISPOSITION		20b. F	LACE OF DISPO	SITION (Nar	ne of cer	netery, crematory or		20c. LO	CATION —	Cify or Tow	m, State
i	1 Donation 5 Other (Specify)	oval from State		other place) iithsbui	o Cr	om a f	ory		Smi	theh	1120	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEF -	שנים	LLIISDUI			ND ADDRESS OF FA	CHITY	I DIII	LLIISD	urg	Haryrand
- 1			-	.9			CH FUNER		мF			
	CATO	XOX1	me	ch						erst	own.	Md. 21740
	23. PART I. Enter the diseases, or o	complications the	at caused t	the death. Do								Approximate
	shock, or heart fallure.	List only one ca	use on eac	h iine.								interval Between Onset and Deeth
H	iMMEDIATE CAUSE (Final disease or condition											Chieck ship becan
- 1	resulting in dasth)					UBD	URAL HEM	JRRHAG	E			-
- 1		DOE 10	(UH AS A C	CONSEQUENCE C	rej:							
S	Sequantially list conditions,	b		ONSEQUENCE O								
Ĕ	if sny, leading to immediata	DOE IC	(OR AS A C	ONSECUENCE C	rej:							
2	cause. Entar UNDERLYING CAUSE (Disease or injury	с										
쁜	that initiated events	DUE 10	OR AS A C	CONSEQUENCE C	HF):				i i			
1	resulting in death) LAST	d										
EDICAL CERTIFICATION	PART II. Other significant condition	e contribution to	death but	not requiting	in the un	derivio	a cause alven in	Part i 2	Ia. WAS AN	ALITOPSV	245	WERE AUTOPSY FINDINGS
¥	PART II. Othan significant condition	e contributing to	J death but	t not resulting	iii tiio aii	derryin	y cause given in	ranci.	PERFOR			AVAILABLE PRIOR TO
음								}	X YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
<u> </u>								_				YES 2 NO
=												
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF DEATH (Ch	eck only one)				
2	EXAMINER?  NO. THE SECOND INC.	HOSPITAL: 1 Inpatient 2	XI Verouses	Now 3 DOA	OTHER		ne 5 🗌 Residence	# [] Other /	Panalha)			
₹	27. MANNER OF DEATH	28a. DATE O		28h TH	AF OF		JURY AT	28d. DESCI		NJURY OC	CURED	
	1 Natural 5 Pending	7 <del>-</del> 22	Day Year)	5.	MAOO	W	YES 2XX NO					l into water
BY	X Accident Investigation							and .c	lrown	ed .		oute Number,
	3 Suicide 6 Could not be	26e, PLACE building	, etc. (Specifi	– At home, farm,	Riv		:0	City or	Town, State	and Number	Tulo cal	nington Co.
	4 Homicide determined				KTV	/er			7	Tver	, wasi	illigion co.
٦	29a. CERTIFIER (Check only 1 CERTIFYING PHYS	ICIAN: To the best of	of my knowle	dge, death occur	red at the ti	ime, dete	and place, and due	to the cause		nner ee stat	ted.	
COMPLETED	one) 2 MEDICAL EXAMINI	ER: On the basis of	examination	end/or investigat	lon, In my o	pinion,	death occured at the	time, date er	nd place, er	nd due to th	ne ceuse(a)	end manner se stated.
8	70.54	_	1	10.0			Lai manuarin			1	- 0.01.50	M D
B	29b. SIGNATURE AND TITLE OF CENTIFIE	1					29c. LICENSE NUI			29d. DAT		(Month, Day, Year) 7–23–90
10		1					L COME	'				23 70
F	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CA	USE OF DEAT	TH (ITEM 27) (Typ							01.001	
	AMN M. DÍXON, MD				111	Per	n Street	,Balt	rmore	MD :	21203	L VO
1	31. DATE FILED (Month, Day, Year)	32. REGISTE	AR'S SIGNA	TURE								
	Un 3 7 100	1	1. po.	In Man	1220							

DHMH-18 Rev 1/89

.ear-1

permit. Pages 1, 2, 3 should

burial-transit

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an wours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran	hin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPIT	TO THE FUNER	be filed within	IMPORTANT:

31. DATE FILED (Month, Day, Year) ¥ 23 '90

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG NO 1. OECEOENT'S NAME (First, Middle, Last) 2. OATE OF OEATH 3. TIME OF DEATH 21 DAY YEAR Ethel Elizabeth Powell 4:00 A. M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. Maryland 89 DAYS 3-29-1901 212-68-8501 1 M 2 F 9a. FACILITY NAME (If not institution, give street and number)
Carrell thuther an exiterage 9c. COUNTY OF OEATH
Carroll 9b. CITY, TOWN OR LOCATION OF DEATH Westminster DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Carroll Westminster 1 X YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 21157 U.S.A. 200 St. Luke Circle 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES If yes, specify Cuban, Maxican, Puarto Rican, atc.)

1 YES 2 NO Specify: NO 1 Never Married 2 Married Specify: White No BY 3 Widowed 4 Divorced COMPLETED 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) City Hall of Baltimore Homemaker & Secretary 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Majden Surname)
Wilhelmina Schlegel James Manley BE 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 48 Taylor Rd. Mt. Kisco, N. Y. 10549 19a. INFORMANT'S NAME (Type/Print) 2 Alwyn M. Powell 20a. METHOD OF DISPOSITION
1 Burlel 2 A Cremation 3 Removel from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, Stata Carroll Cremation Services Hampstead, Md. ■ Donation 6 □ Other (Specify) \_ 22. NAME AND ADDRESS OF FACILITY
Thomas D. Fletcher & Son F.H.
25 thank that main Matre 157 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Vancy Hatcher Approximate 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failurs. List only one ceuse on sech line. Interval Betwe Onset and Death IMMEDIATE CAUSE (Final disease or condition CONGRETUE HEART FAILURE reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, if eny, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in daeth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS 24a. WAS AN AUTOPSY MEDICAL PERFORMED? MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 JUNO 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER 1 YES 2 -NO 1 | Inpatient 2 | ER/Outpetient 3 | DOA 4 - Nursing Home 5 - Realdence 6 - Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY 26b. TIME OF INJURY 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending M 1 YES 2 NO BY Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be determined ED 4 Homicide COMPLET 29a. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(e) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 017040 tinken 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) HONDOG. LANGE, MO 2,5 NASHINGTON HOTS WESTMINSTERE MA

32. BEGISTRAB'S SIGNATURE AND ASSE

. S4 80 

3. TIME OF DEATH 12:55 8

10d, INSIDE CITY

1 CLYES 2 T NO

**Approximate** 

interval Between **Onset and Death** 

Munda

## retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146 2

Pages 1, 2, 3 should

permit.

use as the burial-transit

be detached for

ge 5 should notified DIRECTOR

FUNERAL

BY

0

E

COMPL

BE

2

te

BY PHYSICIAN: MEDICAL CERTIFICATION

COMPLETED

BE

2

4 🔲 Homicide

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

y be	age	9
E	0, 0	net
9 96	Irect	Ē
E	E d	ine
eath	fue	Ex
ter	the sal	<u>a</u>
IS a	Tem Py	die
nou	pa led	Ē
-	ly fill	ŧ
withi	plete	ent,
pet	com	8
Xecu	and	atio
9	ian or to	aur
ate	mysic pric	T T
utific	ng pr	tio
th Co	HVH	6
deal	e att	Ž,
the	the Mark	Ē
that	ed b	ашу
uires	Sign	M
req	Deen	sh
- Iaw	Den	23
Ě	tate	E
CIAN	he S	6
IVSI(	is ce	ed,
6 7	the th	lark
NIC	Aft.	-
TEN	ADE.	28
A HO	INE C	E
AL C	40	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be
SPIT	NER.	5
오	F	T
丰	H.	2
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within product after death. Page 6 may be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page he shall be form with the State Dept. of Health and Mental Hollene prior to burial, cremation, or removal.	<b>E</b>

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 22 July ,1990 Mary K. Proud 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS MONTHS DAYS HOURS MIN 212-10-4230 1 M 2-1 F 84 10 19 Sept.3, 1905 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Citizens Nursing Home Frederick Frederick RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10a. STATE Frederick Frederick Maryland 10e. STREET AND NUMBER 10g CITIZEN OF WHAT COUNTRY? 101, ZIP CODE 21701 U.S.A. 2200 Rosemont Ave. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify 14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puerto Rican, atc.) 1 Never Married 2 Married 1 TES 2 K NO Specify Specify: 3 Widowed 4 Divorced White 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high at of working None ntary/Secondary (0-12) 9th Bookkeeper 18. MOTHER'S NAME (First, Middle, Maiden Surname) 17. FATHER'S NAME (First, Middle, Lest) Catherine Whitmore Nelson I. Dotterer 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 322 N.Church St., Thurmont, MD 21788 Mary E. Akehurst 20a. METHOD OF DISPOSITION
1 M Buriel 2 Cremetion 3 A PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION — City or Town, State akeview Memorial Park Eldersburg, MD 4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE 22. NAME AND ADDRESS OF FACILITY Burrier Funeral Home Winfield, MD 21784 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disesse or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): -selentie ardio-Anterio Sequentially list conditions,

If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	c. DUE TO (OR AS A CONSECU	WENCE OF:	or Hearty	acture	
PART II. Other significant condition  Mend	se contributing to death but not reached a contributing to death but not reached a contribution of the con		underlying cause given in i	Part I. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO	246. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2  NO
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (Che	ck only one)	<u> </u>
EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Outpatient 3	DOA 4 19-10			
27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c, INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCU	RED
3 Suicide 6 Could not be	28e. PLACE OF INJURY — At he building, etc. (Specify)	me, farm, street, fa	28f. LOCATION (Street and Number of City or Town, State)	Rural Route Number,	

29a, CERTIFIER 1 DEERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.

2 MEDICAL EXAMINER: On the beels of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER	290 LICENSE NUMBER	29d. DATE SIGN	ED (Month, Day, Year)
Bernard O. / Cierros	D13409	▶ July 0	12 199
1 server of the		1.0	(0)111

				1 1/			// - /		1 1
30. N	AME AND ADDRESS OF PERSON WHO	MOMOS OF DE	228N. Mav	Het St	Frede	evick	Ma	.211	70/

31, DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Julia Davidson-Randall JUL 23'90

0

**DHMH-18 Rev 1/89** 

Pages 1, 2, 3 should

permit.

irial-transit

0	9		
ding	£		
ten	38		
To .	999		
0	Ď		
pita	20		
108	Che		d3
9	feta		SHO
×	20		#
P	P		0
ine	00		1
reta	50		증
2	age of		-
ay	S.		0
E	100		35
96	Dec		E
Pa	P		ner
ď.	BLE		E
dea	Ę		EX
10	the	Mal	100
at a	6	Sme	lica
ULS	.5	If Pe	ne d
2	Bed	1, 0	-
Ž,	N N	tio(	5
1	etel	E	+
×	John	5	8
red	8	Tan.	-
ige.	pu	Š	華
8	30.8	2	틒
0	sicie	90	2
cat	E S	9	-
E.	10	glen	듬
3	- Di	H	70
eath	atte	Ital	7,
9	2	Me	直
#	J K	PL	Ξ
tha	P	h a	F
Sa	g	eatt	60
dei	II Si	Ĭ	3
9	96	0	5
1	SE	)epi	23
he	d b	le C	E
-	icat	Sta	Fe
SIA	ertif	19	50
3	S	4	p
F	E	×	7
9	Her	ath	E
9	A	r de	60
TE	TOR	afte	82
A	SEC	5	E
R	OFF	Pour	tel
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending pi	TO THE FUNCRAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the br	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
Spl	VER	Die	Ë
9	FU	Will	TAI
포	뽀	3	OR
DI	TO	e fi	MP M
-	-	0	=

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) Marshall Talbert Paype 2. DATE OF DEATH 3. TIME OF DEATH AYNE 12:30 A M MLY 1990 7. DATE OF BIRTH (Month, Day, Year) 09/11/1935 A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR a. BIRTHPLACE (State or Foreign IF UNDER 24 HRS DAYS HOURS MIN 217-30-5419 1 M 2 F 54 Jefferson, MD 9e. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Frederick Memorial Hospital Frederick Frederick DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Frederick Maryland Point of Rocks 1 YES 2XXNO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Rock Hall Road - P.O. Box 49 21777 USA 14. RACE — American Indian, Black, White, atc. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-FORCES? 1 YES 27 2 0NO If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married 1 YES 2X NO Specify Specify BY 3 Widowed 4 Divorced White ETED. 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest gr (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 8+) COMPL 10 Truck Mechanic canam Steel Corp. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surneme) Maurice Raymond Payne Ethel Pauline Holmes BE 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)

ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)

ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19e. INFORMANT'S NAME (Type/Print) 2 Dolores C. Payne 20s METHOD OF DISPOSITION
1 🖟 Buriel 2 🗆 Cremetton 3 🗆 Removal from State
4 🗆 Donetion 5 🗆 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION - City or Town, State Old/Brethern Cemetery 4 Donation Brownsville, MD 21. SIGNATUR OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY un ant John T. Williams Funeral Home 100 Petersville Rd., Brunswick, MD 21716 Barbara A. Williams, Funeral Dir. 23. PART I. Enter the diaeasea, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate shock, or heart fallure. List only one cause on each line. Interval Between Onset and Death **IMMEDIATE CAUSE (Final** disease or condition week NEGMONIA reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): PANHYPOPITUITAKISM
DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TYES 2 NO Inpetient 2 - ER/Outpetient 3 - DOA 4 Nursing Home 8 Residence 8 Other (Specify) 28c. INJURY AT WORK? 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investiga 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Soccity) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 8 Could not be 4 Homicide 29e. CERTIFIER

(Chack only

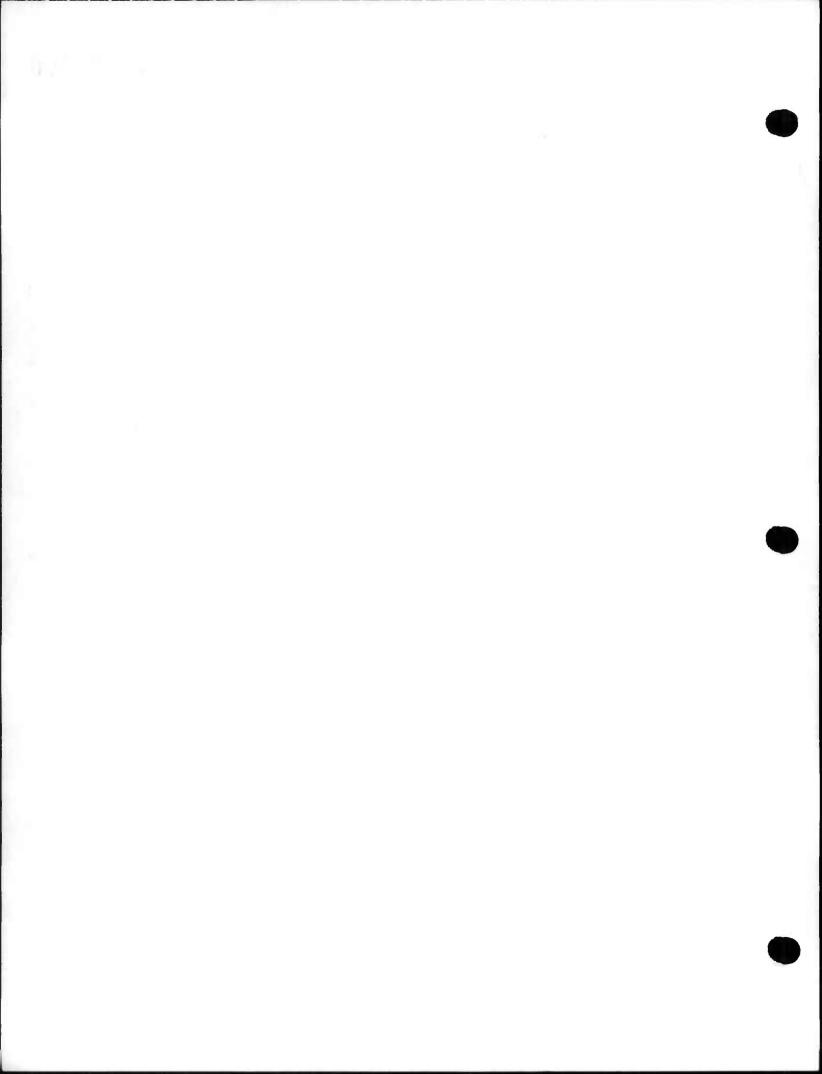
CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the beels of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated L. Kinlandy 290-LICENSE NUMBER 29b. SIGNATURE AND TITLE OF CENTIFIER 17/1990 BE 2 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30. NAME AND ADDRESS OF BRUNSWICK KINLAND MIA 610 AUE 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 19 Davido

may in the second

DHMH-18 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25-mours after death. Page 6 may be retained by the hosping THE FINERAL DIRECTOR; After this certificate has been signed by the afteroding physician and completely filled in by the funeral director, page 5 should be detached the filled than 18 is a filled than 18 is a filled by the funeral director, page 5 should be detached the most and the filled for the filled page 18 is a filled than 28 is a filled at a page.	BALLIMORE, MARTLAND	irs after death. Page 6 may be retained by the hospi	n by the funeral director, page 5 should be detached removal.	edical examiner must be notified at once
	DIVISION OF VITAL RECORDS, F.C. BOX 13148,	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 23	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely if the flue within 22 hours after death with the State Bent, of Health and Mental Hydiene prior to burial, cremation	INDODITANT If Iam 29 is marked or Nem 23 shows any injury or other traumatic event. The

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART				YGIENE EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF C	EATH DAY	YEA		TIME OF DEATH
	JAMES	S. QUE	EN			07	11			.0 45AM M
	4. SOCIAL SECURITY NUMBER 579–14–6307	5. SEX 1 M 2 F		IF UNDER 1 YEAR HONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, Day 04	( Year)	7 MA	RYLA	CE (State or Foreign
OR	9a. FACILITY NAME (If not institution, give PRINCE GEORGES			DE. CITY, TOWN O	R LOCATION OF DE ERLY	ATH		PRIN		EORGES
[ ה	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT	Y	10c. CITY.	TOWN OR LOCAT	ION				10	d. INSIDE CITY
- DIRECTOR	MARYLAND PRINC	CE GEORGE'S		CAPITAL	HEIGHTS	}			1)	LIMITS? YES 2 NO
FUNERAL	430 BALBOA AVEN	NUE		101.	ZIP CODE 207	43		10g. CITIZEN	·S.A	
B	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 X X40		ENDENT OF HISPAN Helfy Cuben, Mexica 2 NO Specify	n, Puerto Ricar			RACE — Black, W Specify:	American Indian, hita, atc. BLACK
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elamentary/Secondary (0-12) 8th grade	UCATION le completed) College (1-4 or 5+)		rk done during moi retired.)	N st of working			IESS/INDUSTI		
M	_		CUSTODI	AN		PA	RK AN	D PLA	AL.	
BE CO	17. FATHER'S NAME (First, Middle, Last)  JOHN T. QUEEN				18. MOTHER'S NA AGNES		s, Malden Su	rmame)		
10	199. INFORMANT'S NAME (Type/Print) MARGARET HARLEY	r	19b. MAILING A 430 BA	LBOA AV	nd Number or Rural I ENUE CAP	Ploute Number, C	ity or Town, EIGHT	State, Zip Cook	. 2	20743
	20a. METHOD OF DISPOSITION 1 String Burlal 2 Cremation 3 Ran 4 Donation 3 Other (Specify)		HARMONY M			Y		OVER,		
	21. SIGNATURE OF FUNERAL SERVICE LI	R. Sku	_	<sup>22</sup> ROLL 4339	INS FUNE HUNT PL	RAL HO	ME, I	NC.	D.C.	20019
	23. PART I. Enter the diseases, or	complications that caused. List Driv one cause on e		t enter tha mo	de of dying, auc	h aa cerdiac	or reepire	tory arrest,		Approximats Interval Between
	IMMEDIATE CAUSE (Fine) disease or condition								Onset and Daeth	
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, If any, Isading to Immediate Cause, Enter LINDERLY VINCE  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								year	
ATION	Sequentisliy list conditions, if any, isading to immediats cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF)	:	, - 0	7			~	
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF)	;						
	PART II. Other significant condition	no contribution to death h	and and an audalian for	Ab d - d - d - d	to to-	Dial In	. WAS AN A			ERE AUTOPSY FINDINGS
MEDICAL	PART II. Other significant condition	is contributing to death b	out not resulting in	toa undanying	g ceuse given in		PERFORM	ED?	AN	ALLABLE PRIOR TO OMPLETION OF CAUSE DEATH?
M						-			1	TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL		-	26. PI	ACE OF DEATH (Ch	neck only one)				
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 propertient 2 ER/Outs		OTHER: 4 - Nursing Hom	e 5 🗆 Residence	e ☐ Other (Sp	ecify)			
Y PHYSICIAN:	27. MANNER OF DEATH  1 Netural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	JA 28b. TIME INJU	IRY WO	URY AT PRK?	28d. DESCRI	BE HOW IN.	JURY OCCURE	ED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)  28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)							e Number,		
COMPLETED	cont only	SICIAN: To the best of my know							use(a) a	nd menner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFI	er Ox MD			29c, LICENSE NU	MBER		29d. DATE SH	GNED (M	onth, Day, Year)
10	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, I	Print) Hq	Carrieto	LIFE	1611	5 BC	-01	7747
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN		7		jung	7	, rvv,		



TO BE COMPLETED BY FUNERAL DIRECTOR

na	LOL.	
9	9	
Page	dire	
HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 2	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, p	
after	y the	noval.
50	9	ē
2	lled	n, or
~	A	얆
within	plete	слет
De	TO:	100
XBCUI	and (	pol
9	an	5
ate b	ysici	prio
tific	d	ene
Cer	din	2
eath	atter	Ital
9	Pe	Mer
£	y t	B
tha	P	h a
res	ig	eaft
Ē	S	Ŧ
W Te	pee	it. 0
60	has	8
Ě	ate	tate
AN	tific	e S
Sici	8	4
PHY	this	With
DING	After	death
EN	SR:	ter
A	5	Sa
OR.	DIR	hour
K	M	2
HOSPI	UNE	vithin

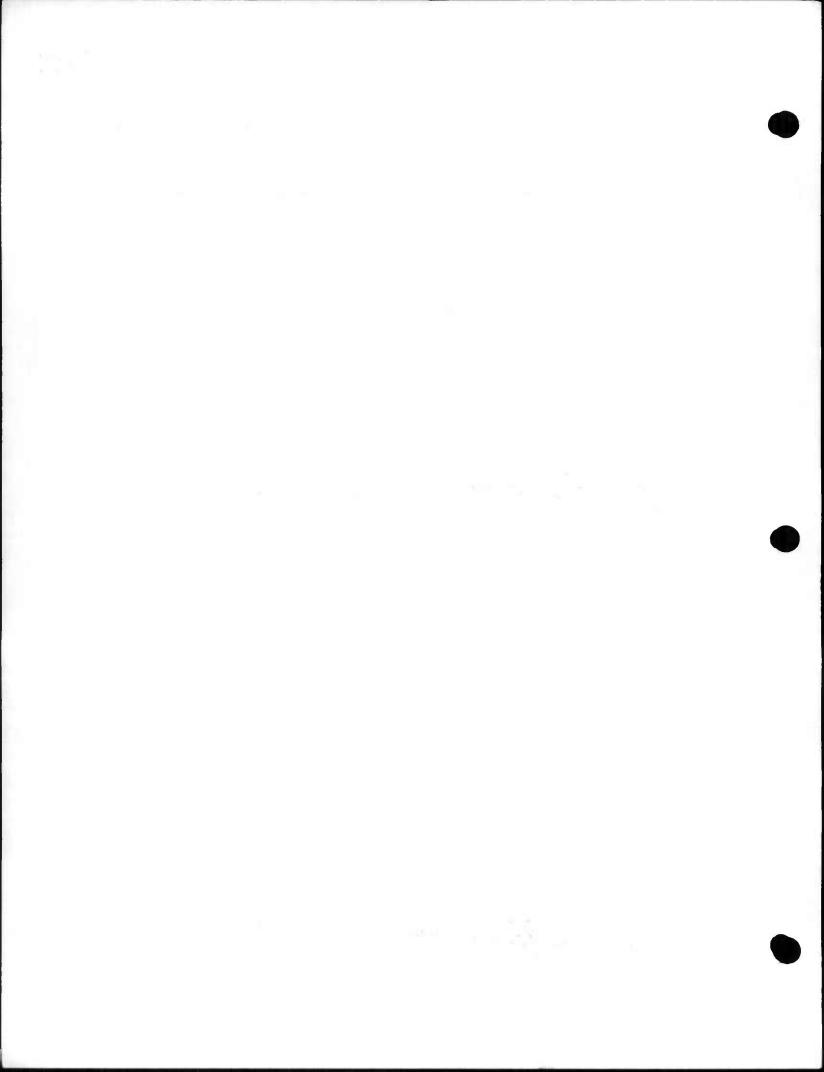
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

12

- Oc	18	1
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the construction of the found of the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page	be filed within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HEGISTHAN				CENT	IFIC	AIE	OF L	JEAIN		REG. NO.			
1. DECEDENT'S NAME (First, FRED IT		IDER							2. DATE MONTI	OF DEATH DA	5	YEAR	3. TIME OF DEATH 2013 M
4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yr	s. lest birthd	ay) IF	UNDER 1 YE	EAR	IF UNDER 24 HRS.		OF BIRTH			HPLACE (State or Foreign
221 10 7505		1 🙀 M 2 🗌 F	74	YR	S. MO	NTHS DA	DAYS HOURS MIN. (Month, Dey, Year) Country) 9-25-15 Delaware						
Se. FACILITY NAME (If not institution, give street end number)						CITY, TO	WN OR	LOCATION OF E			9c, COU	INTY OF	
CALVERT ME	MORTAI	L HOSDITA	λT.		96. COUNTY OF OEA PR FREDERICK, MD CAL VERT					TI.			
RESIDENCE OF DEC		d HODI III	7.17		1 -	11 1/1/1	التدريت	nion, r	10		UAL	L VIII	1
10e. STATE	10b. COUNTY	Y		10c.	CITY, T	OWN OR L	OCATIO	)N					10d. INSIDE CITY
MD	Ca1	vert				Owing	as						LIMITS?
10e. STREET AND NUMBER		. :::.					101. 2	IP CODE			10g. CIT	IZEN OF	WHAT COUNTRY?
4205 Chaney	ville							20736			1	USA	
11. MARITAL STATUS	area.	12. WAS DECEDED FORCES?	TY YES 2	S. ARMED				HOENT OF HISPA			or No-	14. RAC Blac	CE — American Indian, ck, White, atc.
1 Never Merried 2 🔀 3 Wildowed 4 🗍 Divor		IF YES, GIVE		3				NO Spec		, , , , , , , , , , , , , , , , , , , ,		Spec	
	EDENT'S EOU		15-	. DECEDEN					16b	. KIND OF BUS	INESS/IN	DUSTRY	
Elementary/Secondary (0-		College (1-4 or 5	+)	Ille. Do NO	T use re	done durin tired.)	ny most	or working					
12				Ва	anke	er				Ban	king		
17. FATHER'S NAME (First, Mi	iddle, Last)					-		16. MOTHER'S N	AME (First,				
Herbe	rt		Rider					Cora					Ellis
19a. INFORMANT'S NAME (7)	rpe/Print)			19b. MAII	ING AD	DRESS (Sh	treet end	i Number or Rura	I Route Num	ber, City or Town	n. State. 7	(p Code)	44449
Dorothy C.						s 10				0.4.5.7.5		,,	
20e, METHOD OF DISPOSITI		oval from State	20b. PL	ACE OF DIS	POSITI	ON (Name o	of ceme	tery, crematory or					lown, State
4 Donation 5 Other					Ma	rlbo	ro	UM Chur	ch		_		vert) MD
21. SIGNATURE OF GUNERAL	SERVICE U	CENTEZ /	11	1		22, NAN	ME ANO	ADDRESS OF F	ACILITY	Rai	ısch	FH.	Owings, MD
1///	1/h	Lad	Phys	32		17	70%	scH	F	HC	Du	1/1	igg. Md
23. PART I. Enter the di	seases, or	complications th	at caused th	e death.	o not	enter the	e mode	e of dylng, au	ch as cen	diac or reepi	ratory a	rrest,	Approximate
		List only one ce	use on eech	line.					- 1				Interval Between Onset and Death
IMMEDIATE CAUSE (Fin disease or condition	101	Λ	. +	2		1		++1.1	0 .				
reaulting in deeth)	7	a. DUE TO	COR AS A CO	I CE S	E OF	9/	>	ta, lu					
		7		+	- 1	1		aphor	~ (4				44.75
Sequentially list conditi		b. OUE TO	OR AS A CO	NSEQUENC	E OFI:		40	aphor	101				177
If any, leeding to immed cause. Enter UNDERLY!			•	20000000									
CAUSE (Disease or Inju		COUE TO	OR AS A CO	NSFOLIENC	F OF								
that initiated events reculting in death) LAS	т П		(0.1.7.0.7.00		_ 0. ,.								
		d											
PART II. Other significa	nt condition	ns contributing to	death but	not resulti	ng in 1	the Under	rlying	cause given i	n Part i.	24a. WAS AN	AUTOPSY	24	b. WERE AUTOPSY FINDINGS
N.	- 6 - 0	ngtil	+ :	L c	12.	1 -	-		1.	PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
1,30	22.	19 WI	-	1000	730	all		-049UI	CAFILL	1 TES 2	NO		OF DEATH?
													1 TYES 2 NO
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:				THER:	26. PLA	CE OF DEATH (	Check only o	ne)			
1 TYES 2 NO		1 Dipatient 2	☐ ER/Outpatie	int 3 🗆 DC			Home	5 🗆 Residence	5 🗆 Oth	r (Specify)			
27. MANNER OF OEATH	STATE OF THE STATE	28e. DATE O	F INJURY Day, Year)	28b.	TIME O		c. INJUI		28d. DE	SCRIBE HOW I	NJURY O	CCUREO	
	Pending Investigation	1,,,,,,,,,,,	,,,					S 2 NO					
a Catata	Could not be	28e. PLACE	OF INJURY —	At home, fe	rm, atre	et, fectory.	, office		281. LOC	ATION (Street	and Numb	er or Rural	Route Number,
	determined	Dunding	, etc. (Specify)						City	or Town, State)			
29e. CERTIFIER	JEVING DUVE	ICIAN: To the best of	d my knowled	na danth	ourse d	et the the	data -	nd alone and a	un to the	usofal cod =		istand	
CONSUM ONLY													(s) end menner es stated.
29b. SIGNATURE AND TITLE	OF GERTIFIE	R						29c. LICENSE N	IIMRED		29d D4	TF SIGNE	ED (Month, Day, Year)
	1/1:	ik )						1/2	בוכ	?	<b>D</b>	7-1	8-9/
20 114117 417 - 20075	VI	10 00000						US	516	>			()
30. NAME AND ADDRESS OF			ISE OF DEATH				-	~			0		
JONATHAN LO	MEMILH	ALI M. D.	MR'S SIGNATI	PRIN	ÇE.	FRED:	ĿRI	CK, MD		2067	8		
31. DATE FILED (Month, Day,	3 199	O Suhar	andsor-	Manar									



13146,	
P.O. BOX	
RECORDS,	
OF VITAL F	
DIVISION	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows eny injury, or other traumatic event, the medical examiner must be notified at once.

S

16

Rieban

M.D

Michael

							0 41126
	FOR STATE REGISTRAR	TATE OF MARYLAND / CE		T OF HEALTH AND E OF DEATH	MENTAL HYGIEN REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)	0 1- 1			2. DATE OF DEATH MONTH DA	Y YE	3. TIME OF DEATH
		holand			7 1.	3 90	0715 M
	4. SOCIAL SECURITY NUMBER 5.5 212-36-9254	SEX 6. AGE (In yrs. lest	P YRS. IF UNDI	DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	~	BIRTHPLACE (State or Foreign Country) arvland
	9a. FACILITY NAME (If not institution, give street a	and number)	96. CIT	Y, TOWN OR LOCATION OF D		9c. COUNTY	
TOR	Anne Arundel	medical G	enter A	crapolis, Mc	1.	A	A.Ca.
DIRECTOR	10e. STATE 10b. COUNTY	A 3 - 7	10c. CITY, TOWN				10d. INSIDE CITY LIMITS?  1  YES 2  NO
	Maryland Anne	Arundel	A)	napolis 101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	809 Boucher Ave			21403			S.A.
ž	11. MARITAL STATUS 12.	WAS DECEDENT EVER IN U.S. ARC		. WAS DECENDENT OF HISPA	NIC ORIGIN? (Specify Yes	or No- 14.	RACE — American Indian.
BY FI		FORCES? 1 TYES 2 No IF YES, GIVE WAR OR DATES	10	If yes, specify Cuben, Mexico 1 YES 2 NO Specif			Black, White, etc.  Specify: White
	15. DECEDENT'S EDUCATIO	ON 16a. DE	CEDENT'S USUAL	OCCUPATION	16b. KIND OF BU		
COMPLETED	(Specify only highest grade complete (Specify only highest grade complete (Specify Only 1) Compl	oleted) (Gi life.	ive kind of work don Do NOT use retired	during most of working			
3	2		urse		Heal	th Ca	re
8	17. FATHER'S NAME (First, Middle, Last)	, , , , ,		18. MOTHER'S NA	ME (First, Middle, Malden		70
BEC	Riley Woods			Eller	Carolin	e Gode	dard
	19a. INFORMANT'S NAME (Type/Print)	198	. MAILING ADDRE	SS (Street and Number or Rural			
2	Barbara Stokes		909 Var	Buren Str	reet, Ann	apoli	s, MD 21403
	20a. METHOD OF DISPOSITION 13 Burlel 2 Cremation 3 Removal	from State 20b. PLACE other pla		Name of cemetery, crematory or	20c. LO	CATION — City	or Town, State
	4 Donation 5 Other (Specify)	Stal	Maryts	Cemetery	An	napol	is MD
- 1	21. SIGNATURE OF SUNKHAL SERVICE LICENS	+ ()	2	aylor Fune	Chan	ما	21401
	* (Kaelly (	Lanage		L47 Glouces			
	23. PART I. Enter the diseases, or comp		eth. Do not ent				, Approximete
	ahock, or heart fellure. Llat IMMEDIATE CAUSE (Finel	only one cause on each line	11	· ·			Interval Between Onaet and Deeth
	disease or condition	(angestru	e Has	ent Faile	Ne		
	resulting in death) e	DUE TO (OR AS A CONSEC	-ora 1				
z		aertic	Ste	uos 15			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEC	DUENCE OF):				
3	cause. Enter UNDERLYING CAUSE (Disease or Injury						
E	that initiated events	OUE TO (OR AS A CONSEC	DUENCE OF):				
E3	resulting in death) LAST						
-	PART II. Other significant conditions of	ontributing to death but not i	resulting in the	underlying cause given in	Part I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
S	Cimhosis	acute Res	ral Fo	uliero.	PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE
ED	Correction	anton D	id on 10	2	1 TYES	Z [] NO	OF DEATH?
Σ		900 1009 10			_		1 1 120 2 1 10
AN	25. WAS CASE REFERRED TO MEDICAL			26, PLACE OF DEATH (C	heck only one)		-
SIC		OSPITAL:  Inpatient 2 ER/Outpatient 3	DOA 4 D	ER: lursing Home 5 - Residence	6 Other (Specify)		
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	28s. DATE OF INJURY	28b. TIME OF INJURY	28c. INJURY AT	28d. DESCRIBE HOW	INJURY OCCUR	ED
	1 Natural 5 Pending	(Month, Day, Year)	M	WORK?			
) BY	2 Accident investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, street, f	actory, office	28f. LOCATION (Street City or Town, State	and Number or I	Rural Route Number,
TEI	4 Homicide determined	semental see (openly)			City or rown, State	,	
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSICIAN	Y: To the best of my knowledge, de	eath occurred at th	e time, data and place, and du	e to the cause(a) and ma	nner sa stated.	
MC	one)	on the basis of examination and/or					ause(a) and menner as atated.
	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU	JMBER	29d. DATE SI	IQNED (Moeth, Day, Year)
BE	WARDE	volle		736	422	17	113/90
5		OMPLETED CAUSE OF DEATH (ITE	74 PT (7 D/m)	11/	- (00	· .	.0/10

2568-A Riva Road, Annapolis,

21401

MD

29.51 

DHMH-16 Rev 1/89

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit, be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunial, cremation, or removal. ours after death. Page 6 may be retained by the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

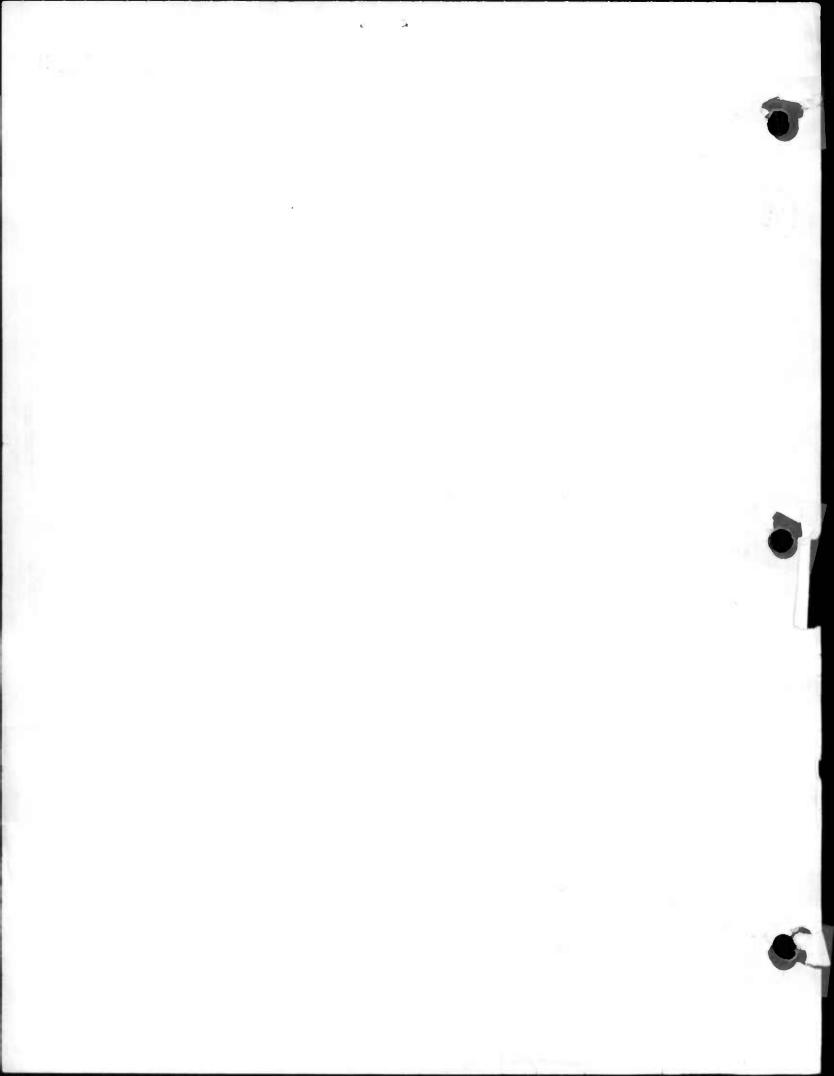
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	REGISTRAR		CE	ERTIF	CATE	OF I	DEATH	F	IEG. NO.			
1	1. DECEDENT'S NAME (First, Middle, Last)	Too						2. DATE OF MONTN	DA	Y	YEAR	3. TIME OF DEATH
	Norm			Roe					7-90	_		9:23AM
j	4. SOCIAL SECURITY NUMBER 218-50-2220	5. SEX 1 M 2 F	AGE (In yrs. les	YRS.	MONTHS D	AYS	HOURS MIN.	7. DATE OF I	5, 19	947	Count	PLACE (State or Foreign ry) ryland
5	98. FACILITY NAME (If not institution, give Easton Memoria					own or	LOCATION OF DE	EATH			bot.	County
5	RESIDENCE OF DECEDENT  10e, STATE 10b, COUNT	Y		10c. CITY	r, TOWN OR	LOCATI	ON					10d. INSIDE CITY
. DIRECTOR	Maryland Tal			1	Mich	ael	s			,		10d. INSIDE CITY LIMITS? 1 YES 2 NO
LONERAL	10e. STREET AND NUMBER  Rt \$2, Box	843				101.	21663			USA		WHAT COUNTRY?
DI TON	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	YES 2 1	RMED NO	If y	es, spe	NDENT OF HISPAI city Cuban, Maxica 2 NO Specif	in, Puarto Rica		or No—	14. RAC Blac Spec	E — American Indian, k, White, etc.
COMPLEIED	15. DECEDENT'S ED (Specify only highest grad	UCATION le completed)	16a. DE	CEDENT'S	USUAL OCC: vork done dur ne retired.)	UPATION	N t of working	16b. KII	ND OF BUS	SINESS/INI	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)		atem				S	eafo	bd		
	12 17. FATHER'S NAME (First, Middle, Last)		***	atem	KUI		18. MOTHER'S NA					
	Norman M. Ro	e					Virgin	ia New	nam			
4	19a. INFORMANT'S NAME (Type/Print)						d Number or Rural	Route Number,	City or Tow			
2	Susan Lynne Ro	e					3, St. I	Michae			2160	
	20a. METHOD OF DISPOSITION  1 X Burlel 2 Cremation 3 Red 4 Donation 5 Other (Specify)	moval from State	Md. V	of dispos lece) eters	ins Ce	me t	etery, cremetory or ery			cation — r lock		The state of the s
	21. SIGNATURE OF FUNERAL SERVICE L	E Leona	d		Har	ris	on E. L	eonard				e , MD. 21663
PHYSICIAN: MEDICAL CERTIFICATION	Sequentielly list conditions, if any, leeding to immediata ceuse. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in daeth) LAST	bDUE TO (OR	AS A CONSE	QUENCE O	F):	ero	tic card	liovaso	cular	r dis	sease	2
	PART II. Other algolificent condition	ona contributing to de	ath but not	reaulting	in the und	arlying	cause given in		PERFO		24	b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE
								_   '	YES :	2 [] NO		OF DEATH?
	25. WAS CASE REFERRED TO MEDICAL						ACE OF DEATH (C	heck only one)				
	EXAMINER?	HOSPITAL: 1 ☐ inpatient ★□X EF	VOutpatient	3 XXOA	OTHER:		5 🗆 Rasidence	6 Other (S	Specify)			
	27. MANNER OF DEATH  1 X Maturel 5 Pending Investigation	26a. DATE OF INJ (Month, Day, 1		26b. TIN	JURY M		JRY AT RK? 'ES 2 NO	28d. DESCR	IBE HOW	INJURY O	CCUREO	
	2 Accident investigation 3 Suicide 6 Could not b 4 Homicide detarmined	28e, PLACE OF IN		ome, farm,	street, factor	ry, office			ON (Street Town, State		er or Rural	Route Number,
	(Check only	SICIAN: To the best of my										(e) and manner as stated.
1	250. SIDNATURE AND TALLE OF CERTIF	en .					29c. LICENSE NU	JMBER		29d. DA		D (Month, Day, Year) 7–18–90
2	30. NAME AND ADDRESS OF PERSON V		OF OEATH (IT			enn	Street	.Baltir	nore	WD 3		
	31. DATE FILED (Moven, Day, West)	32. REGISTRAR'S	SIGNATURE		F	-1111	DITTEEL,	, LAIL LEI	WIE!	2 (11.3)		
	JU 19'5	00 Sed	. Kind	מל .								





TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed.

TO THE FUNERAL ORECTOR: After this certificate has been signed by the attending physician and com, while of the funeral director, page 5 should be detached for use as the bunia-transit permit. Pages 1, 2, 3 is fined within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, call, and or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146.

-	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGII

	FOR STATE REGISTRAR	STATE OF MARYL			OF HEALTI		MENTAL HYGIEN		14
	1. DECEDENT'S NAME (First, Middle, Last)  OR, Clyde L	Randall					2. DATE OF OEATH MONTH 7 19	90 YE.	3. TIME OF DEATH  200 PM
	4. SOCIAL SECURITY NUMBER 108-34-5763	6. SEX 8. AGE (	(In yrs. last birthday) YRS.	IF UNDER	DAYS HOURS	ER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 7/12/05	US	PARTHPLACE (State or Foreign KANSAS
OR	9a. FACILITY NAME (If not institution, give st FAIRHAVEN	reet and number)			town or Local esville			9c. COUNTY Carrol	
DIRECTOR	10a. STATE 10b. COUNTY  MD. Carro			TY, TOWN O					10d, INSIDE CITY LIMITS?  YES 2 NO
FUNERAL	7200 Third Ave.				10f. ZIP CO			10g. CITIZEN USA	OF WHAT COUNTRY?
BY FUNE	11. MARITAL STATUS 1 Never Merried 2. Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVEN IF FORCES? 1 7 YES IF YES, GIVE WAR OR D.	2 NO	H		Ban, Mexica	NIC ORIGIN? (Specify Ye in, Puerto Rican, atc.) y:	pa or No— 14.	RACE — American Indian, Black, White, atc. Specify:
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)  College (1-4 or 5+)	16a. OECEOENT' (Give kind of life. Do NOT	work done a	CUPATION furling most of wor	,		edicin	
BE CON	17. FATHER'S NAME (First, Middle, Last) HARLIJ & K	ANDALL			16. MC	RU	ME (First, Middle, Meider, TH L		
TO	19a. INFORMANT'S NAME (Type/Print) HARRY G. R	andall I	[ 30c	3	Scifa:	per or Rural	rd. 50	wn, State, Zip Coo	md. 21152
	20a. METHOO OF DISPOSITION  1	oval from State	other place)  CARR	OSITION (Na	CREM	ematory or	ey Hh	OCATION — City	or Town, Stata
	Harry Le	). Haish	t	H	Bight	FH	Box 19.	5 Septe	SULLE, MA
	23. PART I. Enter the diseases, or canock, or heart feilure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	. Arterios	clerotic	ر د			ler disc		Approximate interval Batween Onaet and Death
NOIL	Sequentially list conditions, if any, leading to immediate	b	A CONSEQUENCE						
CERTIFICATION	ceuse. Enter UNDERLYING CAUSE (Diseese or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS /	A CONSEQUENCE	OF):					
AL CE	PART II. Other algorificent condition	s contributing to death t	out not resulting	g in the un	derlying caus	e given in		N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
PHYSICIAN: MEDIC							1  YES	2 NO	COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER		-	, ,		
BY PHYS	1 VES 2 VAG  27. MANNER OF DEATH  1 Vatural 5 Pending 2 Accident Investigation	1 Inpetient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year)	28b. T	4 Nun	28c. INJURY AT WORK?		6 ☐ Other (Specify)  28d. DE\$CRIBE HOW	INJURY OCCUR	ED
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe	Y — At home, farm	, street, fact	ory, office		281. LOCATION (Stree City or Town, Stat	t and Number or I e)	Rural Route Number,
COMPLETED	one)	CIAN: To the best of my know							ause(a) and menner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	" West.	My m	D	29c. L	JZZ	120	≥ 29d. DATE SI	INEO (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHE Ellis Mez M	10 1649	EATH ITEM 27) (TO	pe, Print)	Rd.	E	Idosbury,	Mt.	21784
	31. DATE FILED (Month, fig. 1984) 0 '9		Nature Davidson	Pandel	2		<i>J</i> 1		



3. TIME OF DEATH

1:45 P M

90 YEAR

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle Lest)

Anna R. Richardson

	,
2	106.50
9	-
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	the state of the s
×	
5	4
n	out Sing
9	0
D.	danah
S	4
¥	1
Ö	
Ĭ	1
₹	-
5	
L	0
0	-
Z	0
9	
5)	1
$\leq$	0
_	ž

7. DATE OF BIRTH 5. SEX 8. BIRTHPLACE (State or Foreign 8. AGE (In vrs. lest birthdev) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS 1 M 2 F YRS. 86 213-03-0876 05 03 Maryland permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Meridian, The House in Pines Easton, Md. Talbot IRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10e. STATE 10d. INSIDE CITY 1 X YES 2 | NO Maryland Talbot ō Easton FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? detached for use as the burial-transit 613 N. Washington ST. 21601 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 ☐ YES 2 ☑NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuban, Mexican, Puerto Rican, atc.) 11. MARITAL STATUS 14. RACE — American Indien, Black, White, etc. 1 Never Married 2 Merried 1 TYES 2 NO Specify: Specify: BY 3 🔀 Widowed 4 🗌 Divorced white COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16h KINO OF BUSINESS/INQUISTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) 6 homemaker ONCO. 18. MOTHER'S NAME (First, Middle, Maiden Surname) 17. FATHER'S NAME (First, Middle, Last) the funeral director, page 5 should be Luther Merritt Covey Carrie Jane Taylor B notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Edlon Park Cambridge, MD must be 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION - City or Town, Stata Cremation 3 - Re Spring Hill Cemetery 4 Donation 5 Other (Specify) Easton, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Newnam Funeral Home Easton, Maryland medicai 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdisc or respiretory arrest, shock, or heart fellure. List only one cause on each line. Approximete filled in by interval Between 0 **Onset and Death** IMMEDIATE CAUSE (Fine) nding physician and completely fille Hygiene prior to burial, cremation, or other traumatic event, the diseese or condition ORFANIC 15 YEARS resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury QUE TO (OR AS A CONSEQUENCE OF): that initiated events attending resulting in deeth) LAST this certificate has been signed by the atter with the State Dept, of Health and Mental item 23 shows any Injury, PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? ARRITER TELLITUS 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 🗷 Nursing Home 5 🗆 Residence 8 🗆 Other (Specify) 1 YES 2 NO atient 2 - ER/Outpatient 3 - DOA marked, or 27. MANNER OF DEATH 28a, DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO L DIRECTOR; After the hours after death v BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide .00 COMPLETED 8 Could not be 4 Homicide Item 28 29e. CERTIFIER (Check only 1) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end manner se stated. THE HOSPITAL I THE FUNERAL C MPORTANT: If 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month. Day, Year) D00250 7/9/90 223 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Callum R. W. Bain, 415 E. Dover St., Easton MD M.D. 21601 31. DATE FILED (Month, Dey, Year) 32. REGISTRAR'S SIGNATURE della Micheller DHMH-16 Ray 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2. DATE OF DEATH

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
-		D	Shings.

	FOR STATE OF MARYL 1 - STATE REGISTRAR		TMENT OF H		MENTAL HYGIEN REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last) Dorothy		oschy		2. DATE OF DEATH DO	(/19/90,	3. TIME OF DEATH
		(in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH 8	190d 8. BIF	THPLACE (State or Foreign
	245-88-1818 1 DM 2 X F 80	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)		nnsylvania
DIRECTOR	Ba. FACILITY NAME (If pot institution, give street and number)  104F Secure Ut Hickory Her  RESIDENCE OF DECEDENT	els letts	96. CITY, TOWN O	R LOCATION OF DE.	Air	9c. COUNTY OF	Harford Co.
REC	10e. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR LOCAT				10d. INSIDE CITY LIMITS?
	Maryland Harford County		Bel Air	ZIP CODE		Lan OFFITEN O	1 1 YES 2 □ NO F WHAT COUNTRY?
RA	106_F Seavue Court		2.75	21014		U.S	
BY FUNERAL	11. MARITAL STATUS  1  Never Merried 2  Married  3  Widowed 4  Divorced	2 WNO	If yes, spe		IC ORIGIN? (Specify Yee , Puarto Rican, atc.)	or No — 14. R/ Bl	ACE — American Indian, lack, White, etc.
	15. DECEDENT'S EDUCATION		USUAL OCCUPATION		16b. KIND OF BUS	SINESS/INDUSTRY	
LET	(Specify only highest grade completed)  Elementary/Secondary (0-12)  Cullega (1-4 or 5 +)	Ille. Do NOT us		st or working	77		
COMPLETED	12 3	Housewi	1.6	18. MOTHER'S NAI	Homen		
ш	Warren William Wilson				ace	-11111	nsley
TO B	190. INFORMANT'S NAME (Type/Print) Son 939-1598				loute Number, City or Tow		
-	Mr. John D. Roschy 200. METHOD OF DISPOSITION 200	b. PLACE OF DISPO			e de Grace	Maryl	and 21078 Town, State 16373
	1 X Burial 2 Cremation 3 Removal from State	other place) mlenton					Pennsylvania
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE JOSEPh W.		22. NAME AN	D ADDRESS OF FAC	Foster Foster	Funera	1 Home
	Josephrosen toster		50 W Bel	est Broad Air. Mar	dway & Wil yland 2101	liams S	treet
	23. PART I. Enter the diseases, or complications that cause shock, or heart fellure. Liet only one cause on a IMMEDIATE CAUSE (Final disease or condition	each line.			Dun		Approximate Intervel Between Onset and Death
7	Teoditing III dootily	A CONSEQUENCE O		ucnus	New		l l
CERTIFICATION	if sny, leeding to immediate	A CONSEQUENCE O	F):				
	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente	A CONSEQUENCE O	F):	-			
E	resulting in deeth) LAST						
C	PART II. Other significent conditions contributing to deeth	but not resulting	In the underlying	g ceuse given in	Part I. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICA					1 YES :	1/	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. PI	LACE OF DEATH (Ch	eck only one)		
IX	1 YES 2 NO 1 Inpatient 2 ER/Out 27. MANNER OF DEATH 280. OATE OF INJURY	tpatient 3 🗆 DOA	4 - Nursing Horr	Ne 5 Reeldence	6 Other (Specify)  28d. OESCRIBE HOW	INJURY OCCURE	)
ВУ Р	1 Neturel 5 Pending (Month, Day, Year)	84	JURY WO	YES 2 NO	111-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		
	3 Suicide 6 Could not be 4 Homicide determined	Y — At home, farm, scify)	street, fectory, offic	50	28f. LOCATION (Street City or Town, State		rel Route Number,
COMPLETED	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my known one)  2 MEDICAL EXAMINER: On the basic of examination						se(e) end menner ee stated.
TO BE (	2016 SIGNATURE AND TITLE OF CENTHER LOGS. MELLES	lefomen	K	29c. LICENSE NUM 20 1194	ABER /	≥ 7//4	NED (Morith, Day, Year)
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF D  RICHARD J COLFER, MD	EATH (ITEM 27) (Typ 2013		Church &	4 21034	,	
	31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIG	NATURE 2 Davidson-1	Pandelle				

urs after death. Page 6 may be retained by the hospital or attending physician.	led in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pag	, or removal.	medical examiner must be notified at once.	
TO THE MOSPITAL OR ALTENDING PHYSICIAN: The law requires that the deam certaincate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit Page	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
RAR	CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE OF MARYLAND / DEPARTM CERTIFIC	MENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)  JOHN W. RADECKE		2. DATE OF DEATH MONTH MAY 28 19	3. TIME OF DEATH A M
	217-07-8890 150 M 2 □ F 75 YRS. MC	UNDER 1 YEAR IF UNDER 24 NRS. INTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10-3-1914	8. BIRTHPLACE (State or Foreign Country) New York
TOR	90. FACILITY NAME (If not institution, give street and number)  104 N. University Avenue	city, town on Location of DE Federalsburg	The state of the s	oline
DIREC	10e. STATE 10b. COUNTY 10c. CITY, T	own or Location leralsburg		10d. INSIDE CITY LIMITS? 1 1 TYPES 2 NO
ERAL	100. STREET AND NUMBER 104 N. University Avenue	10f. ZIP CODE 21632		ZEN OF WHAT COUNTRY?
BY FUNERAL DIRECTOR	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPAN If yea, specify Cuban, Mexice 1 ☐ YES 2 ☒ NO Specify	n, Puerto Rican, atc.)	14. RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	Flementary/Secondary (0-12) College (1-4 or 5 +) Ilfe. Do NOT use re	done during most of working	18b. KIND OF BUSINESS/INO Poultry	USTRY
BE COM	17. FATHER'S NAME (First, Middle, Last)  John Julius Radecke		ME (First, Middle, Maiden Sumame) Franke Rad	ecke
TO B		University	Route Number, City or Town, State, Zip	Code) 21632
	Wardela Mardela M	on (Name of cemetery, crematory or lemorial Ceme	tery Mardela	and the second second
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Framptom-Ha	wkins Funera deralsburg.	1 Home
	23. PART I. Enter the diseases, or complications that caused the death. DD not shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):		h as cardiac or respiratory arr	Interval Between Onset and Death
CERTIFICATION	Sequentielly liat conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST			1.0
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions contributing to death but not resulting in	the underlying cause given in	Part I. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2  ONO
ICIAN		26. PLACE OF DEATH (Ch		
Y PHYS	27. MANNER OF DEATH  1 Netural 5 Pending  28e. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY (Month, Day, Year)		8 Other (Specify)  28d. DESCRIBE HOW INJURY OCC	CUREO
TED BY	2 Accident Investigation 3 Suicide 8 Could not be datermined 28e. PLACE OF INJURY — At home, ferm, atre	et, factory, office	28f. LOCATION (Street and Number City or Town, State)	r or Rural Route Number,
COMPLETED	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred to the best of examination end/or investigation,			
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUI	MBER 29d. OAT	E SIGNEO (Month, Day, Year)
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pr	1	muster	2/6/12
	JUN 1 4 '90 Julia Javidson-Randelle			DHMH-16 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

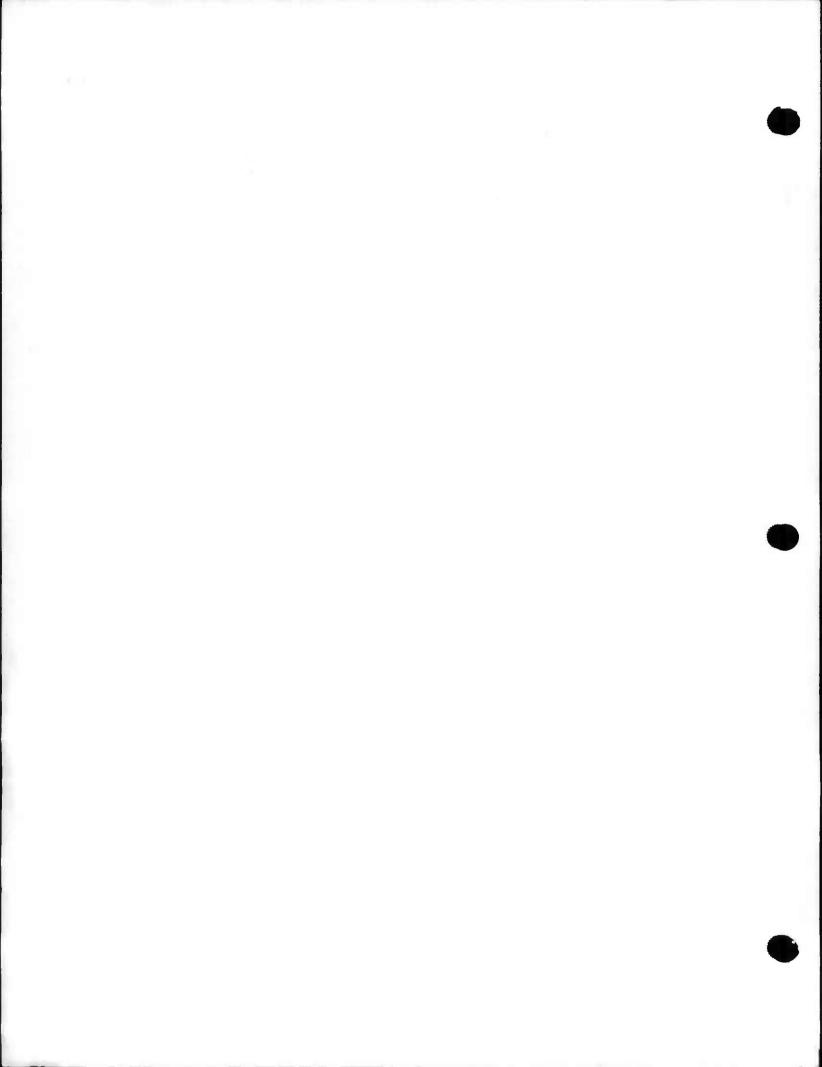
REGISTRAR			C										
1. DECEDENT'S NAME (First, A	Aiddle, Last)								ATE OF DE	ATH DA	W	YEAR	3. TIME OF DEATH
Elva	3	Eliza	beth	Ree	d			1	ine	7.	1990		7:45 P
4. SOCIAL SECURITY NUMBER	-	5. SEX	8. AGE (In yrs. Is		IF UNDER	,	IF UNDER 24 HRS.	7, D.	ATE OF BIF			8. BIRT	HPLACE (State or Forei
220-09-9853	7	1 □ M 2 및 F	8	O YRS.	MONTHS	DAYS	HOURS MIN.	0,"	fonth, Day,	19	00	Coun	rvland
9a. FACILITY NAME (If not insti		reet and number)	0	9	9b. CITY	r. TOWN C	OR LOCATION OF E	EATH	2.5	13		INTY OF	
													•
Caroline M	Vurs1	ng Hom	e		De	ento	n			_	Ca.	rol	ine
	10b. COUNTY			10c. CIT	TY, TOWN C	OR LOCAT	ION						10d. INSIDE CITY
Maryland	C	arolin	e	1			Denton						1 X YES 2 N
10e. STREET AND NUMBER						101	ZIP CODE				10g. CIT	IZEN OF	WHAT COUNTRY?
Hobbs Road							21629				TT	. S	7\
11. MARITAL STATUS		12 WAS DECEDE	NT EVER IN U.S. A	RMED	13	WAS DEC	ENDENT OF HISP	NIC OF	IIGIN? (Spe	cify Van			
1 Never Married 2 M	larried	FORCES?	1 YES 2	NO		If yes, sp	ecify Cuben, Mexic	an, Pu			01110		CE — American Indian, ick, White, etc.
₩idowed 4 Divorc	bed	IF YES, GIVE	WAR OR DATES			1 U YES	2 NO Spec	tty:					ucasian
15. DECEI	DENT'S EDUC	CATION	16a F	ECEDENT'S	R USUAL O	CCUPATIO	ON		16b KIND	OF BUS	SINESS/IN		uCasian
(Specify only I	highest grade	completed)		Give kind of te. Do NOT u	work done	during mo	st of working	- 1	1000 10110				
Elementary/Secondary (0-1	(2)	College (1-4 or 5	(+)					- 1	D				
7 yrs.  17. FATHER'S NAME (First, Mid.	Ide Lact			rrog	uctl	LOII	Worker				ons		
James Bar	-	ones							e V				
19a. INFORMANT'S NAME (Typ	oe/Print)		1				and Number of Runi						
Ramona Mc	Cord							_					MD 2163
20a, METHOD OF DISPOSITIO		oval from State	20b. PLAC	E OF DISPO	OSITION (Ne	ame of cer	metery, crematory or			20c. LO	CATION -	- City or	Town, State
		nom out		ton	Como		·v		1	De	nto	n, 1	Maryland
1 ☑ Burial 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other (5	Specify)		Dell	COII	Cellie	rer							
	///	ENSEK)	1 Dell	COII	22.	NAME A	ND ADDRESS OF		1				
4 Donation 5 Other (S	///	ENSED	Toors	COIL	22. M	name al	e Fune	ral	L Ho	me,	Р.		
23. PART I. Enter the disselect, or hei	service uc beases, pro- art fallure.	complications th	nat caused the couse on each life	death. Do	M. T. not antar	NAME AND ADOLE THE ME	no Address of the Fune on Mande of dying, su	ral	Honand	me, 21	P. 629	Α.	Approximat Interval Bet Onset and
21. Signardile of Punenal.  23. PART I. Enter the die	service uc beases, pro- art fallure.	complications th	nat caused the couse on each life	death. Do	M. T. not antar	NAME AND ADOLE THE ME	no Address of the Fune on Mande of dying, su	ral	Honand	me, 21	P. 629	Α.	Interval Bet Onset and
23. PART I. Enter the die shock, or her disease or condition	service uc beases, pro- art fallure.	complications th	nat caused the couse on each life	death. Do	M. T. not antar	NAME AND ADOLE THE ME	no Address of the Fune on Mande of dying, su	ral	Honand	me, 21	P. 629	Α.	Interval Bet
23. PART I. Enter the dissesse or condition resulting in death)  Sequentially list condition	seawage up	complications th List only one cs	nat caused the couse on each life	death. Do na.  ; culo sequence of	not antar	NAME AND ADOLE THE ME	no Address of the Fune on Mande of dying, su	ral	Honand	me, 21	P. 629	Α.	Interval Bet Onset and
23. PART I. Enter the die shock, or her disease or condition resulting in death)  Sequentisity list condition from the shock of the sho	seasea, or cart fallyre.	complications th List only one cs	nat caused the cause on each life of the cause of the cau	death. Do na.  ; culo sequence of	not antar	NAME AND ADOLE THE ME	no Address of the Fune on Mande of dying, su	ral	Honand	me, 21	P. 629	Α.	Interval Bet Onset and
23. PART I. Enter the dissesse or condition resulting in death)  Sequentially list condition from the shock or the shock o	seasea, or cart fallyre.	complications th List only one cs  s. OUE TO  DUE TO  C.	nat caused the cause on each life of the cause of the cau	death. Do na.  Culo EQUENCE (	not enter	NAME AND ADOLE THE ME	no Address of the Fune on Mande of dying, su	ral	Honand	me, 21	P. 629	Α.	Interval Bet Onset and
23. PART I. Enter the dissess or condition resulting in death)  Sequentially list condition from the condition resulting in death)	beases, or cart failure.	complications th List only one cs  s. OUE TO  DUE TO  C.	nat caused the cause on each life of the cause on each life of the cause of the cau	death. Do na.  Culo EQUENCE (	not enter	NAME AND ADOLE THE ME	no Address of the Fune on Mande of dying, su	ral	Honand	me, 21	P. 629	Α.	Interval Bet Onset and
23. PART I. Enter the die shock, or hei shock or condition resulting in death)  Sequentisity list condition if any, leading to immediate. Enter UNDERLYIN CAUSE (Disease or injum that initiated events	beases, or cart failure.	complications th List only one cs  s. OUE TO  DUE TO  C.	nat caused the cause on each life of the cause on each life of the cause of the cau	death. Do na.  Culo EQUENCE (	not enter	NAME AND ADOLE THE ME	no Address of the Fune on Mande of dying, su	ral	Horand cardiac co	me, 21 or resp	P., 629 iratory se	A.	Interval Bet Onset and
23. PART I. Enter the die shock, or her shock, or her shock or condition resulting in death)  Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injuntat initiated events resulting in death) LAST	beases, or cart failure.	s. Ceres. OUE TO DUE TO d.	nat caused the cause on each life of the cause on each life of the control of the cause of the c	death. Do na.  Culo SEQUENCE ( SEQUENCE ( SEQUENCE (	not enter  of:  cop:	NAME AND A TOO R TO THE MEDICAL TO T	no ADDRESS OF ITE FUNC On, Ma ode of dying, su Low C	ral ry lich se	Horand cardiac co	me, 21 or resp	P	A.	Interval Bet Onset and
23. PART I. Enter the die shock, or hei shock, or hei shock or hei shock or hei shock or hei shock or hei shock or hei shock or hei shock or hei shock or hei shock or hei shock or hei shock or hei shock or hei shock or	beases, or cart failure.	s. Ceres. OUE TO DUE TO d.	nat caused the cause on each life of the cause on each life of the control of the cause of the c	death. Do na.  Culo SEQUENCE ( SEQUENCE ( SEQUENCE (	not enter  of:  cop:	NAME AND A TOO R TO THE MEDICAL TO T	no ADDRESS OF ITE FUNC On, Ma ode of dying, su Low C	ral ry lich se	Horand cardiac	me, 21 or resp	P	A.	Interval Bet Onset and I O he m  Year  4b. WERE AUTOPSY FIN AMAILABLE PRIOR TI COMPLETION OF CA
23. PART I. Enter the die shock, or hei shock, or hei shock or hei shock or hei shock or hei shock or hei shock or hei shock or hei shock or hei shock or hei shock or hei shock or hei shock or hei shock or did not shock or hei shock or s	beases, or cart failure.	s. Ceres. OUE TO DUE TO d.	nat caused the cause on each life of the cause on each life of the control of the cause of the c	death. Do na.  Culo SEQUENCE ( SEQUENCE ( SEQUENCE (	not enter  of:  cop:	NAME AND A TOO R TO THE MEDICAL TO T	no ADDRESS OF ITE FUNC On, Ma ode of dying, su Low C	ral ry lich se	Horand cardiac	me, 21 or resp	P	A.	Interval Bet Onset and I O hem  Vear  4b. WERE AUTOPSY FIN AMAILABLE FRIOR TI COMPLETION OF CA OF DEATH?
23. PART I. Enter the die shock, or hei shock, or hei shock or hei shock or hei shock or hei shock or hei shock or hei shock or hei shock or hei shock or hei shock or hei shock or hei shock or hei shock or did not shock or hei shock or s	beases, or cart failure.	s. Ceres. OUE TO DUE TO d.	nat caused the cause on each life of the cause on each life of the control of the cause of the c	death. Do na.	not enter  of:  cop:	NAME AND A TOO R TO THE MEDICAL TO T	no ADDRESS OF ITE FUNC On, Ma ode of dying, su Low C	ral ry lich se	Horand cardiac	me, 21 or resp	P	A.	Interval Bet Onset and I O he m  Year  4b. WERE AUTOPSY FIN AMAILABLE PRIOR TI COMPLETION OF CA
23. PART I. Enter the die shock, or hei shock, or hei shock or hei shock or hei shock or hei shock or hei shock or hei shock or hei shock or hei shock or hei shock or hei shock or hei shock or hei shock or did not shock or hei shock or s	beases, or cart fallure.	s. Ceres. OUE TO DUE TO d.	nat caused the cause on each life of the cause on each life of the control of the cause of the c	death. Do na.	not enter  of:  cop:	NAME AND AND AND AND AND AND AND AND AND AND	no ADDRESS OF ITE FUNC On, Mande of dying, su does of dying, su dead C	ral ryl ch ss Lef	Horand cardiac of	me, 21 or resp	P	A.	Interval Bet Onset and I O hem  Vear  4b. WERE AUTOPSY FIN AMAILABLE FRIOR TI COMPLETION OF CA OF DEATH?
23. PART I. Enter the die shock, or hei shock, or hei shock, or hei shock or hei disease or condition resulting in death)  Sequentisity list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injuntat intitated events resulting in death) LAST  PART II. Other significan  Diabete  25. WAS CASE REFERREO TO EXAMINER?	beases, or cart fallure.	DUE TO  d. HOSPITAL:	nat caused the cause on each life of the Constant of the Const	death. Do na.	not enter  v a  orp: ti' c  orp:	NAME AND ON THE NAME AND ON TH	no ADDRESS OF ITE FUNCE On, Ma ode of dying, su dend C as cula g cause given	rall ryllich ss	Horand cardiac	Me, 21 or resp	P	A.	Interval Bet Onset and I O hem  Vear  4b. WERE AUTOPSY FIN AMAILABLE FRIOR TI COMPLETION OF CA OF DEATH?
23. PART I. Enter the dissesse or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  PART II. Other significant initiated events resulting in death) LAST  PART II. Other significant initiated events resulting in death) LAST	beases, or cart fallure.	DUE TO  d.  HOSPITAL: 1   Inpatient 2	nat caused the cause on each life of the Constant of the Const	death. Do na.  CUIO EQUENCE C EQUENCE C TEQUENCE C TEQUENCE C	not enter  OF):  OF):  OTHER	NAME AND AND AND AND AND AND AND AND AND AND	no ADDRESS OF ITE FUNCE On, Ma Dode of dying, su  Lace of OEATH ( The 5 - Residence	rallrylches	Holland cardlec of Asia Alisa	Me, 21 resp	P	A.	Interval Bet Onset and I O hem  Vear  4b. WERE AUTOPSY FIN AMAILABLE FRIOR TI COMPLETION OF CA OF DEATH?
23. PART I. Enter the disshock, or her shock	peases, or cart fallure.	DUE TO  DUE TO  C.  DUE TO  DU	nat caused the cause on each life of the Constant of the Const	death. Do na.  CUPO EQUENCE (  PEOUENCE (  REQUENCE (	not enter  OF):  OF):  OTHER	INAME AI AI OO IT OO IT THE IT	no ADDRESS OF ITE FUNCE On, Mande of dying, su  Lace of OEATH (  The S Residence of OEATH (  The S Residence of OEATH (  TORK?)	rallrylches	Horand cardiac	Me, 21 resp	P	A.	Interval Bet Onset and I O hem  Vear  4b. WERE AUTOPSY FIN AMAILABLE FRIOR TI COMPLETION OF CA OF DEATH?
4 Donation 5 Other (S 21. SIGNATURE OF FUNERAL  23. PART I. Enter the disphock, or heiling in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  For a cause of injunction in the cause. Enter UNDERLYIN CAUSE (Disease or injunction in the cause. Enter UNDERLYIN CAUSE (Disease or injunction in the cause of injunction in the caus	beases, or cart fallure.	DUE TO  B. OUE TO  B. OUE TO  C. DUE TO  C. DUE TO  C. LIB CONTRIBUTING to  HOSPITAL:  1   Inpetial:  28a. DATE C. (Month,	nat caused the cause on each life of the Constant of the Const	death. Do na.  CUPO EQUENCE ( FOR DEQUENCE ( TO DEQUENCE (	not enter  OF):  OF):  OF):  OF):  OF):  OF):  OF):	INAME AI AI OO TO	DADDRESS OF IT E FUNCE ON Mande of dying, su  And C  As cula  g cause given in  LACE OF OEATH (  ORK?)  YES 2 NO	rallrylches shows a second sec	Hotand cardiec of the state of	WAS AN PERFO	P. 629 Iratory self autropsy RMEO?	A .	Interval Bet Onset and I O he me Vear Manual E Prior To Completion of Ca of Death?  1 Yes 2
4 Donation 5 Other (S 21. Signaruffe or Funeral.  23. PART I. Enter the die shock, or hei immediate CAUSE (Fine disease or condition resulting in death)  Sequentisity list condition resulting in death)  Sequentisity list condition resulting in death)  Sequentisity list condition resulting in death)  LAST  PART II. Other significan Disabete  25. WAS CASE REFERREO TO EXAMINER?  1 YES MOO  27. MANNER OF DEATH  1 Metural 5 P  2 Accident 5 Suicide 6 C	Deases, proart fallyre.	DUE TO  DUE TO	nat caused the cause on each life  E Fr D V R CO  O (OR AS A CONS  O (OR AS A CONS  O (OR AS A CONS  O (OR AS A CONS  O (OR AS A CONS  O (OR AS A CONS  O (OR AS A CONS  O (OR AS A CONS  O (OR AS A CONS  O (OR AS A CONS	death. Do na.  CUPO EQUENCE ( FOR DEQUENCE ( TO DEQUENCE (	not enter  OF):  OF):  OF):  OF):  OF):  OF):  OF):	INAME AI AI OO TO	DADDRESS OF IT E FUNCE ON Mande of dying, su  And C  As cula  g cause given in  LACE OF OEATH (  ORK?)  YES 2 NO	rallrylches shows a second sec	Hotand cardiec of the state of	Me, 21 resp	P 629 iratory set 1	A .	Interval Bet Onset and I O hem  Vear  4b. WERE AUTOPSY FIN AMAILABLE FRIOR TI COMPLETION OF CA OF DEATH?
23. PART I. Enter the die shock, or hei immediate CAUSE (Fina diesese or condition resulting in death)  Sequentisity list condition resulting in death)  Sequentisity list condition resulting in death)  Sequentisity list condition resulting in death)  PART II. Other significant interesulting in death) LAST  PART II. Other significant in the condition of the cond	peases, or cart fallyre.	DUE TO  DUE TO	nat caused the cause on each life  E Fr D V R G  O (OR AS A CONS  O (OR AS	death. Do na.  CUPO EQUENCE ( FOR DEQUENCE ( TO DEQUENCE (	not enter  OF):  OF):  OF):  OF):  OF):  OF):  OF):	INAME AI AI OO TO	DADDRESS OF IT E FUNCE ON Mande of dying, su  And C  As cula  g cause given in  LACE OF OEATH (  ORK?)  YES 2 NO	rallrylches shows a second sec	Holand cardiac of Asia Asia Asia Asia Asia Asia Asia Asia	Me, 21 resp	P 629 iratory set 1	A .	Interval Bet Onset and I O he me Vear Manual E Prior To Completion of Ca of Death?  1 Yes 2
23. PART I. Enter the disphase or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  LAST  PART II. Other significant product of the condition of the conditi	peases, or cart fallure.	DUE TO  DUE TO  DUE TO  DUE TO  A C.  DUE TO	nat caused the cause on each life  E Fr D V R G  O (OR AS A CONS  O (OR AS	death. Do na.  CUPO SEQUENCE ( SE	not enter  OF):  O	nAME AI AI OO Y OO Y OO Y OO Y OO Y OO Y OO	NO ADDRESS OF IT E FUN CON Mande of dying, such as cular	rallrylches services and services and services and services are services and services and services are services and services are services and services are services and services are services and services are services and services are services are services and services are services are services are services and services are servic	Holland cardiac of Asia Asia Asia Asia Asia Asia Asia Asia	WAS AND YES :	P. 629 iratory self- iratory s	CCURED	Interval Bet Onset and I O he me Vear Manual E Prior To Completion of Ca of Death?  1 Yes 2
23. PART I. Enter the displace or condition resulting in death)  Sequentisity list condition resulting in death)  Sequentisity list condition resulting in death)  Sequentisity list condition resulting in death)  Sequentisity list condition resulting in death)  Sequentisity list condition resulting in death)  PART II. Other significant product of the condition o	peases, proart fallyre.  In a condition  MEGICAL  Pending restigation  Could not be latermined	DUE TO  DUE TO  DUE TO  C.  DUE TO  DU	nat caused the cause on each life of the constant of the const	death. Do na.  CUPO EQUENCE (  EQ	not enter  OF):  COF):  OF):	inderlyin  26. P  PR: Praing Hor  28. IN  1   ctory, office	no ADDRESS OF IT E FUNCE On , Ma ode of dying, su dead C as cula  g cause given it  LACE OF OEATH (  THE S   Residence  JUHY AT DRK?  YES 2   NO	rallry chasses and control con	Holland cardiec of the state of	WAS AM PERFOI YES :	P. 629 Iratory self- Injury of and Numb	CCURED or or Rura	Interval Bet Onset and I O he me I Pour I I I I I I I I I I I I I I I I I I I
23. PART I. Enter the die shock, or her is shock, or her	Dons, late condition  MEOICAL  Pending meetigation  Could not be latermined  FYING PHYSICAL EXAMINE	DUE TO  DUE TO	nat caused the cause on each life of the constant of the const	death. Do na.  CUPO EQUENCE (  EQ	not enter  OF):  COF):  OF):	inderlyin  26. P  PR: Praing Hor  28. IN  1   ctory, office	NO ADDRESS OF IT E FUN CON Manda of dying, such as cula as cul	rallry chass	Holland cardiec of the state of	WAS AM PERFOI YES :	AUTOPSY RMED?  AND  INJURY Or  and Numb  onner as at and due to	CCURED or or Rura	Interval Bet Onset and I O he me I American I I I I I I I I I I I I I I I I I I I
23. PART I. Enter the displace or condition resulting in death)  Sequentisity list condition resulting in death)  Sequentisity list condition resulting in death)  Sequentisity list condition resulting in death)  Sequentisity list condition resulting in death)  Sequentisity list condition resulting in death)  For all conditions and conditions are sufficient to the condition resulting in death)  25. WAS CASE REFERRED TO EXAMINER?  1 YES MO  25. WAS CASE REFERRED TO EXAMINER?  1 YES MO  27. MANNER OF DEATH  1 Accident  3 Sulcide 6 G G  29a. CERTIFIER (Check only)  CERTIFIER (Check only)	Dons, late condition  MEOICAL  Pending meetigation  Could not be latermined  FYING PHYSICAL EXAMINE	DUE TO  B. DUE TO  B. DUE TO  C.	nat caused the cause on each life of the constant of the const	death. Do na.  CUPO EQUENCE (  EQ	not enter  OF):  COF):  OF):	inderlyin  26. P  PR: Praing Hor  28. IN  1   ctory, office	no ADDRESS OF IT E FUNCE On , Ma ode of dying, su dead C as cula  g cause given it  LACE OF OEATH (  THE S   Residence  JUHY AT DRK?  YES 2   NO	rallry chass	Holland cardiec of the state of	WAS AM PERFOI YES :	AUTOPSY RMED?  AND  INJURY Or  and Numb  onner as at and due to	CCURED or or Rural the causated.	Interval Bet Onset and I O he me I Pour I I I I I I I I I I I I I I I I I I I

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-16 Rev 1/89

DALIMONE, MANIEMED AIGO-3140	Extraours after death. Page 6 may be retained by the hospital or attending physician.  filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pron, or removal.  Ne medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, F.C. BOX 13140,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

1	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENI REG. NO.	,	0 21199
	1. DECEDENT'S NAME (First, Middle, Lest) NELLIE	E. RIDDIC	K		2. DATE OF DEATH MONTH 13	90	3. TIME OF DEATH 7 15PM M
	4. SOCIAL SECURITY NUMBER 577–12–7431	1 🗆 M 2 💢 F	82 YRS. MOI	UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	0.8 NOI	THPLACE (State or Foreign unity) RTH CAROLINA
- 8	98. FACILITY NAME (If not institution, give to PRINCE GEORGE RESIDENCE OF DECEDENT			CHEVERLY	EATH	PRINC	E GEORGES
	10a. STATE 10b. COUNT	CE GEORGE'S	10c. CITY, TO	own or location Upper Marlbor	0		10d. INSIDE CITY LIMITS? 1 X YES 2 NO
	100. STREET AND NUMBER 11324 KETTERING	TERRACE		101. ZIP CODE 207	72		S.A.
- 13	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	2 XNO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 TYES 2 NO Speci	an, Puerto Rican, etc.)	81	ACE — American Indian, ack, White, etc. secity: BLACK
	15. DECEDENT'S EDI (Specify only highest grade Elementary/Secondary (0-12) 12th grade	College (1-4 or 5+)	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re HOUSEW)	done during most of working stired.)	166, KIND OF BUS		,
1	17. FATHER'S NAME (First, Middle, Last)		I HOUSEW.	18. MOTHER'S N	AME (First, Middle, Maiden	Surname)	
ŀ	ISAAC RIDDICK  19a, INFORMANT'S NAME (Type/Print)			ORESS (Street and Number or Rura		n, State, Zip Code)	
-	WARREN L. SAVOY  20a. METHOD OF DISPOSITION  1 Surfal 2 Crystalion 3 Ren  4 Donation 6 Other (Specify)	20	b. PLACE OF DISPOSITION other place)	KETTERING TERR ON (Name of cometery, crematory or	20c, LO	CATION — City or	Town, Stata
- 10-	21. SIGNATURE OF FUNERAL SERVICE LI		HARMONY MI	EMORIAL CEMETE  22. ROLLING FUN  4339 HUNT P	ERAL HOME,	INC.	MARYLAND  O.C. 20019
	IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate	e. EY DUE TO (OR AS		q	ch as cardiac or reapl	ratory srrest,	Approximata Interval Between Onset and Death  I / O Munu  7/8/90
	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	c. DUE TO (OR AS	A CONSEQUENCE OF):				7/8/9>.
CONSTRICT FAILURE  COMPLETIONS HEART FAILURE  OF DEAT							24b. WERE AUTOPSY FINDINGS ANALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ☐ YES 2 ☑ NO	HOSPITAL: 1   Inpatient 2   ER/Ou		26. PLACE OF DEATH (C			
	27. MANNER OF DEATH  1 Netural 6 Pending Investigation	26a. DATE OF INJURY (Month, Day, Year)			28d, DESCRIBE HOW I	NJURY OCCURED	
i	3 Suicide 8 Could not be detarmined	28e. PLACE OF INJUR building, etc. (Sp	Y — At home, farm, stre	et, factory, office	281. LOCATION (Street a City or Town, State)		rel Route Number,
	anel			at the time, data and place, and do			se(a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	Alle		MD. 29c. LICENSE N	UMBER	≥ 7/	NED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON W  31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG		mn,			



13146, BALTIMORE, MARYLAND 21203-3146	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	atic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	ATTENDING PHYSICIAN: The law requires that the death certificate be exe	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIV	THE HOSPITAL OR A	THE FUNERAL DIREC	APORTANT: If Item

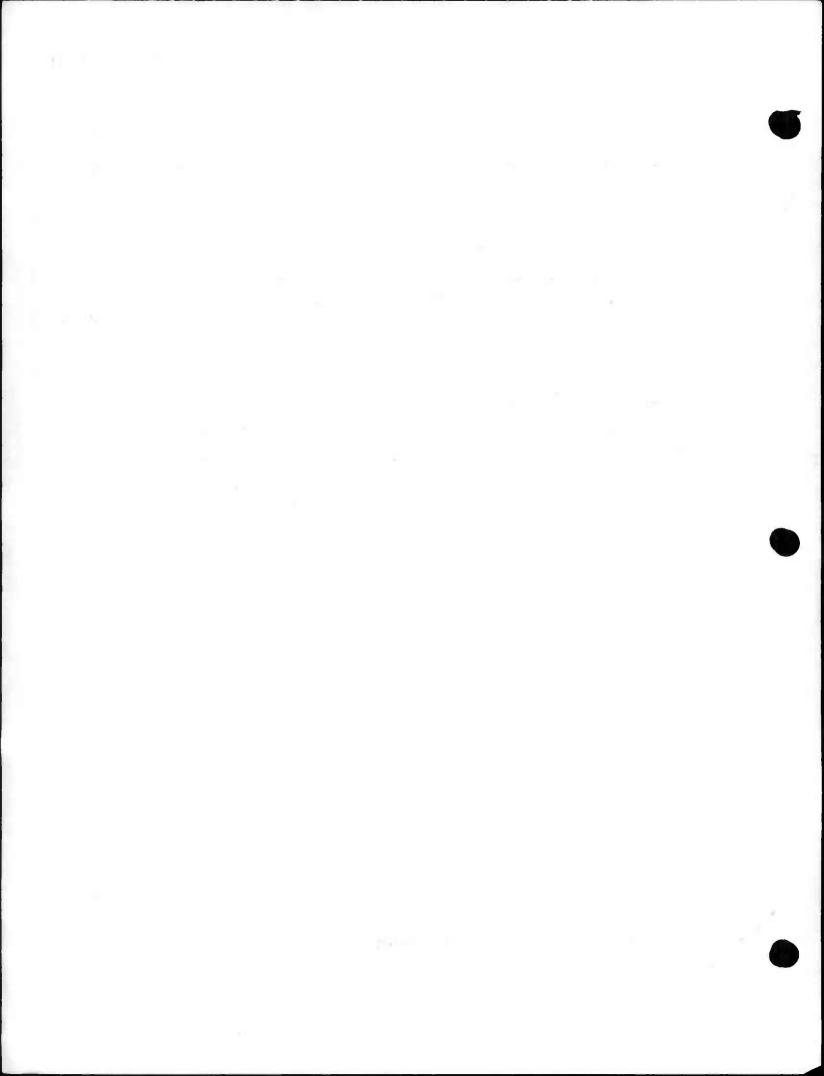
TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATN		3. TIME OF DEATN		
Helen M				MONTH PA	3 46	0 5:47 Pm			
4. SOCIAL SECURITY NUMBER 5		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	RTNPLACE (State or Foreign				
219-05-8848	□ M 2 DF 75	YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day, Year) 8-5-/9	14	untry) Md		
9a. FACILITY NAME (If not institution, give stree	et and number)	91	b. CITY, TOWN	OR LOCATION OF DI		9c. COUNTY O	F DEATH		
Memorial Hospita	໑1		ਸ	aston		Та1	bot		
RESIDENCE OF DECEDENT	a.i.			ascon		141			
10a. STATE 10b. COUNTY	, 1	10c. CITY, 1	OWN OR LOCA	TION			10d. INSIDE CITY LIMITS?		
Md. Doro	chester	L H	uplac	Ł			1 - YES 2 - 10		
100. STREET AND NUMBER	121		10	f. ZIP CODE		10g. CITIZEN C	F WNAT COUNTRY?		
4524 Kussell	Ked			21643			ISa		
	2. WAS DECEDENT EVER IN U.S. AI FORCES? 1 YES 2	MED			NIC ORIGIN? (Specify Yearn, Puerto Rican, atc.)	or No- 14. R	ACE — American Indian, lack, White, etc.		
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	NO		S 2 PMO Specif			pecify:		
							Black		
16. DECEDENT'S EDUCAT (Specify only highest grade con	mpleted) (0	live kind of worl	k done during m	ON ost of working	16b. KIND OF BUS	SINESS/INDUSTR	Υ		
Elementary/Secondary (0-12)	College (1-4 or 5+)	. Do NOT use n		2	0	T			
Secondary		Lak	DORCK		Lann	ng F	UCTORY		
17. FATNER'S NAME (girst, Middle, Last)	1 1.			18. MOTNER'S NA	ME (First, Middle, Maiden	Surnahe)	( /		
LRVING	dones			Henri	etto Flo	<i>ycher</i>	Jones		
19a. INEORMANT'S NAME (Type/P/Int)	110- 1	MAILING AL	DRESS (Street	and Number or Rural	Route Number, City or Town	n, State, Zip Code	1 0 115		
FORREST KU	SSEII DR. F	1524 -	KNSSE	II Kd.	HUPIAC	K, NC	1, 21643		
20a. METNOD OF DISPOSITION  1 Description 2 Cremation 3 Remove	al from State 20b. PLACE	OF DISPOSITI	ON (Name of ce	emetery, crematory or	200_10		r Town, State		
4 Donation 5 Other (Specify)		11+	· Flea	isant U	emetay Y	ecston.	/rld,		
21. SIGNATURE OF FUNERAL SERVICE LICEN	IBEE		22-HAME A	ND ADDRESS OF TH	CILITY HE TUD	DOAL .	Services		
Benny	mitt		77	Phot	MIA S	1643			
23. PART i. Enter the disesses, or con			enter the me	ode of dying, suc	h as cardiac or respi	ratory srrest,	Approximats		
shock, or heart failure. List iMMEDIATE CAUSE (Final	st only one cause on each lin	B.					interval Between Onset and Death		
disesse or condition	D 8: (		000	-000	N. 2 0 12. m. a	- Om			
reauiting in death) s.	DUE TO (OR AS A CONSE	QUENCE OF):	114000	. 000	to the total	,,,,,,,	1		
-6	a Vado	2 ~	()51	2,40	2° 10 th	1	<b>'</b>		
Sequentially list conditions, if any, lesding to immediate	DUE TO (OR AS A CONSE	OUENCE OF	( C						
cause. Enter UNDERLYING			7						
CAUSE (Disesse or Injury that initiated events	DUE TO (OR AS A CONSE	QUENCE OF):		-					
resulting in desth) LAST									
PART II Other significant and its	contribution to death his in	no nuclei - 1	Abo and 4.1		Post I are sure				
PART II. Other significant conditions	contributing to death but not	reaulting in	trie underlylr	ng cause given in	Part i. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
					1 🗆 YES 2	□ NO	OF DEATH?		
					_	ļ	1 YES 2 NO		
	HOSPITAL:	10	26. F	PLACE OF DEATH (C	neck only one)				
	I Inpetient 2 ER/Outpetient	3 🗆 DOA   4	☐ Nursing No		6 Other (Specify)				
27. MANNER OF DEATN	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME (	TY W	JURY AT ORK?	28d. DEŞCRIBE NOW I	NJURY OCCURE	D		
1 Netural 5 Pending 2 Accident Investigation				YES 2 NO					
3 Suicide 6 Could not be	28e. PLACE OF INJURY — At h building, atc. (Specify)	ome, farm, atre	eet, factory, offi	ca	261. LOCATION (Street a City or Town, State)	and Number or Ru	ral Route Number,		
4 Nomicide determined									
(Orlock Orly)	AN: To the best of my knowledge, d	eath occurred	at the time, dat	ta and place, and du	a to the cause(a) and ma	ner as stated.			
ann's	On the beals of examination and/or	Investigation,	in my opinion,	death occured at the	time, data and place, ar	d due to the cau	se(a) and menner as stated.		
295. SIGNATURE AND STITLE OF CERTIFIES	7) 1	VIA		29c. LICENSE NU	MBER	29d. DATE SIG	NED (Month, Day, Year)		
( Shun)	1 Doy 1490								
30. NAME AND ADDRESS OF PENSUNATING COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)									
PGREGGE RHODES	MD 503 D	etchu	non 9	hane, &	Eagla 1	1d. 2	1601		
31. DATE FILED (Month, Day, Year)	32. REGISTMAR'S SIGNATURE		40 4		1				
JUL 24'90	Ilia Davidso	~- Manae	DC-						

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



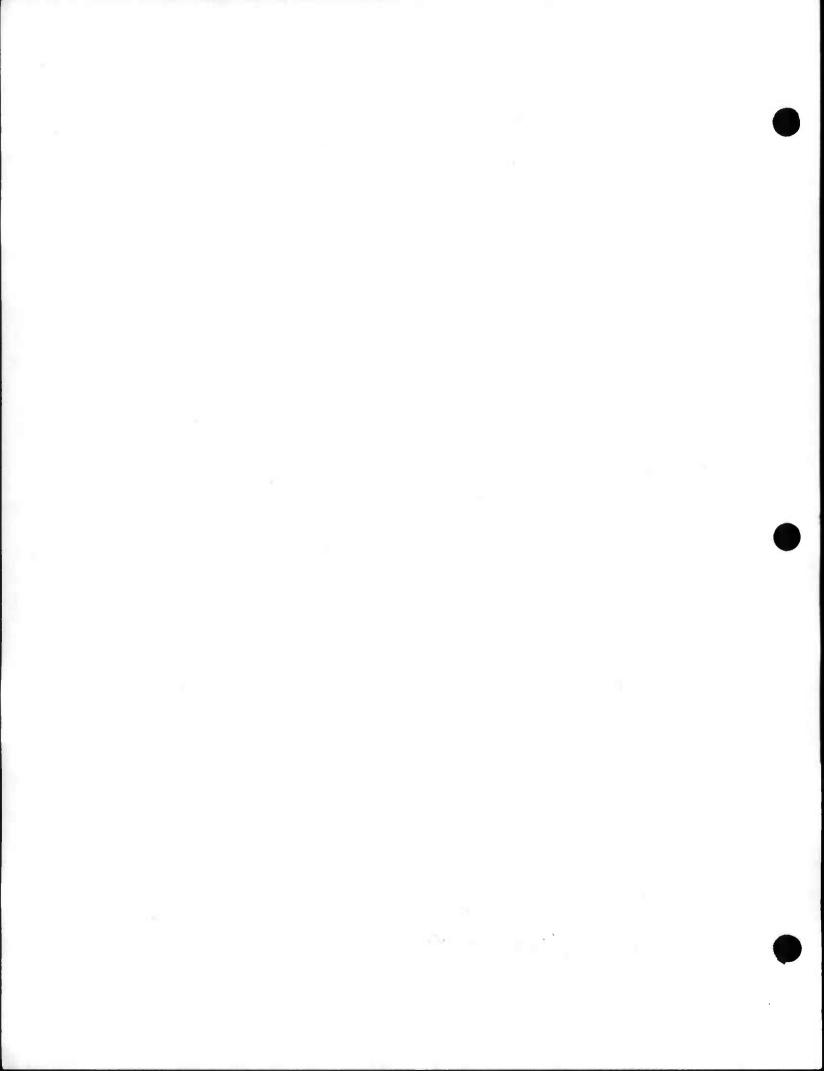
BALTIMORE, MARYLAND 21203-3146	Lours after death. Page 6 may be retained by the hospital or attending physicial filled in by the funeral director, page 5 should be detached for use as the burlal-tro ion, or removal.  The medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within after death. Page 6 may be retained by the hospital or attending physician TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-trop be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	TMENT	OF H	DEAT	AND M		SIENE . NO.			
	1. OECEDENT'S NAME (First, Middle, Last) Willard VanSycki	le Roberts,Sr						2. DATE OF DEA	23 23	1'5'9	3. TIME OF OEATH 12:05 A.M	
	4. SOCIAL SECURITY NUMBER 1 45-1 4-3356		(In yrs. last birthday)	IF UNDER	1 YEAR DAYS	HOURS	24 HRS. MIN.	7. OATE OF BIRT (Month, Day, Y Aug. 2	3,1908	8. BIR Cou Ne	ATHPLACE (State or Foreign Intry)  Jersey	
OR	9e. FACILITY NAME (II not institution, give Rt. 5 Box 419A	street and number)			town or		N OF DEA	XTH .		shin	oeath 1gton	
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT  MD  Wash	ington		y, town o		ON					10d. INSIDE CITY LIMITS? 1  YES 2 NO	
FUNERAL	100. STREET AND NUMBER Rt. 5 Box 419A				101.	2174			10g. C		F WHAT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES	2 NO	H		cify Cubar		C ORtGIN? (Spec , Puarto Rican, a		Bi	ACE — American Indian, lack, Whita, etc. pecify: White	
COMPLETED	15. OECEDENT'S EOI (Specify only highest grad Elementary/Secondary (0-12)		(Give kind of v	USUAL OC work done of se retired.) Lator	ork done during most of working retired.)				of business/			
000	17. FATHER'S NAME (First, Middle, Last)							AE (First, Middle, A	Vaiden Surname	)		
BE		erts				Eva		orch				
9	Joan R. Working							oute Number, City town, MI				
	20a. METHOO OF DISPOSITION	200	PLACE OF DISPOS	SITION /No.	me of com	etery crem			Oc. LOCATION		Town, Stata	
	1   Burlei 2 (Cremetion 3   Removat from State   Smithsburg Crematory   Smithsburg, MD											
	21. SIGNAPORE OF FUNERAL SERVICE L		ro	22. I	name an	Fun		Home Smithst	oura.M1	2 2	1783	
NO	ehock, or heart fallure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):							Approximate Interval Between Onset and Deeth				
CERTIFICATION	ceuse. Entar UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  d.											
BY PHYSICIAN: MEDICAL CI	PART II. Other algnificant conditions contributing to death but not resulting in the under					erlying cause given in Part i.			24a. WAS AN AUTOPSY PERFORMED? 1   YES 2   No.		24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO	
AN	26. WAS CASE REFERRED TO MEDICAL				26. PL	ACE OF D	EATH (Che	ock only one)				
SIC	EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Out	tpatient 3 DOA	OTHER		3-E R	sidence	8 Other (Spec	lly)			
Y PHY	27. MANNER OF DEATH  1 Naturat 5 Pending 2 Accident Investigation	7. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 28d. WORK? 1 YES 2 NO						28d. DESCRIBE	HOW INJURY	OCCURED		
	3 Suicide 8 Could not be detarmined	28s. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, scify)	street, faci	tory, office			28f. LOCATION City or Town	(Street and Nun , State)	iber or Ru	ral Route Number,	
COMPLETED	(Check only	SICIAN: To the best of my know						Here Car Land			se(a) and menner as stated.	
BE	BUB SUGNATURE AND TITLE OF CERTIFIE	ER Un	11)	NΔ		-	ENSE NUM	ABER 2 J	29d.	DATE SION	NED (Month, Day, Year)	
010	Frederic H. Kas		799 Howe	e, Print) EL Ro	t. Ho	iger	stown	1,MD 2	1740			
	31. DATE FILE Month 03 AGO	32. BUSINARY SIG						,				

	2		
	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2,		
	mit. P		
	sit per		
Clan.	u-trans		
E S	buria		
nging	as the		
atte	use a		
prtal	ed for		
e 1708	etach		nce.
5	bed		ate
tained	should		tiffed
90	96 5		e no
may	tor, pa		ust b
306	direct		er m
am.	uneral		amin
TTEY DE	the fi	oval.	ai ex
E SIR	ii G	r rem	nedic
24 M	filled	Jon, c	the n
MUTH	pletely	remai	ent,
Delin	L COM	urial, (	ic ev
e exec	an and	to bu	umat
care o	hysici	prior	er tra
certim	ding p	lygien	othe
death	atten	Ham H	7. 0
T The	by the	nd Me	in in
es tha	paul	ealth a	3 am
requir	een si	of He	Show
e law	has b	Dept.	1 23
E	ficate	State	Item
SICIA	certi	th the	d. 01
G PH	er this	ith wil	narke
ENDIN	R: Aft	er des	I si
A ATT	SECTO.	irs aft	т 28
AL OF	AL DIF	72 hou	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
OSPI	UNER	ithin ;	ANT
五光	THE F	Fled w	PORT
P	P	9	È

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH Grove Remsburg 2. DATE OF OEATH 07/18/90 (Lauretta) May 1. DECEDENT'S NAME (First, Middle, Last) Ret.t.a ems burg nuretta 0 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. last birthday) IF UNDER TYEAR 7. DATE OF BIRTH IF LINDER 24 HRS. 8. BIRTHPLACE (State or Foreign 216-80-4669 1 - M 2 X F HOURS 81 YRS. 11/24/1908 Brunswick, MD 9e. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Frederick DIRECTOR Frederick Frederick Memorial Hospital RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10e. STATE 10d. INSIDE CITY 1 YES 2 NO Maryland Frederick Brunswick FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 101, ZIP CODE 15 West "G" Street 21716 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, atc. If yee, specify Cuben, Mexicen, Puerto Ricen, etc.) 1 Never Merried 2 Merried 1 TYES 2 XNO Specify Specify. BY 3 Widowed 4 Olvorced White COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KING OF BUSINESS/INDUSTRY Elementary/Secondery (0-12) College (1-4 or 5+) Housewife Homemaker 17. FATHER'S NAME (First, Middle, Last) 18, MOTHER'S NAME (First, Middle, Maiden Surname) William Peggy Barger Goldie May Kern BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 12 West "G" St., Brunswick, MD 21716 Oscar C. Remsburg 209. METHOD OF DISPOSITION
1 Duriel 2 Cremetion 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cometary, crematory or 20c. LOCATION — City or Town, State Reformed Cemetery Knoxville, MD 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE A. WILLIAMS, Funeral Dir. 22. NAME AND ADDRESS OF FACILITY John T. Williams Funeral Home 100 Petersville Rd., Brunswick, MD 21716 23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease Dr condition Myocardia reaulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF) . Entar UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY MEDICAL 24b. WERE AUTOPSY FINDINGS WAN ARI E PRIOR TO COMPLETION DF CAUSE OF OEATH? 1 TYES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) **EXAMINER?** OTHER: 1 TYES 2 NO Inpetient 2 - ER/Outpetient 3 - DOA ng Home 6 - Residence 6 - Other (Specify) 4 - Nt 27. MANNER OF GEATH 28a. DATE OF INJURY 26c. INJURY AT WORK? 26d. OESCRIBE HOW INJURY OCCURED 26b. TIME OF Natural 1 YES 2 NO BY \_ Accident 28a. PLACE OF INJURY — Al home, farm, streel, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street end Number or Rural Route Number, City or Yown, State) 6 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and menner ee stated. MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(e) and manner se stated. 29b. SIGNATURE O TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNEO (Month, Day, Year) BE 181 90 Judith 2 LETEO CAUSE OF DEATH (ITEM 27) (Type, Print)

tas



### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RIFIC	ATE OF	DEATH	REG. I	10.			
	1. DECEDENT'S NAME (First, Middle, La CHARLES DEWE					2. DATE OF DEATH	, 1990	3. TIME OF DEATH 12:15a M			
	4. SOCIAL SECURITY NUMBER 249 54 9733	5. SEX 1 🔀 M 2 🗌 F	6. AGE (In yrs. less		HUNDER 1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year JULY 24	1936	8. BIRTHI Sout		
1	9a. FACILITY NAME (If not institution, git 4007 Lakeview				unkirk	OR LOCATION OF DE	EATH		NTY OF DE		
ı	RESIDENCE OF DECEDENT								114 11(		
	Manyland Ca	lvert			rown on loca	TION	-			10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
	100. STREET AND NUMBER 4007 Lakeview Tu	rn				1. ZIP CODE 20754		10g. CIT.	10g. CITIZEN OF WHAT COUNTRY?		
	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Olvorced	FORCES? 1 IF YES, GIVE W	T EVER IN U.S. AR X YES 2 N AR OR DATES	MEO IO	If yes, s		IIC ORIGIN? (Specify n, Puarto Rican, etc.) y:		na or No— 14. RACE — Amarican Indian, Black, White, atc. Specify: White		
	15. DECEDENT'S E (Specify only highest gi Elementary/Secondary (0-12)		(Gi	he kind of work Do NOT use r	tual occupation of the done during metered.)	on ost of working d sales	18b. KIND OF	BUSINESS/INC	DUSTRY		
ı			w/	loceiu	LE LOU						
	17. FATHER'S NAME (First, Middle, Lost) Wilton Smith						ME (First, Middle, Mei	den Surname)			
	Janet S. SMith			b. MAILING AI 1 CUME. CO		and Number or Rural	Route Number, City or	Town, State, Zip	code)		
	20s. METHOD OF DISPOSITION  1  Burlel 2  Cremation 3  F  4  Donation 5  Other (Specify)	emoval from State	20b. PLACE Pther place PONT	of disposition	oln Ce	metery, crematory or netery			ocation - city or town, Stata entwood P.G. Maryland		
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			22. NAME A	NO ADORESS OF FA	CHITY	ausch	Fune	nal Home	
	23. PART I. Enter the dieeeses, ehock, or heert fellu IMMEDIATE CAUSE (Final diseese or condition resulting in death)	re. List only one cau	se on each line		enter the m	ode of dying, euc		epiratory er	reet,	Approximate interval Between Onset and Death	
	Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING	DUE TO	1011	QUENCE OF):	lar	dix	nde				
	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	QUENCE OF):							
ı	PART Ii. Other eignificent condi	tione contributing to	death but not i	esulting in	the underlyin	o ceuse diven in	Part I 24a WMS	AN AUTOPSY	246	WERE AUTOPSY FINDINGS	
				- Counting III	are underlyn	g codse given in	PER	FORMEO?	140.	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?	
				·						1 YES 2 NO	
1	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	1		THER:	LACE OF OEATH (C)					
ŀ	1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending	1 Inpatient 2 28a. DATE Of (Month, L	INJURY	28b. TIME (	DF 28c. IN	JURY AT ORK? YES 2 NO	8 Other (Specify) 28d. DESCRIBE HO	W INJURY OC	CURED		
Ì	2 Accident Investigati 3 Suicide 8 Could not 4 Homicide determine	28e. PLACE 0 building.	OF INJURY — At he etc. (Specify)	ome, farm, str	m   u		281. LOCATION (Sti City or Town, S	set and Numbe tate)	er or Rural R	loute Number,	
	29a. CERTIFIER 1 CERTIFYING PI	HYSICIAN: To the beat of	ł my knowledge, de	eath occurred	at the time, dat	a and place, and due	to the cause(a) and	manner as ste	rted.		
	2 MEDICAL EXAMPLE AND TITLE OF GOAT		xamination and/or	Investigation,	in my opinion,	death occured at the		-	19101112	) and manner as stated.  (Month, Day, Wear)	
	30. NAME AND ADDRESS OF PERSON	WHO COMBRETED CA	OF DEATH (ITE	M 27) (Tyoe. P	rint)			17	1/2	2/90	
	EMAD AT DAMA	A M D D	מדאורים היו	TOWOUT		20678		- 100	9.1		
	31. DATE FILED (Month, Day, Year)  JUL 2419	90 Julie De	widson-Non	ndell							

TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

5

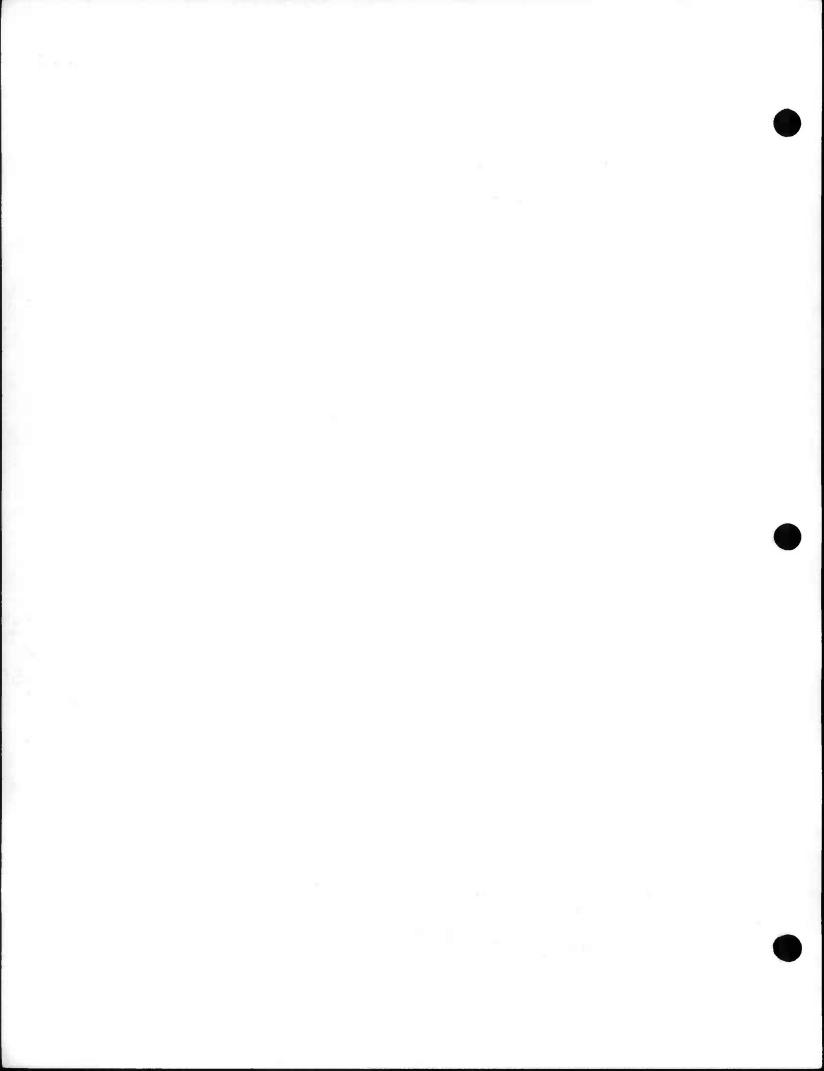
TO BE COMPLETED BY FUNERAL DIRECTOR

_	-	
ø		
13146		
Ξ.		
-		
BOX		
$\simeq$		
ш		
ď.		
ب		
S, P.O.		
ഗ		
Œ		
0		
Ö		
ĬĬ		
RECORDS		
_		
7		
TAL		
>		
OF		
$\overline{\circ}$		
_		
z		
<u>8</u>		
_		

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH	AND	MENTAL	HYGIENE
CERTIFICATE OF DEAT	TH		REG. NO.

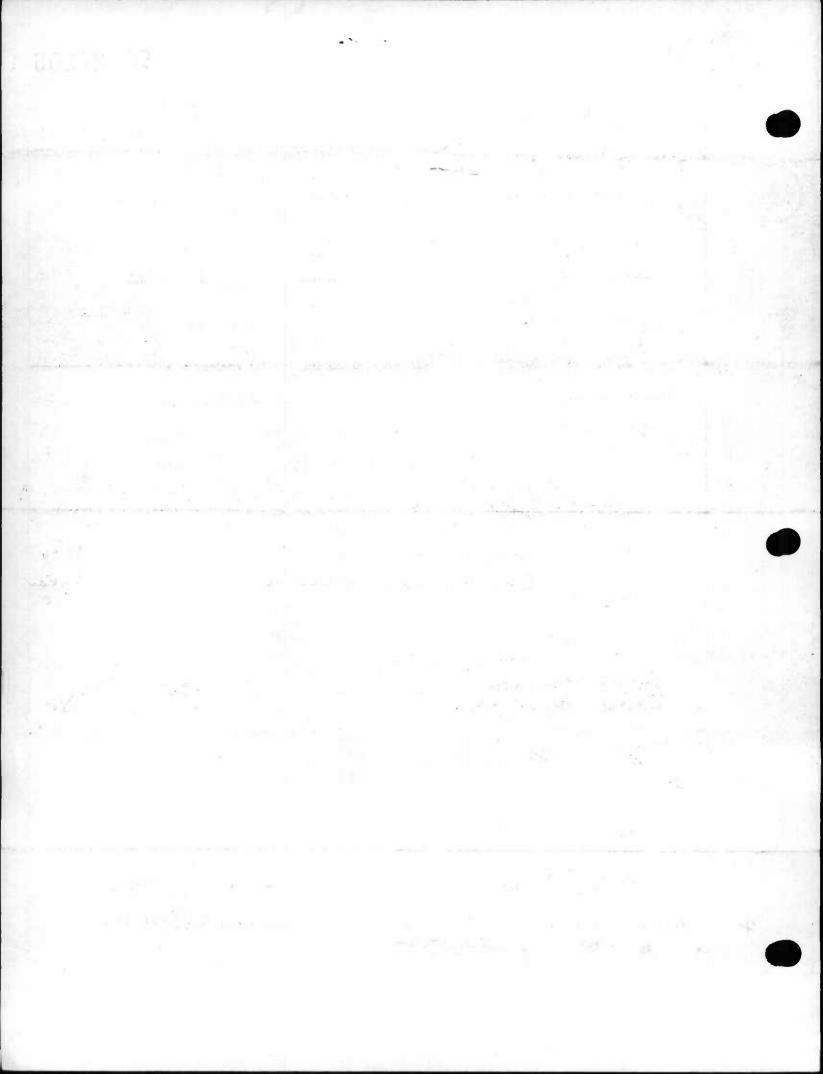
FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT ERTIFICAT				HYGIENE REG. NO.			
1. DECEOENT'S NAME (First, Middle, Last)				JE/(III	2. DATE O			3.	TIME OF DEATN
James Sale					MONTH	2/90 DAY	YI	EAR	330p M
	5. SEX 6. AGE (In yrs. les	t birthday) IF UND	DER 1 YEAR	#F UNDER 24 HRS.	7. DATE OF	<u> </u>	Ta		MCE (State or Foreign
578 01 2763	1 屎 M 2 🗆 F 72	YRS. MONTH	_	HOURS MIN.	08/1	Day, Year)		Country)	inia
9a. FACILITY NAME (If not institution, give stre	net and number)	9b. CI	TY, TOWN OF	LOCATION OF DE	ATN		9c. COUNTY	OF DEAT	N
Calvert Memorial	Hospital	P	rince	Frederi	ck		Calve	rt	
	Anundel	10c. CITY, TOWN	N OR LOCATIO	ON					d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER			101	ZIP CODE			10g CITIZEN		☐ YES 2 € NO T COUNTRY?
151-4 Berkley Ct.				20776			USA	OF WITH	COONTAIT
	12 WAS DECEDENT EVER IN U.S. AR	MED 1		NDENT OF HISPAN	IIC ORIGIN?	(Specify Year		RACE -	American Indian.
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 No IF YES, GIVE WAR OR DATES	10	If yes, spec	olfy Cuban, Maxica NO Specify	n, Puerto Ric			Black, W Specify:	American Indian, Thita, atc. White
15. DECEDENT'S EDUCA (Specify only highest grade of		CEDENT'S USUAL			16b. K	IND OF BUSI	NESS/INDUS	TRY	
Elementary/Secondary (0-12)	College (1-4 or 5 +)	ive kind of work dor . Do NOT use retired	d.)	or working		Auto			
17. FATHER'S NAME (First, Middle, Last)	mec	chanic	1	16. MOTHER'S NA	ME (First. Mir	idle Maiden S	umame)		
Richard R. Sale					e Bak				
190 INFORMANT'S NAME TO POPUTALE	198	b. MAILING ADDRI	ESS (Street and	d Number or Rural I			State, Zip Co	de)	
20a, METHOD OF DISPOSITION	200 81 405	OF DISPOSITION	(Name of 100)			1	ATION — City		01.1
1 Deuriel 2 Cremation 3 Removed	val from State Smith	iville U	.M. C	Cemeter	.y				ent Manylan
21, SIGNATURE OF FUNERAL SERVICE LICE	NSEE	2	2. NAME AND	AOORESS OF FA	CILITY R	ausch	Funan	al t	lomo
> Braus	c		P.O. 1	Box 45 0	winos	Manu	land 2	0736	ome.
IMMEDIATE CAUSE (Final	DUE TO (OR 45 A CONSE	n		e of dying, euc	h ae cerdid	oc or reepin	ntDry arrest		Approximate interval Between Onset and Death
Sequentially list conditiona, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEC								
PART II. Other algoriticent conditions  Cerebra vas	contributing to deeth but not a		underlying	ceuee given in		24a. WAS AN / PERFORI 1 YES 2	NEO?	CC	ERE AUTOPSY FINDINGS AILABLE PRIOR TO DIPPLETION OF CAUSE F DEATH?  YES 2 M NO
25. WAS CASE REFERRED TO MEDICAL			26. PL/	ACE OF OEATN (Ch	eck only one)		-		
	HOSPITAL: 1 Compatient 2 ER/Outpatient 3	OTH		5 Residence	8 🗆 Other	(Specify)			
27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	26c. INJU WOF	RY AT		RIBE HOW IN	JURY OCCUP	RED	
1 Natural 5 Pending 2 Accident Investigation	(manny say, rour)	M		ES 2 NO					
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, street,	factory, offica			TON (Street ar Town, State)	nd Number or	Rural Roul	e Number,
CONSCR ONLY	CIAN: To the best of my knowledge, do								nd manner ee stated.
			1				0.000-10-10		(V) (V
29b. SIGNATURE AND TITULE OF CENTIFIER	lager m	)		D 168					onth, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO Dr Schlager Pri	nce Frederick, l		2067	8					
31. DATE FILED (Month, Day, Year)	12. REGISTRAR'S SIGNATURE	dell							



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crempton, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ence.
--

R TE GISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	
ENT'S NAME (First, Middle, Last)		2. DATE OF DEATH	1

FOR STATE REGISTRAR	STATE OF MARY		MENT OF I		MENTAL HYGIEN REG. NO.	E	
1. DECEDENT'S NAME (First, Middle, La	st)				2. DATE OF DEATH	v L vi	3. TIME OF DEATH
	Franklin Stem				7		10 1220 A
4. SOCIAL SECURITY NUMBER	8. SEX 6. AGE	(in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
235-22-539/		PG7 YRS.					Erwin, WV
90. FACILITY NAME (If not Institution, give Garrett Memor	ial Hospital		Oak1	OR LOCATION OF D	EATH	9c. COUNTY	
RESIDENCE OF DECEDENT	-az mobpicar		Vaki	and		Gar	rett
10e. STATE 10b. COU	NTY	10c. CITY	TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?
WV	Preston	R	owleshu	ro			1 TYES 2 NO
10e. STREET AND NUMBER				1. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
Rt. 1				26425		110	S.A.
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED			NIC ORIGIN? (Specify Yea an, Puerto Ricen, etc.)		RACE — American Indian, Black, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES X	1 TYES	2 NO Specif			Specify: White
15. DECEDENT'S E	DUCATION	18e, DECEDENT'S U	JSUAL OCCUPATI	ON	16b, KIND OF BUS	INESS/INDUS	
(Specify only highest gr Elementary/Secondary (0-12)	ade completed)  College (1-4 or 5+)	(Give kind of we	ork done during m	ost of working	100,7010	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•••
ŲKN (417)	UKN	Manea	anese P	lant	Plant		
17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Maiden		
Delce Stemple	2			Cora	Miller Ste	mn1e	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		Floute Number, City or Town		de)
Cora Stemple		Rt.	1	Rowlesbu	rg. WV 2642	2.5	
20e, METHOD OF DISPOSITION 1	amoval from State	b. PLACE OF DISPOSI	ITION (Name of ce	metery, crematory or	20c. LO	CATION — City	or Town, State
4 Donation 8 DOther (Specify)		Mt. Sa	arah Cer			am. WI	7
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			ND ADDRESS OF F			
Atthew A	Muilt		Brow	vning Fur	neral Home.	Inc.	St. Kingwood,
Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	c	A CONSEQUENCE OF		Lenkenni	2		lye
PART II. Other significent condi	dtlons contributing to death		, 	ig cause given in	Part I. 24e. WAS AN PERFOR		24b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO
Colorie &	mand tibres	Ś			1 TYES 2	Sino	COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	- T	28. F	LACE OF DEATH (C	heck only one)		
1 VES 2 NO	1 Supperlant 2 - ER/O		4 - Nursing Ho		S C Other (Specify)	A. 41 m	
27. MANNER OF DEATH  1 Natural 8 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TiME	URY W	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCUP	RED
3 Suicide 8 Could not determine	building, atc. (St	RY — At home, ferm, s osc/fy)	treet, factory, offi	Din .	28f. LOCATION (Street City or Town, State)	and Number or	Rural Route Number,
Anal	HYSICIAN: To the best of my known all MER: On the basis of examinat						
296. SIGNATURE AND TITLE OF CENT	De po			D334	1464	29d. DATE S	IGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON ROBERT M.	COUGHLIN	P.O.		8, EG	LON, WI	120	0716
JUL 17 '90	32. DEGISTRAR'S SIG	SNATURE					



BALTIMORE, MARYLAND 21203-3146
ther death. Page 6 may be retained by the hospital or attending physician.
The funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	9	be		F
	tained	should		tiffed
	De re	e 5		00 9
	nay	, pag		Ď.
	9 9	rector		Ë
	Z.	al di		luer
	death	fune!		ехаш
	after	by the	mova	Ca
	SUPP	d in t	or re	med
ļ	1 47	y fille	tion,	the
	within	nplete	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	went,
	cuted	00 p	urial	tic e
	exe	ian an	r to b	вшля
	cate t	hysici	o bujo	ar tr
	ertifi	Ing p	ygien	ŧ
	ath c	ttend	tal H	0 '
	the de	the a	Мел	를
	that t	od by	h and	amy i
	uires	signe	Healt	WS S
	be A	been	t. of	sho
	se lav	has	Dep	n 23
	Fix	ficate	State	ter
	SICIA	certi	the	1, 0
	PHY	this	h with	arked
	DING	Afte	deat	E 3
	TTEN	TOR	after	28
	DR A	DIREC	hours	Item
	MIAL	RAL	172	FIF
	HOSE	FUNE	withir	TAN
	王	THE	filed	POR
	2	2	2	Ξ

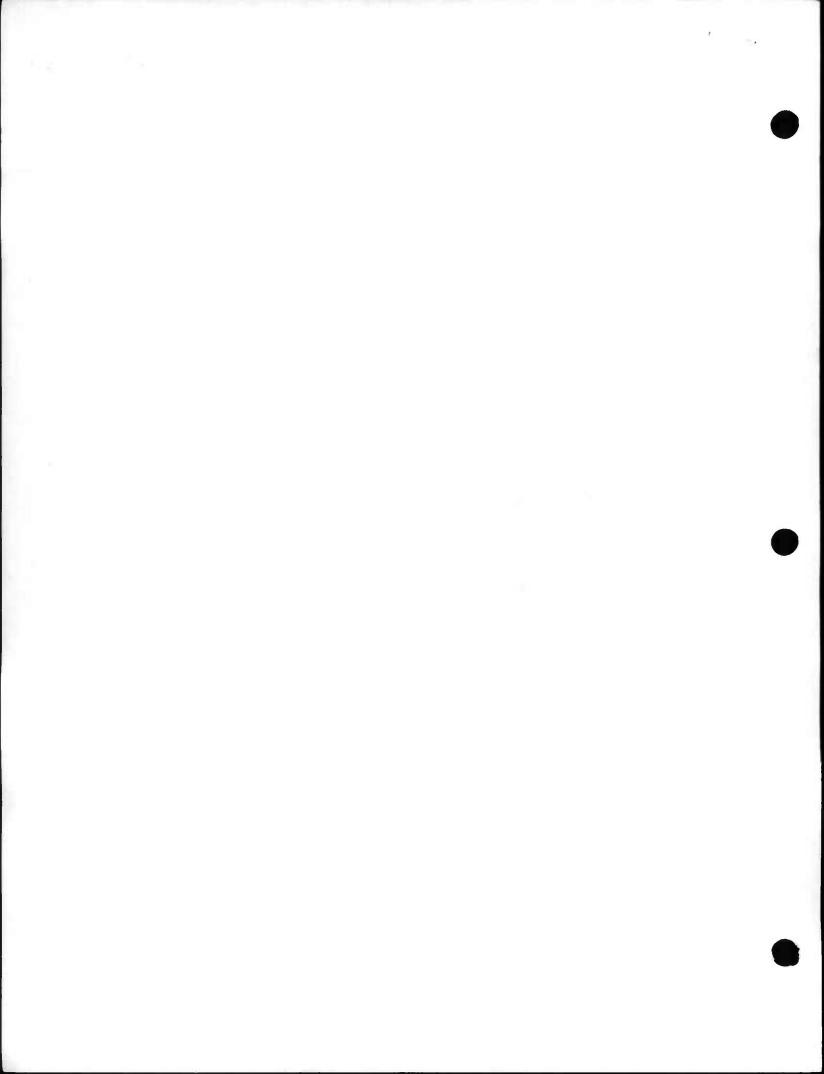
31. DATÉ FILED (Month, Day, Year)

JUL 19'90

32. REGISTHAR'S SIGNATURE Randall

	FOR STATE REGISTRAR		STATE OF I		CERTIF				ГН		REG. NO.			
	1. DECEDENT'S NAME (First	, Middle, Last)									ATE OF DEATH			3. TIME OF DEATH
	I	RENZ	E NI	MN	Slore					9	SULLY I	8	YEAR 1990	3 05 M
	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs.	. last birthday)	IF UNDER 1	1 YEAR	IF UNDER	24 HRS.	7. DA	TE OF BIRTH		8. BIRTI	HPLACE (State or Foreign
	142-12-512	0	1 🗆 M 2 🖎 F	65	YRS.	MONTHS	DAYS	HOURS	MIN.		/11/25		Count	
	9a. FACILITY NAME (If not in		treet and number)	0.5		9h CITY	TOWN O	R LOCATI	ON OF DE		/11/25	ec cos	INTY OF D	W Jersey
Œ	11 1 1	1	1 11	1-1		1.					.	4.6	1	
2	RESIDENCE OF DEC	ICHOLI											ra	
E C	10n. STATE	10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d										10d. INSIDE CITY		
DIRECTOR	Maryland	Hai	Harford Aberdeen 15									LIMITS? 1 VES 2 NO		
	10e. STREET AND NUMBER	101. ZIP CODE 10g. CITIZEN OF WHAT												
FUNERAL	603 Plaza	Court	ourt Apt. 2A 21001 U.S.A.											
Ž.	11. MARITAL STATUS													
	1 Never Married 2	Married	FORCES?	YES 2		H	yes, spe	cify Cubi	an, Maxican	n, Puer	rto Rican, etc.)	01 110-		E — American Indian, ik, Whita, etc.
BY	3 🔀 Widowed 4 🗌 Divo	orced	IF YES, GIVE	MAR OR DATES		'	☐ YES	2 X NO	Specify:	:			Spec	ite
	15, DEC	EDENT'S EDU	CATION	16a	DECEDENT'S	USUAL OC	CUPATIO	N .			16b, KIND OF BUS	INESS/IN		ice
E	(Specify online Elementary/Secondary (I	y highest grade	completed) College (1-4 or 5		(Give kind of life. Do NOT L	work done di se retired.)	luring mos	si of worki	ng					
COMPLETED	12		Ollege (1-4 or 5		Homem	aker					Tn	home	2	
N O	17. FATHER'S NAME (First, A	fiddle, Last)			TIONICAN	DICE		18. MOT	HER'S NAI	ME (Fir	st, Middle, Meiden			
	Boleslav		cowski								a Dalkow			
BE	19a. INFORMANT'S NAME (		TOWNSTEE		19b. MAILIN	ADDRESS	(Street as	nd Numbe			lumber, City or Town		in Code)	
5	Mr. Dennis													yland 21001
	20a. METHOD OF DISPOSIT	ION		20b. PL/	CE OF DISPO					211				own, Stata
	1 Burial 2 Crematic		oval from State		oly Cro	nes C	emet	erv	•		Nor	rth 7	rlir	ngton, N.J.
	21, SIGNATURE OF FUNERA		CENSEE	110	27 020	22. N	NAME AN	ID ADDRE	SS OF FAC					Parties of the second
	> Lann	ith 1	B. Ga	10.0							Funeral land 21			
	23. PART I. Enter the d	leesses, or o	Aberdeen, Maryland 21001-3399											
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cardisc or respiratory errest, shock, or heart fellure. Liet only one cause on each line.  Approximate interval Between									_				Approximate
	IMMEDIATE CAUSE (Finel ) / / Onset and Death									_				
	IMMEDIATE CAUSE (Findisease or condition	eert fellure.	Liet only one ce	et caused the	death. Do	not enter	v .			_				Approximate interval Between
	IMMEDIATE CAUSE (Fi	eert fellure.	a. Cere	of Cor. AS A COR	line.	2 mis	v .			_				Approximate interval Between
z	IMMEDIATE CAUSE (Fit disease or condition resulting in death)	neert fellure.	a. Cere	bro-	line.	2 mis	v .		ring, suct	h ee c	cardlec or reepl	ratory e	rrest,	Approximate interval Between Onset and Death
NOI	IMMEDIATE CAUSE (Fit disease or condition resulting in death)  Sequentially list condit	nel	a. Cere  DUE TO  b. H4 No	bro-	Ilne.  HISEOUENCE	e mes	v .		ring, suct	h ee c		ratory e	rrest,	Approximate interval Between Onset and Death
CATION	IMMEDIATE CAUSE (Fit disease or condition resulting in death)  Sequentially list condit if any, leading to imme ceuse. Enter UNDERLY	tilons, tilete	a. Cere  DUE TO  b. H4 No	O (OR AS A COL	Ilne.  HISEOUENCE	e mes	v .		ring, suct	h ee c	cardlec or reepl	ratory e	rrest,	Approximate interval Between Onset and Death
IFICATION	IMMEDIATE CAUSE (Fidisease or condition resulting in death)  Sequentially list condit if any, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or Injute initiated events	eert fellure. nel	a. Cere  Due To  b. Hype  Oue To	O (OR AS A COL	NSEQUENCE (	e mo	v .		ring, suct	h ee c	cardlec or reepl	ratory e	rrest,	Approximate interval Between Onset and Death
ERTIFICATION	IMMEDIATE CAUSE (Fidelesse or condition resulting in death)  Sequentially list condit if any, leading to imme ceuse. Enter UNDERLY CAUSE (Diseese or inj.	eert fellure. nel	a. Cere  Due To  b. Hype  Oue To	O (OR AS A COP	NSEQUENCE (	e mo	v .		ring, suct	h ee c	cardlec or reepl	ratory e	rrest,	Approximate interval Between Onset and Death
CERTIFICATION	IMMEDIATE CAUSE (Fidisease or condition resulting in death)  Sequentially list condit if any, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or injusted initiated events resulting in death) LAS	tions, diete ing	a. Cere  DUE TO  DUE TO  DUE TO	O (OR AS A COR	NSEQUENCE (	2 Mus Dep: Oxfer Dep:	276	ode of dy	estis	h ee c	Cordio dise	yas yas	culs	Approximate Interval Between Onset and Death
_	IMMEDIATE CAUSE (Fidisease or condition resulting in death)  Sequentially list condit if any, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or injusted initiated events resulting in death) LAS	tions, diete ing ury	a. Cere  DUE TO  DUE TO  DUE TO  d.	O (OR AS A COR	NSEQUENCE (	2 Mus Dep: Oxfer Dep:	276	g couse	esti	Part I	Cordic Disc	VOIS C	culs	Approximate Interval Between Onset and Death Death Onset and Death Death Onset and Death Dea
_	IMMEDIATE CAUSE (Fidisease or condition resulting in death)  Sequentially list condit if any, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or injusted initiated events resulting in death) LAS	tions, diete ing ury	a. Cere  DUE TO  DUE TO  DUE TO	O (OR AS A COR	NSEQUENCE (	2 Mus Dep: Oxfer Dep:	276	g couse	estis	Part I	Cordic Disc	AUTOPSYMED?	culs	Approximate Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death
MEDICAL	IMMEDIATE CAUSE (Fidisease or condition resulting in death)  Sequentially list condit if any, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or injusted initiated events resulting in death) LAS	tions, diete ing ury	a. Cere  DUE TO  DUE TO  DUE TO  d.	O (OR AS A COR	NSEQUENCE (	2 Mus Dep: Oxfer Dep:	276	g couse	esti	Part I	Cordic Or respiration	AUTOPSYMED?	culs	Approximate Interval Between Onset and Death Onset and Death on the Control of Completion of Complet
MEDICAL	IMMEDIATE CAUSE (Fidisease or condition resulting in death)  Sequentially list condit if any, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or injusted initiated events resulting in death) LAS	tions, diete ing ury	a. Cere  DUE TO  DUE TO  DUE TO  d.	O (OR AS A COR	NSEQUENCE (	2 Mus Dep: Oxfer Dep:	276	g couse	esti	Part I	Cordic Or respiration	AUTOPSYMED?	culs	Approximate Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset Ons
MEDICAL	IMMEDIATE CAUSE (Fidisease or condition resulting in death)  Sequentially list condit if any, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or injusted initiated events resulting in death) LAS	icent fellure.	B. Let only one ce	O (OR AS A COR	NSEQUENCE (	O MAD OFF):  In the unit MATINE	derlying	de of dy	esti	Part I	Condition of the condit	AUTOPSYMED?	culs	Approximate Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset Ons
MEDICAL	IMMEDIATE CAUSE (Fidisease or condition resulting in death)  Sequentially list condit if any, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or injusted initiated events resulting in death) LAS	icent fellure.	a. Cere  DUE TO  DUE TO  DUE TO  d.	O (OR AS A COP) O (OR AS A COP) O (OR AS A COP) O (OR AS A COP)	NSEQUENCE (	OTHER	derlying	ceuse	given in	Part I	Condition of the condit	AUTOPSYMED?	culs	Approximate Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset Ons
MEDICAL	IMMEDIATE CAUSE (Fidesese or condition resulting in death)  Sequentially list condition in the couse. Enter UNDERLY CAUSE (Disease or injusted in the initiated events resulting in death) LAS  PART II. Other signification.	ent fellure.  clions, clidete ling ling ling ling ling ling ling ling	B. DUE TO	O (OR AS A CONDO (OR	NSEQUENCE (	OTHER	derlying 26. PL 3: aling Hom 28c. INJ	couse  Co	given in	Part I	Condition of the condit	AUTOPSYMED?	cels	Approximate Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset Ons
PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Fidesese or condition resulting in death)  Sequentially list condit if any, leading to imme ceuse. Enter UNDERLY CAUSE (Diseese or injuted initiated events resulting in death) LAS  PART II. Other significations in the initiated events resulting in death) LAS  PART II. Other significations in the initiated events resulting in death) LAS  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5	icent fellure.	B. DUE TO	O (OR AS A COR	NSEQUENCE (	OTHER	derlying  26. PL  26. PL  21. INJ  28. INJ	ceuse	given in	Part I	I. 24a. WAS AN PERFOR 1 YES 2	AUTOPSYMED?	cels	Approximate Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset Ons
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Fidelesses or condition resulting in death)  Sequentially list condit if any, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or injuthet initiated events resulting in deeth) LAS  PART II. Other algnifications of the condition of the cause of t	ent fellure.  It is a second to the second t	B. DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  A. DUE TO  DUE TO	O (OR AS A COP  O (OR AS A COP	NSEQUENCE ( NSEQUE	OTHER	derlying 26. PL 3: along Hom 1   1	Couse  Co	given in	Part I  264.	I. 24a. WAS AN PERFOR 1 YES 2  Other (Specify) DESCRIBE HOW II	AUTOPSYMED?	24I	Approximate Interval Between Onset and Death  b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 AMO
ED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Fidisease or condition resulting in death)  Sequentially list condit if any, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or Injury) that initiated events resulting in death) LAS  PART II. Other significations are sufficient of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the significant of the	itions, dilete ING Jry O MEDICAL  Pending Investigation	B. DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  A. DUE TO  DUE TO	O (OR AS A COP O (OR	NSEQUENCE ( NSEQUE	OTHER	derlying 26. PL 3: along Hom 1   1	Couse  Co	given in	Part I  264.	24a. WAS AN PERFOR 1 YES 2	AUTOPSYMED?	24I	Approximate Interval Between Onset and Death  b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 AMO
ED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Fidisease or condition resulting in death)  Sequentially list condit if any, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or Injusted Initiated events resulting in death) LAS  PART II. Other significations are sequentially in death in the initiated events resulting in death in the initiated events resulting in death in the initiated events are significations. If the initiated in the initiated events in the init	ent fellure.  Itions, delete ING Jury ST Condition  TO MEDICAL  Pending investigation  Could not be detarmined	B. DUE TO  B. DUE TO  B. DUE TO  C. DUE TO  C. DUE TO  DUE TO  DUE TO  A. DUE TO  A. DUE TO  C. DUE TO  C. DUE TO  C. DUE TO  A. DUE TO  C. DUE TO  C. DUE TO  A. DUE TO  C. DUE TO  C. DUE TO  DUE TO  A. DUE TO	O (OR AS A COR O (OR	NSEQUENCE ( NSEQUE	OTHER 4 Num ME OF JURY M	derlying  26. PL  3: sing Hom  28c. INJ  1   1	ace of dy	given in	Part I  C 26d.	I. 24a. WAS AN PERFOR 1 YES 2  Other (Specify) DESCRIBE HOW II  LOCATION (Street a City or Town, State)	AUTOPSY IMED?	CCURED or or Rural	Approximate Interval Between Onset and Death  b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 AMO
ED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Fidelesses or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  CAUSE (Disease or injusted in the interest of the constant resulting in death)  PART II. Other algnification in the interest of the condition in the con	ent fellure.  Itions, delete ING Jury ST  TO MEDICAL  Pending Investigation  Could not be detarmined	B. DUE TO  B. DUE TO  B. DUE TO  C. DUE TO	O (OR AS A COP O (OR	NSEQUENCE ( NSEQUE	OTHER 4   Num ME OF JURY M street, factor	derlying  26. PL  3: Sing Hom  28c. INJ  ory, office	and place	given in	Part I	I. 24a. WAS AN PERFOR 1 YES 2  Dy one)  Deter (Specify)  DESCRIBE HOW II  LOCATION (Street a City or Town, Stete)	AUTOPSYMED?	24l	Approximate Interval Between Onset and Death  b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 AMO
COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Fidelesses or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  CAUSE (Disease or injusted in the interest of the constant resulting in death)  PART II. Other algnification in the interest of the condition in the con	ent fellure.  Itions, dilete ling liny in the ling liny in the ling liny in the ling line line ling line line ling line line line line line line line line	BLEET ONLY ONE CO.  DUE TO.  D	O (OR AS A COP O (OR	NSEQUENCE ( NSEQUE	OTHER 4   Num ME OF JURY M street, factor	derlying  26. PL  3: Sing Hom  28c. INJ  ory, office	ace of dy	given in SEA, DEATH (Cho tesidence NO No No No No No No No No No No No No No	Part I  Part I  28d.  28f. to the	I. 24a. WAS AN PERFOR 1 YES 2  Dy one)  Deter (Specify)  DESCRIBE HOW II  LOCATION (Street a City or Town, Stete)	AUTOPSY MED?  AUTOPSY MED?  AND NUMBER OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF T	24l	Approximate Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death?  1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Fidisease or condition resulting in death)  Sequentially list condit if any, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or injuted initiated events resulting in death) LAS  PART II. Other signific.  25. WAS CASE REFERRED 1 VES 2 NO  27. MANNER OF DEATH  1 Setural 5 2 NO  27. MANNER OF DEATH  1 Setural 5 CERTIFIER (Check only one) 2 MEE	ent fellure.  Itions, dilete ling liny in the ling liny in the ling liny in the ling line line ling line line ling line line line line line line line line	BLEET ONLY ONE CO.  DUE TO.  D	O (OR AS A COP O (OR	NSEQUENCE ( NSEQUE	OTHER 4   Num ME OF JURY M street, factor	derlying  26. PL  3: Sing Hom  28c. INJ  ory, office	ace of dy	given in	Part I  Part I  28d.  28f. to the	I. 24a. WAS AN PERFOR 1 YES 2  Dy one)  Deter (Specify)  DESCRIBE HOW II  LOCATION (Street a City or Town, Stete)	AUTOPSY MED?  AUTOPSY MED?  AND NUMBER OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF T	24l	Approximate Interval Between Onset and Death  b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 VES 2 NO
E COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Fidisease or condition resulting in death)  Sequentially list condit if any, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or injuted initiated events resulting in death) LAS  PART II. Other signific.  25. WAS CASE REFERRED 1 VES 2 NO  27. MANNER OF DEATH  1 Setural 5 2 NO  27. MANNER OF DEATH  1 Setural 5 CERTIFIER (Check only one) 2 MEE	ent fellure.  Itions, delete ING IIII  Ent condition  TO MEDICAL  Pending Investigation  Could not be detarmined  TITYING PHYS  DICAL EXAMINE	B. DUE TO  DUE	O(OR AS A CONDO (OR A	NSEQUENCE ( NSEQUE	OTHER  OTHER  A HANN  ME OF  JURY  M  Street, factor  fron, in my of	derlying  26. PL  3: Sing Hom  28c. INJ  ory, office	ace of dy	given in SEA, DEATH (Cho tesidence NO No No No No No No No No No No No No No	Part I  Part I  28d.  28f. to the	I. 24a. WAS AN PERFOR 1 YES 2  Dy one)  Deter (Specify)  DESCRIBE HOW II  LOCATION (Street a City or Town, Stete)	AUTOPSY MED?  AUTOPSY MED?  AND NUMBER OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF T	24l	Approximate Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death?  1 YES 2 NO

21078



3. TIME OF DEATH

6. BIRTHPLACE (State or Foreign Country)

Pennsylvania

10d, INSIDE CITY LIMITS?

14. RACE — American Indian, Black, White, atc.

Caucasian

1 YES 2XXNO

21146

**Approximats** 

24b. WERE AUTOPSY FINDINGS

AVAILABLE PRIOR TO

1 TYES 2 NO

DF DEATH?

29d. DATE SIGNED (Month, Day, Year)

15

HOUSE PHYSICIAM

BALT. MD, 21230

COMPLETION OF CAUSE

intarval Batween

Onset and Death

12: 10Am

YEAR

90

9c. COUNTY OF DEATH

Baltimore

U.S.A.

10g. CITIZEN OF WHAT COUNTRY?

FOR

STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

ò,	-inthing
, P.O. BOX 13146,	bude some
Š	ada ha
E	Spide
<u>.</u>	dand
ຶ່	-
Ĕ	44.00
	and in second
M	F
OF VITAL RECORDS,	CALCALOLIA BALL
DIVISION	Consequence of secretaristic for the following the consequence where the decade considering and control control
5	0
	· marian

2

3001

HILDA TROH MAN 07 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR IF UNDER 24 HRS. 195-07-7398 DAYS Nov. 25, 1915 permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Harbor General Hospital Baltimore RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Anne Av:undel Severna Park 10e. STREET AND NUMBER FUNERAL 101, ZIP CODE noding physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit. Hygiene prior to burial, cremation, or removal. 2 Ridge Road Severna Park 21146 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 10 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Naver Married 2 X Married ΒY 3 Widowed 4 Divorced CE. 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY H Elementery/Secondery (0-12) COMPL Homemaker HOME 12+ 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mr. Harold A. Strohman 2 Ridge Road Severna Park, MD 21146 pe 20a METHOO OF DISPOSITION 20b. PLACE OF OISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State must Veterans Cemetery 4 ☐ Donation 1 ☐ Other (Specify) Crownsville, Maryland 22. NAME AND ADDRESS OF FACILITY
Barranco & Sons Funeral Home examiner 21. SUSTINUTURE OF FUNERAL SERVICE LICENS 495 Ritchie Highway Severna Park, MD medical ART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or haart failure. List only one cause on such line. MMEDIATE CAUSE (Final disease or condition the Septic Shac resulting in death) traumatic event, CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): been signed by the attending physician t. of Health and Mental Hygiene prior to Enter UNDERLYING CAUSE (Diseasa or Injury Item 23 shows any injury, or other DUE TO (OR AS A CONSEQUENCE OF): that initisted evente resulting in dasth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY MEDICAL Vascular cliseases Petipheral 1 YES 2 NO HASCVD PHYSICIAN: DIRECTOR: After this certificate has be hours after death with the State Dept. 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TES 2 NO Inpetient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) Item 28 is marked, or 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 5 Pending investigation 1 YES 2 NO В 28a, PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined 9 4 Homicide Ē COMPL 1) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE FUNERAL C be filed within 72 h IMPORTANT: If II 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, data and piece, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 표분

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

STREET

32. REGISTRAR'S SIGNATURE Like Devidon Randall

S-HANOVER

JUL 1 9 1990

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2. DATE OF DEATH MONTH

1 And the second s

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 media after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, A	Middle, Last)			,					2. DATE OF	DEATH		-55	●3. TIME OF DEATH	
	Norman	L	vle	Su	++>	CA	SR			07-1	4-199		YEAR	4:00pM	м
	4. SOCIAL SECURITY NUMBE		5. SEX	8. AGE (In yrs. le	st birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF	BIRTH			IPLACE (State or Foreign	,
	221-10-7005	5	1 <b>X</b> XM 2 ☐ F	73	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, L	2–191	6	Tylese	w t Virginia	
	9a. FACILITY NAME (If not inst	itution, give st	reet end number)			9b. CITY	r, TOWN (	OR LOCATI	ON OF DE				c. COUNTY OF DEATH		
E I	Anne Arunde	el Med	ical Cen	ter			Ann	apol	is			An	nne Arundel		
5	RESIDENCE OF DECE	10b. COUNTY			La an						-		110 11		=
뿔	Maryland		e Arunde:	1	10c. CIT	Y, TOWN	no1d							10d. INSIDE CITY	
	10e, STREET AND NUMBER			2.14			41			40 000	1 TYES Z NO				
FUNERAL DIRECTOR	1455 Ridgew	Arno	old.		101	I. ZIP COO	210	12		U.S.A.					
밀	11. MARITAL STATUS	47 100				La				IIC ORIGIN?					$\dashv$
립	1 Never Married 2 N	ferried	12. WAS DECEDEN FORCES? 1		NO	13.	If yes, sp	ecity Cubi	in, Mexics	n, Puerto Ric y:	an, atc.)	or No—	Black	— American Indien, k, White, etc.	
B	3 Widowed 4 Divorc	ed	IF YES, GIVE Y	MAR OR DATES			1 U YES	27 NO	Specify	y:			Spec	ucasian	
COMPLETED	15. DECEI	DENT'S EDUC	CATION	16a. D	ECEDENT'S	USUAL O	CCUPATIO	ON		16b. K	IND OF BUS	INESS/IN	OUSTRY		
4	Elementery/Secondery (0-1	-	College (1-4 or 5		Give kind of a e. Do NOT us	se retired.)	aunny ma	IST OF WORKS	ng						
P.	12+			Gı	coup	Supe	rvis	or		-1	Dupon	t Ch	emic	al Com.	
8	17. FATHER'S NAME (First, Mid	ldle, Last)						18. MOT	HER'S NA	ME (First, Mic	idle, Maiden	Sumame)			
BE	Norman D. S							<u></u>	Jess	ie Ba	rtlet	t			
2	190. INFORMANT'S NAME (Typ			1						Route Number					
-	Mr. Norman		n, Jr.					ay R	-	Arno.	_	_		21012	
	20a METHOD OF DISPOSITION 1 A Burlet 2 Cremetion	3 Remo	oval from State	20b. PLACE	of disposition of the dispositio	SITION (N	ame of cer	metery, cree	matory or				City or To		- 1
	4 Donation 5 Other (S		ever -	_   GIei	n Hav	en C	emet	ery		Glen Haven Cemetery					$\dashv$
	21, SIGNATURE OF CHAL	SERVICE	ENSEE			) B	arra	nd addre	& SO	ns Fu	neral	Hom	e		- 1
	- smu	14 60	100	was	RO	4	95 R	itch	ie H	ighwa	y Sev	erna	Par	k, MD 211	146
	23. PART I. Enter the dis	eases, Dr C	omplications the	at caused the d	eeth. Do	not enter	r the mo	ode of dy	Ing, suc	h ea cerdie	c or respi	ratory ar	rest,	Approximate Interval Between	
	IMMEDIATE CAUSE (Fine		List billy blie cel	use on each in	<b>.</b>									Onset and Da	
	disease or condition resulting in deeth)	<b>+</b>	14.	sinton	-		ann	ut						(1) mi	
			DUE TO	(OR AS A CONS	OUENCE O	F):	,	,		14				1	
Z	Sequentially list condition		b. May	sh	repr	in	14	ndo	Cour	hhis				2 wh	1
Ĕ	If sny, leading to immedicause. Enter UNDERLYIN	lata	OUE/f0	(OR AS A CONSI	EOUENCE O	F):	L	1	0			17	1	- 1	
CERTIFICATION	CAUSE (Disees or Injury		DUE TO	OR AS A CONS	EOUENCE O	F. Th	1eux	yme	me	Lann	1 0	rur	4	Luty	_
Ē	that initiated events resulting in death) LAST			I mit	7.	. ,.								ĺ	- 1
S			d. ///	ele vido	VILM										
AL	PART II. Other significan	t condition	a contributing to	death but not	reaulting	In the u	ndariyin	g cause	givan in	Part I. 2	4e. WAS AN		24t	. WERE AUTOPSY FINDI	NGS
MEDICAL	12	epper									YES 2	□ NO		COMPLETION OF CAUS OF DEATH?	SE .
ME	7	Min	A Ga	neer						_				1 - YES 2 - NO	
ä															
S	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHE		LACE OF	DEATH (Ch	eck only one)					=
YSI	1 TES 2 NO		1 Inpatient 2	☐ ER/Outpatient	3 🗆 DOA			ne 5 🗆 R	esidence	S 🗆 Other (	Specify)				
PHYSICIAN:	27. MANNER OF DEATH  1 Netural 5 P	hadina	28e. DATE Of (Month, I	F INJURY Day, Year)	26b. TIN	IE OF JURY	W	JURY AT DRK?		28d. DEŞC	RIBE HOW I	NJURY O	CURED		
B		weatigation				М		YES 2 [	NO						_
		could not be		OF INJURY — At I , atc. (Specify)	iome, ferm,	street, fac	tory, offic	ce .			Town, State)		er or Rural	Route Number,	- 1
															_
립			CIAN: To the best o												.
COMPLETED	2 MEDIC	CAL EXAMINE	R: On the basie of o	examination and/o	r investigati	on, in my	opinion,	death occu	rred at the	time, date e	nd place, er	d due to t	the cause(	s) end manner ee state	d.
BE (	296. SIGNATURE AND PITLE	OF CERTIFIE	100	/					ENSE NU			29d. DA	8.	(Month, Day, Year)	
10	lam	_	W Kunn	VOID				D	254	197			7/15	190	
	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAL	JSE OF DEATH (IT	EM 27) (Type	, Print)				,					
	24 DATE FRED ALIES D	4 and		Anie eren de											
	31. DATE FILED (MONT), Day,	3"19 <b>9</b> 0	Julie Je	AN SIGNATURE	pless										
			a												- 1

and the second of the second of the

James Kaplan, MD

31. DATE FILES WHITE. To 90 1990

POS	ache		9
the	det		6
à	8		7
peul	ouk		ije j
reta	5 sh		100
2	906		90
шау	a.		늉
9	ecto		E
Pag	II di		ner
ath.	mer		E S
H de	he fit	<u>و</u>	ex
afte	5	É	IIca
SULS	2	0	med
2	file	00	he
hin	teh	mat	t, t
WIE	пре	9	ven
urted	00	ınal.	0
exec	and	2	шар
8	cian	9	Ingi
cate	Shrys	e D	er t
ertiff	Du.	gien	향
th C	endi	È	0
dea	e att	enta	UT,
the	y th	2	Ξ
that	Pa Pa	in a	any
lires	sign	eal	8
requ	Ben	6	sho
WE	as b	ept.	23
The	te h	ate D	E
AN:	ifica	St	=
SICL	F83	P TP	1,0
PHY	this	M	rke
NG	fter	eath	E
QN	R: A	er d	
F	000	s aft	1 28
OR	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	DOUT	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mesurs after death. Page 6 may be retained by the hos	M	2	Ξ
SPI	NER	ig di	H
E E	E PL	d wh	FIA
폰	E	flex	0
2	2	2	=

	FOR 1 - STATE REGISTRAR	STATE OF MARY		RTMENT OF H		MENTAL HYGIEN	E .			
	1. DECEDENT'S NAME (First, Middle, Last)	izabeth		inkel		2. DATE OF DEATH MONTH 7-10-90	Y YEA	3. TIME OF DEATH 10:10PM M		
	010 02 0115	1 M 2 X F	GE (In yrs. lest birthday 48 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 06-13-1942	2 6	IRTHPLACE (State or Foreign ountry) Onneticut		
TOR	90. FACILITY NAME (if not institution, give string North Arundel Horestdence of decement			Glen B	urnie	ATH	Anne A	Arundel Co.		
DIRECTOR	10a. STATE 10b. COUNTY	e Arundel	10c. C	TY, TOWN OR LOCAT	on erna Park			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
VERAL	100. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN OF WHAT COU 107. ZIP CODE 109. CITIZEN OF WHAT COU 108. A.  U.S.A.									
BY FUNERAL	11. MARITAL STATUS  1	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O		If yes, sp	ENDENT OF HISPAN ecity Cuben, Maxicar NO Specify	IC ORIGIN? (Specify Yea n, Puerto Ricen, atc.)	s	RACE — American Indian, Black, White, etc. Specify: UCASIAN		
	15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed)  College (1-4 or 5+)	(Give kind o	S USUAL OCCUPATION of work done during mouse retired.)	st of working	16b, KIND OF BUS	SINESS/INDUSTR			
BE COMPLETED	12+ Registered Nurse Hospital  17. FATHER'S NAME (First, Middle, Last) Joseph Taragowski  Registered Nurse Hospital  18. MOTHER'S NAME (First, Middle, Meiden Surname) Adrea Morganti									
TO BE	19a. INFORMANT'S NAME (Type/Print) Mr. Jan A. Sprink	el		g address (Street of	Ind Number or Rural F	Route Number, City or Tow	n, State, Zip Code			
	20s. METHOD OF DISPOSITION 1   Burlel 2   Cremetion 3   Removel from State 4   Doneston 5   Other (Specify)   20s. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place)  Metro Crematory   Baltimore, Maryland									
	21. SIGNATUSE OF FUNERAL SERVICE LICE	Barrer	CO	22. NAME A		CILITY	95 Ritc	hie Highway		
	23. PART / Entar the diseases, or each ock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition	omplications that cau list only one cause o	ised the death. Do n each line.					Approximata Interval Between Onset and Death		
	resulting in death)	n. <u>Multiple</u> DUE TO (OR /	injuries AS A CONSEQUENCE	OF):						
SATION	Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR A	AS A CONSEQUENCE	OF):						
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR A	AS A CONSEQUENCE	OF):						
MEDICAL	PART II. Other algnificant conditions	a contributing to dear	th but not resultin	g in the underlyin	g cauae given in	Part I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (Ch					
PHY	27. MANNER OF DEATH  1 Natural 5 Pending Investigation	28a. DATE OF INJU (Month, Day, 16 7-10-90	IRY 28b. 1	TME OF 28c. IN.	JURY AT DRK? YES XX NO	28d. OEŞCRIBE HOW		auto impact		
ETED BY	3 Suicide 6 Could not be 4 Homicide datarmined	building, atc.		Road	Ē		Earlei	gh Heights,		
COMPLE		CIAN: To the beat of my i						use(s) and manner as stated.		
O BE C	29b. SUMATURE AND TRUE OF CERTIFIER	<u> </u>			29c. LICENSE NUI			SNED (Month, Day, Ybar) '-11-90		
, po	30, NAME AND ADDRESS OF PERSON WHO	D COMPLETED CAUSE OF	E DEATH /ITEM 97) /T	me Brint)						

111 Penn Street, Baltimore, MD 21201

A. O. San S. A.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

5

- STATE REGISTRAR				CERTIF	ICATE C	F DEATH		REG. NO.					
1. DECEDENT'S NAME (First,	Middle, Last)						2. DATI	E OF DEATH	av	VEAR	3. TIME OF DEATH		
Clarenc	e A	1	S	titz			Ju	ly ľ	8 1	L 9 90	8:50 A.M		
4. SOCIAL SECURITY NUMBER	ER	5. SEX	6. AGE (In yra	. last birthday)	IF UNDER 1 YE		7. DATE	E OF BIRTH oth, Day, Year)		6. BIRTHI	PLACE (State or Foreign		
215-09-580	04	1 € M 2 🗆 F	80	YRS.	MONTHS DA	YS HOURS MIN.	0.9		19		vland		
90. FACILITY NAME (If not ins	titution, give str	street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. C							9c. COL	COUNTY OF DEATH			
Memoria	1 Hos	spital			E	aston			7	ralbo	ot		
10e. STATE	10b. COUNTY			10c, CIT	Y, TOWN OR L	DCATION					10d. INSIDE CITY LIMITS?		
Massirland I Malhat										1 YES 2 NO			
10s. STREET AND NUMBER											HAT COUNTRY?		
Rt 6 Box 4													
11. MARITAL STATUS	I	12. WAS DECEDEN				DECENDENT OF HISP				14. BACE	- American Indian,		
1 Never Married 2 🔯 I 3 Widowed 4 Divor	FORCES? 1 YES 2 NO Specify: Whit								y:				
15. DECE	DENT'S EDUC	ATION	18a	. DECEDENT'S	USUAL OCCU	PATION	18	b. KIND OF BU	SINESS/IN		200		
(Specify only Elementary/Secondery (0-	highest grade (	College (1-4 or 5 +	$\overline{}$	(Give kind of a	work done durin se retired.)	g most of working							
8				produc	ct con	ntroller		elec	tro	nics			
17. FATHER'S NAME (First, Mile	ddle, Lasi)					18. MOTHER'S	NAME (First,	, Middle, Melden	Surneme)				
Anton Stit	tz					Mary	Este	elle K	est	er			
19e. INFORMANT'S NAME (7)	rpe/Print)			19b. MAILING	ADDRESS (St	reet and Number or Rur	al Route Nur	mber, City or Tow	m, State, Z	(ip Code)			
Elizabeth	E. S	titz		Rt6	Box 4	406 Eas	ton	MD 2	160	1			
20e. METHOD OF DISPOSITION 1 Description   2 Cremetion	ON 7/	19/90	20b. PL	ACE OF DISPOS	SITION (Name	of cemetery, crematory of	W.	20c. LC	CATION -	- City or To	wn, State		
4 Donation 5 Other	n 3 ⊔ Remo (Specify)	wal from State		er plece) stern	Shore	e Cremat	oriu	ım Ge	eora	etow	n DE		
21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE	/		22, NAN	E AND ADDRESS OF	FACILITY						
·M.E.	Jew	nam	11 51	F.5,P.		vnam Fun ston, Ma			9				
23. PART I. Enter the di									iratory e	rrest,	Approximete		
iMMEDIATE CAUSE (Fin disease or condition resulting in death)		List only one ceu		NSEQUENCE O	na	•					Interval Batwean Onset and Death		
		DUE TO	OR AS A CO	NSEQUENCE O	Ŋ:								
Sequentially list conditi		A	ane	mi	~								
if any, leeding to immed	liete	DUE TO	OR AS A CO	NSEOUENCE O	F): /	horghei	/	10					
cause. Enter UNDERLYII CAUSE (Disease or inju			w	nic 1	Jup	trongtee	16	elle	MA				
that initiated events resulting in death) LAS		DUE TO	OR AS A CO	NSEQUENCE O	F7: /	,							
		1									1		
PART II. Other algnifice	nt condition	a contributing to	deeth but r	ot resulting	In the under	lying cause given	In Pert I.	24s. WAS AN		7 246.	WERE AUTOPSY FINDINGS		
Thron	how	Lowenia						PERFO			AVAILABLE PRIOR TO COMPLETION OF CAUSE		
A .		1	- 1	1.1.0	1 relation	ocular o	dicin		NO NO		OF DEATH?		
7729	4 + (1000	2 14 1-00	wyur	and C	GIVIII	10 miles	1500				1 YES 2 NO		
25. WAS CASE REFERRED TO	MEDICAL					8. PLACE OF DEATH	Check only	onel					
EXAMINER?		HOSPITAL:			OTHER:					_			
1 YES SHOOT		1-28e, DATE OF		nt 3 DOA		Home 5 Reelden		her (Specify) ESCRIBE HOW	INJURY O	CCIIDED			
	Pending	(Month, D			JURY	WORK?	200. D	-JOHNE HOW		COUNTED			
2 Accident	Investigation	28e PLACE O	F INJUIOV	At home, farm,	""   '		201.10	CATION (Street	and thumb	ne or Bund t	Route Number		
	Could not be determined	building,	etc. (Specify)	receive, territi,		-,1100		ty or Town, State		ne or murae f			
290. CERTIFIER	TEVINO BUVO	CIAN. To about a construction				1111				au'			
(Check only		E				date end place, end on, death occured at					e) end manner as stated.		
29b. SIGNATURE AND TITLE	- 0	7				29c, LICENSE I		- 1					
Wal-	MI	9				) 2 (	) [	D	290.0/	7-/1-	(Month, Day, Year)		
30, NAME AND ADDRESS OF	PERSON WILL	COMPLETED CALL	E OF BEATU	ATEM OD AT	Drint) -	1000	11		/	111	7 0		
RIVS.	anch	er :	Id/e	wild	W	e E	asto	W A	1D	211	0/		
31. DATE FILED (Month, Day,	9'90	32. REGISTRA	R'S SIGNATU	RE Pand	bee								

12

# FOR

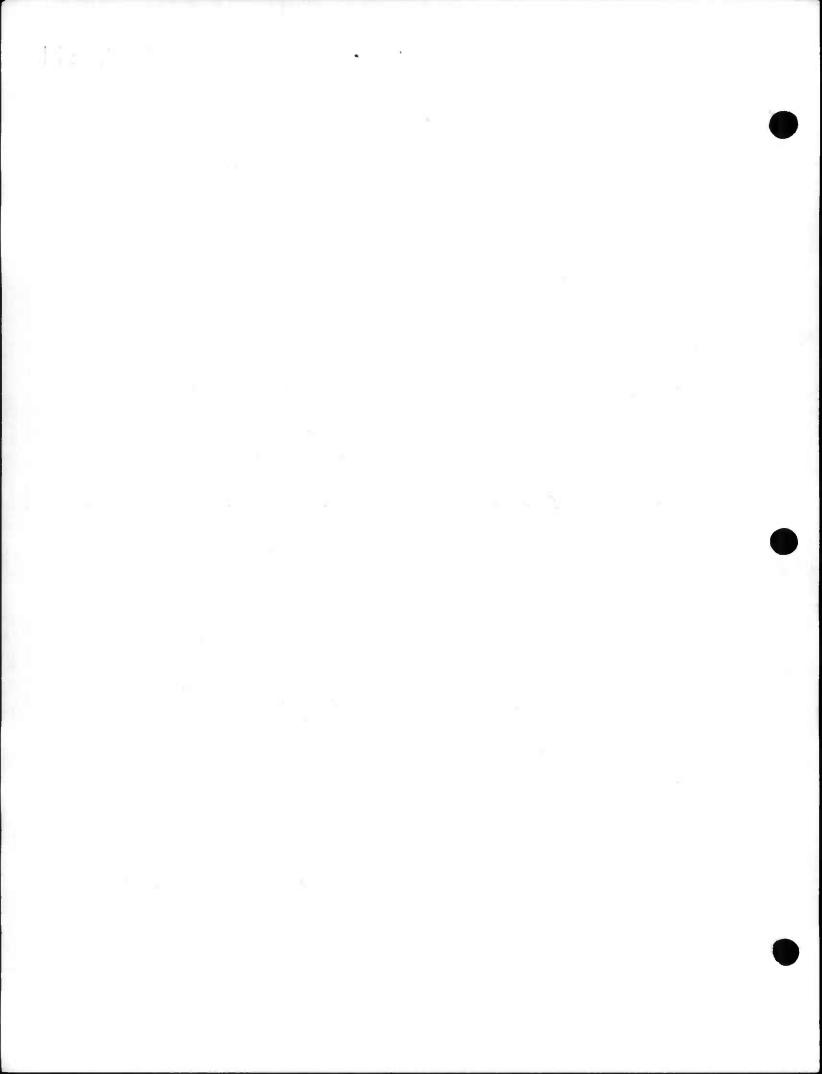
TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR		STATE OF I		CERTIF			HEALIH F DEAT		MENIA		BIENI B. NO.	Ė		
1. OECEOENT'S NAME (First,	Middle, Last)									OF OE	ATH			3. TIME OF OEATH
Schelts,	Mary	Addie							July	7	6,	1990	YEAR	6:25am м
4. SOCIAL SECURITY NUMB	BER	5. SEX	6. AGE (In yrs	s. lest birthday)		R 1 YEAR			7. OATE	OF BIR	TH (bar)		a. BIRTI	IPLACE (State or Foreign
222-18-0703	3	1 🗌 M 2 📉 F	60	YRS.	MONTHS	DAYS	HOURS	MIN,	Sep	t.2	4,1	929	Count	" MD
9a. FACILITY NAME (If not in	stitution, give st	give street and number)  9b. CITY, TOWN OR LOCATION OF CEATH  9c. COUNTY OF CEATH									DEATH			
Kent and	Queen Annes Hospital, Inc. Chestertown Kent													
RESIDENCE OF DECEDENT         10c. CITY, TOWN OR LOCATION         10d. INS           10e. STATE         10b. COUNTY         10c. CITY, TOWN OR LOCATION         10d. INS											10d. INSIDE CITY			
la company	Kent	•			alen		Allon							LIMITS?
MD 100, STREET AND NUMBER	Ment			G	aren		10f. ZIP COOL	F				10a. CIT	IZEN OF	WHAT COUNTRY?
200 Phelps	e Arro						2163	5						USA
11. MARITAL STATUS	5 AVC.	12. WAS DECEDEN	T EVER IN U.S	ARMEO	13.	. WAS O			NIC ORIGI	N? (Spec	olfy Yes	or No—	14. RAC	E — American Indien,
1 Never Married 2 Merried   FORCES? 1 YES 2/NO   If yes, specify Cuban, Mexican, Puerto Rican, atc.)   Black, Whi   IF YES, GIVE WAR OR OATES   1 YES 2/NO Specify:   Specify:														
	EOENT'S EDU		16a	. OECEOENT'S					161	b. KINO	OF BUS	SINESS/IN	OUSTRY	
(Specify only	ly highest grade D-12)	College (1-4 or 5	+)	life. Do NOT u	se retired.)	)	most of workin	rs/						
8		a statement		Home	make	r				He	ome			
17. FATHER'S NAME (First, M									ME (First,				1	
Silas Lungo		er					_		Mae					
190. INFORMANT'S NAME (							et and Number				or Tow	n, State, Zi	(p Code)	
Gary Schel							lena,		210	- 1	_			
20a, METHOO OF OISPOSIT	on 3 🗆 Rem	oval from State	20b. PL oth	ACE OF OISPO er place)	1.00		cemetery, cren 11e Ce		O2781					e, MD
4 Donetion 5 Other  21, SIGNATURE OF FUNERA	***	CENSEF		1	<i>2.</i>		ANO AOORE		- L		16	nibre	ATTT	e, wid
- 1/	0	1					lows 1			Hom	е			
23. PART i. Enter the d	13.	tellow	5											MD 21651   Approximate
shock, or n iMMEDIATE CAUSE (Fit disease or condition resulting in death)  Sequentially list condit if eny, leeding to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events recutting in death) LAS	tions, soliete	a VE	OR AS A CO		DF):	4	16m	C 155	201	A				Intervel Between Onsat and Daath
DAST II Other significa	ant condition								Dord I	T				WERE HIZOROV ENDINGS
PART II. Other eignification of the Control of the	S TI JPIN	MATA	PER	LND SIVILM		PP		MAY	cse	ch	PERFO	I AUTOPSY RMEO?	24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?  1 YES 2 NO
EXAMINER?		HOSPITAL:	☐ ER/Outpatie	nt 3 □ DO≜	OTHE	ER:	lome 5 🗆 R		-		effu)			
27. MANNER OF OEATH	Pending	28e. OATE O		28b. Til		28c.	INJURY AT WORK?		1	-	_	INJURY O	CCUREO	
2 Accident Investigation 3 Suicide a Could not be determined determined 4 Homicide   Description   Accident   Description   Desc									Route Number,					
one)		ER: On the best of												(e) and manner ee stated,
29b. SIGNATURE AND TITLE	Km	Xl	ice of of a	GTEM AT C	. 0./:		29c, LIC	ENSE NU	MBER SH	8		29d, DA	ATE SIGNE	(Month, Day, Year)
30. NAME AND ADDRÉSS C	JE PERSON WI	NO COMPLETEO CA	JSE OF DEATH	(FTEM 27) (Typ	e, Print)									,
31. DATE FILEO JAPAN, Doy	0~90	32. REGISTR	ar's signatu a Davids	ire on-Pand	all									

TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 2x-mours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transference filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

OHMH-18 Rev 1/89



MPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 -	FOR STATE REGISTRAR
1. 0	ECEDENT'S NA
	Helen
4, 5	SOCIAL SECURI

REGISTRAR		CERTIFICA	TE OF	DEATH	RE	G. NO.			
1. DECEDENT'S NAME (First, Middle, Last	)				2. DATE OF DE	EATH DAY		3. TIME DF DEATH	
Helen St	tenger				July	6, 1	990	2335 N	
4. SOCIAL SECURITY NUMBER 213 74 1061	5. SEXTEM 1 M 20 F 92	VRS. F U	NDER 1 YEAR THE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BII (Month, Day, 05/21	Year)	Country)		
Se. FACILITY NAME (If not institution, give	street and number)	96.	CITY, TOWN OF	LOCATION OF DE	EATH	9c. COU	NTY OF DEA	тн	
RESIDENCE OF DECEDENT	of Cecil County		Elktor	1		Ce	cil		
Maryland 106. COUN	Kent		tertow					IOd. INSIDE CITY LIMITB?  I X YES 2 NO	
100. STREET AND NUMBER Queen St.				ZIP CODE 1620		10g. CIT			
11. MARITAL STATUS Widowed  1 Never Married Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2.5  IF YES, GIVE WAR OR DATES	No No		NDENT OF HISPAI city Cuben, Mexica NO Specif	nn, Puerto Rican,		Bleck, 1	White, etc.	
15. DECEDENT'S ED (Specify only highest gra-	UCATION 18a. I	DECEDENT'S USUA	AL OCCUPATION	V of working	16b. KIND	OF BUSINESS/IN	DUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of work of the Do NOT use retir Kinder		Teache	r Kin	dergarte	en (Pr	re-School)	
17. FATHER'S NAME (First, Middle, Last)	John F. Connelly				AME (First, Middle, tta Lou	Melden Surmanne) sia Dav	vis		
19a. INFDRMANT'S NAME (Type/Print)		19b. MAILINO ADDI	RESS (Street an	d Number or Rural	Route Number, Cit	y or Town, State, Zij	p Code)		
W. Jackson Steng				ertown,					
20a. METHOD OF DISPOSITION Burial 1 Soundary 2 Cremetton 3 Removal from State 4 Donatton 3 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or Chester Cemetery 20c. LOCATION — City or Town, other place) Chester Cemetery									
21. SIONATURE OF UNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  P.O. Box # 264  J. Willis Wells Chestertown, Md. 21620									
Interval Between Onset and Death  Interval Between Onset and Death  Interval Between Onset and Death  Due to (on At A Consequence or):  Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  Due to (on At A consequence or):  Due to (on At A consequence or):  Due to (on At A consequence or):									
	d. 2001 8	com		1/5	any			+	
PERFORMED? AVAIL COM DF D								WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL	T		26. PL/	CE OF DEATH (C)	heck only one)				
EXAMINER?	HOSPITAL: 1 inpatient 2 inpatient		HER: Nursing Home	5 🗌 Residence	8 Other (Spe	offv)			
27. MANNER OF DEATH  10 Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJU WOF	RY AT		E HOW INJURY OC	CUREO		
2 Cartie	3 Suicide 8 Could not be 28e. PLACE DF INJURY — At home, farm, street, factory, office building, etc. (Specify)							ute Number,	
CONTROL ONLY	/SICIAN: To the best of my innowledge,							and manner as stated.	
29b. SIGNATURE AND TITLE OF CENTIF	EN / V			29c. LICENSE NU	MBER	29d. DA	TE SIGNED (	Month, Day, Year)	
1 2	I stuy			D6181		▶ J	Selection of Country of Death ecil    10d. INSIDE CITY LIMITB?   1 KM es 2   1 KM es 2   1 KM es 2   1 KM es 2   1 KM es 2   1 KM es 2   1 KM es 2   1 KM es 2   1 KM es 2   1 KM es 2   1 KM es 2   1 KM es 3 KM es 4	3, 1990	
30. NAME AND ADDRESS OF PERSON V		TEM 27) (Type, Print) Bridge		E1k	ton, MI	2192			
21 DATE FILED (Month, Day, Year)	Daydson-	5							
JUL 17 '90	guia Davidson	gandell							

X X

## FOR

TO BE COMPLETED BY FUNERAL DIRECTOR

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.													
1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF D	DEATH		YEAR	3. TIME OF DEA	ГН	
1	Charles Franklin			lin	Sk	inne	er	uly	05	199		10:07	a M	
	The second secon		AGE (In yrs.	last birthday)	IF UNDER 1	YEAR DAYS	IF UNDER 24 HR	_	7. DATE OF B	HRTH (, Ybar)		8. BIRTH Countr	IPLACE (State or Fo	oreign
	458-07-0600	M 2 □ F	84	YRS.	WONTHS	DATS.	HOURS	" þ	(Month, De	0,19	05	37-11	" MD	
I	9s. FACILITY NAME (If not institution, give street				9b. CITY,	TOWN 0	R LOCATION O	F DEAT	гн		9c. COU	NTY OF D	EATH	
The Kent and Queen Anne's Hospital Chestertown, Maryland Kent														
10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY										1				
	MD Queen	Anne's			llin								LIMITS?	NO
ŀ	10e, STREET AND NUMBER			2122		200	ZIP CODE				10g. CIT	IZEN OF V	WHAT COUNTRY?	
RR, Box 156A2 21651 USA														
l		. WAS DECEDENT EV	ER IN U.S.	ARMED	13. W	AS DEC	ENDENT OF HIS	SPANIC	ORIGIN? (S	pecify Yes	or No-	14. RACE	E — American Indi k, Whita, atc.	an,
ł	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE WAR	OR DATES	Пио			2 NO Sp		Puarto Ricar	i, atc.)		Speci	tty:	
													White	
ı	15. DECEDENT'S EDUCATI (Specify only highest grade com	ON ppleted)		Give kind of w life. Do NOT use	ork done d	CUPATIO	ON st of working		16b. KIN	D OF BUS	BINESS/INI	DUSTRY		
ı	Elementary/Secondary (0-12)	college (1-4 or 5+)	- 1 -	rpente					Ca	rpen	+ >><>			
l	17. FATHER'S NAME (First, Middle, Last)		Ca	apente	7.1.		18. MOTHER'S	NAME						
	Mordicia Skinner								A. Be					
I	19a. INFORMANT'S NAME (Type/Print)		T	19b. MAILING	ADDRESS	(Street a	nd Number or Ri					Code)		
ı	Ruth Skinner			same	as a	bov	е							
I	20a. METHOD OF DISPOSITION 1 To Burlat 2 Cremation 3 Removal		20b. PLA				netery, crematory			20c. LO	CATION —	City or To	own, Stata	
I	4 Donation 5 Other (Specify)	mom State	Other	Suc Suc		sville Cemetery Sudlersville,MD								
	21. SIONATURE OF FUNERAL SERVICE LICENS	SEE /					D ADDRESS O			1				
į	* Mary B.	+010	2115				ws Fund				i nort	on 10	D 21651	
1	23. PART I. Enter the disease, or com	plicetions that co	used the	dsath. Do n	ot enter	the mp	de of dying,	such	se cerdisc	Dr reepi	ratory sr	rest,	Approxim	
I	shock, pr heart fellure. List IMMEDIATE CAUSE (Fine)	t only one cause	on each l	ine.									Onaet an	
H	diseess or condition	Cardia	a Arr	ost										
	resulting in deeth) e	Cardia DUE TO (OF												
	b	Arteri	oscle	rotic	C V	D								
I	Sequentielly ilst conditions, if any, leeding to immediate	DUE TO (OR	AS A CON	SEOUENCE OF	):									
H	CAUSE (Disease or Injury	DUE TO (OR	AS A CON	SEQUENCE OF	n-									
	that initiated events resulting in deeth) LAST	302 10 (0			,								į	
H	d													
ı	PART II. Other aignificent conditione c	ontributing to de	eth but no	ot reculting i	n the un	deriyin	g cause give	n in P	art I. 24	PERFOR	AUTOPSY	248	WERE AUTOPSY I AVAILABLE PRIOF	TO OT 1
Ì			_						10	YES 2	□ NO		COMPLETION OF DF DEATH?	CAUSE
ļ									_				1   YES 2	NO
								_						
Ì	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		v	OTHER		ACE OF DEATH	1 (Checi	ck only one)					
۱	1 VES 2 NO 1	28a, DATE OF INJ		28b. TIM			URY AT		Other (Sp 28d, DESCRI		N ILIEN OC	CHRED		
ļ	1 🔀 Natural 5 🗌 Pending	(Month, Day,		INJ	URY	WC	YES 2 NO		zou. DESCHI	BE HOW I	MJONI OC	CONED		
1	2 Accident Investigation 3 Suicide & Could not be	28a. PLACE OF IN	JURY At	home, term, s	treet, facto			$\rightarrow$	28t, LOCATIO	N (Street	and Numbe	or or Rural	Floute Number,	
1	3 Suicide 8 Could not be 4 Homicide determined	building, atc.	. (Specify)						City or To	own, State)				
	29a. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my	knowledge	, death occum	d at the fi	me, date	and place, and	dua to	o the causel	and mar	nner aa str	nted.		
۱	(Check only one) 2 MEDICAL EXAMINER: (	_											(a) and menner aa	stated.
	29b. SIONATURE AND FITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIONED (Month, Day, Year)									)				
	Ktur	tan/					D <b>Ø</b> 125						5, 1990	
	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE	OF DEATH (	ITEM 27) (Type,	Print)									
	Robert W. Farr M	1.D.												
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S												
	JUL 09'90	Julia Davi	dson-1	andell										
		()											DHAM	18 Rev 1/89

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

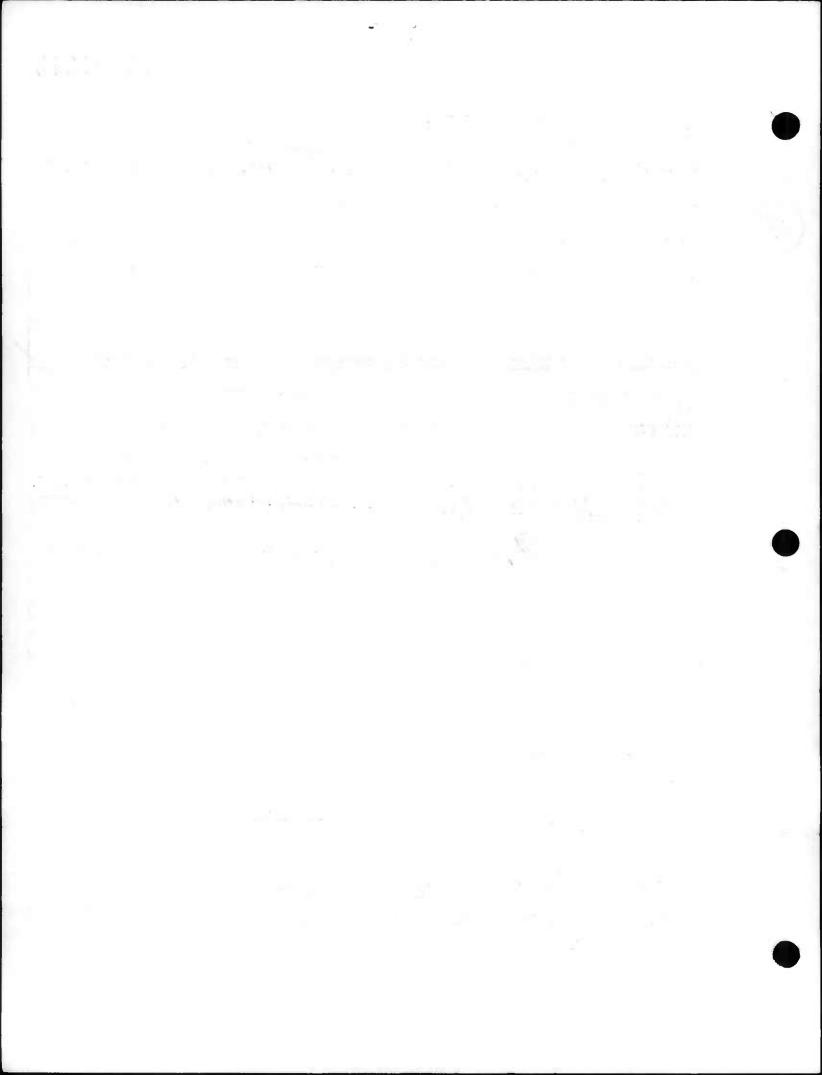
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION 10

DHMH-18 Rev 1/89

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of health and Mental Hygiene prior to burial, cremition, or removal.  IMPORTANT: It leam 28 is marked, or litem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
---

FOR

	1 - STATE REGISTRAR	OINIE OF MAINEAN		CATE OF		REG.	NO.			
	1. DECEDENT'S NAME (First, Middle, Last) R	CHUS CORNEL I				2. DATE OF DEAT		3. TIME OF DEATH		
	KOCHUS C	4			MONTH 7	16	20 3 30 Am			
	4. SOCIAL SECURITY NUMBER 5	SEX 8. AGE (In yr	rs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	l eri	8. BIRTHPLACE (State or Foreign Country)		
	400-01-2961	X M 2 □ F 77	YR\$.	MONTHS DAYS	HOURS MIN.	NOV. 23,	1912	LOUIEVILLE, KY		
DIRECTOR	9a. FACILITY NAME (If not institution, give stree SOUTHERN MIRRY	1 / /	PIZAL	9b. CITY, TOWN	INTO	ATH	9c, COL	NCG LEORGES		
딥	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		10c, CITY	r. TOWN OR LOCA	TION			10d. INSIDE CITY		
H	MARYLAND CHAP	RLES	TND	IAN HEAD				LIMITS?		
	10e. STREET AND NUMBER	(LLJ	THE		. ZIP CODE		10g. CIT	TIZEN OF WHAT COUNTRY?		
FUNERAL	# 6 GREEN MEADOWS [				20640			USA		
В	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO NO	If yee, sp	ENDENT OF HISPAN ecity Cuban, Maxicar 2 ND Specify	n, Puerto Rican, atc		14. RACE — American Indian, Black, Whita, atc. Specify: WHITE		
COMPLETED	15, DECEDENT'S EDUCAT (Specify only highest grade cor			USUAL OCCUPATI		16b. KIND OI	BUSINESS/IN	DUSTRY		
	Elementary/Secondary (0-12)	College (1-4 or 8+)	Ille. Do NOT us	e retired.)						
MP		YEARS	CHEMIC	AL ENGIN				MENT/NAVY		
BE CO	17. FATHER'S NAME (First, Middle, Last)  HENRY LEE STAHL					ME (First, Middle, Me A REISS	iden Sumame)			
	tup. I MILANWA WE (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural F	Route Number, City o	r Town, State, Z.	ip Code)		
5	RITA STAHL		#6 GR	EEN MEA	OWS DRIV	E, INDIA	N HEA	ND, MD 20640		
	20s, METHOD OF DISPOSITION 1 IX Buriel 2 Cremation 3 Remove	off	her place)		metery, crematory or	20		- City or Town, Stata		
	4 Donation 8 Other (Specify)		URRECT.	ION CEME		OH 1774		N, MARYLAND		
	21. SIGNATURE OF FUNERAL SERVICE LICEN	Kent	> .		NO ADDRESS OF FAC	THE		FUNERAL HOME,INC. AND 20604-0156		
	23. PART i. Enter the diseases, or complications that causes the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate									
	IMMEDIATE CAUSE (Final disease or condition reaulting in dasth)	disease or condition // / / / / / / / / / / / / / / / / /								
_	Due TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING									
FIC	CAUSE (Disease or injury that initisted events	DUE TO (OR AS A CO	INSEQUENCE OF	F):						
F	resulting in death) LAST							ļ		
DICAL	PART ii. Other aignificant conditions	contributing to death but	not resulting	in the underlyir	g cause given in		S AN AUTOPSY RFORMED?	AVAILABLE PRIOR TO		
ă						1 🗆 YI	ES 2 NO	OF DEATH?		
×						_		1 TYES 2 NO		
Ä	L	<del></del>								
2		HOSPITAL:		OTHER:	LACE OF OEATH (Ch	eck only one)				
PHYSICIAN: MEI	1 YES 2 SOLD 1	28a, DATE OF INJURY	28b, TIM		JURY AT	8 Other (Specify 28d, DESCRIBE H		COLINEA		
	1 Statural 5 Pending	(Month, Day, Year)	IN.	URY W	ORK? YES 2 ND	280. DEŞCHIBE R	OW INJUNY O	CCUREO		
ВУ	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJURY —				28f. LOCATION (S	treet and Numb	er or Rural Route Number,		
	4 Homicide 8 Could not be determined	building, etc. (Specify)				City or Town,	State)			
Щ	29a. CERTIFIER CERTIFYING PHYSICIA	AN: To the best of my knowledg	ne death occur	ad at the time dat	and place, and due	to the course(s) an	d manner as et	eled		
COMPLETED	0001							the cause(s) and menner as stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIER	110	O C E ( Conje							
BE	XX XI	Kak )	MA		29c. LICENSE NUN	F 7	29G, DA	TE SIGNEO (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF CEATH	(ITEM 27) /Time	. Print)	0003	00 6	1	7/070		
	HARVEY 7. KA	Trea 4.	0. 8		LUDFARI	) Rol	Cli	NTON MD		
	31. DATE FILED (Month, Day, Year)	32. REGISTHAR'S SIGNATU		2_						

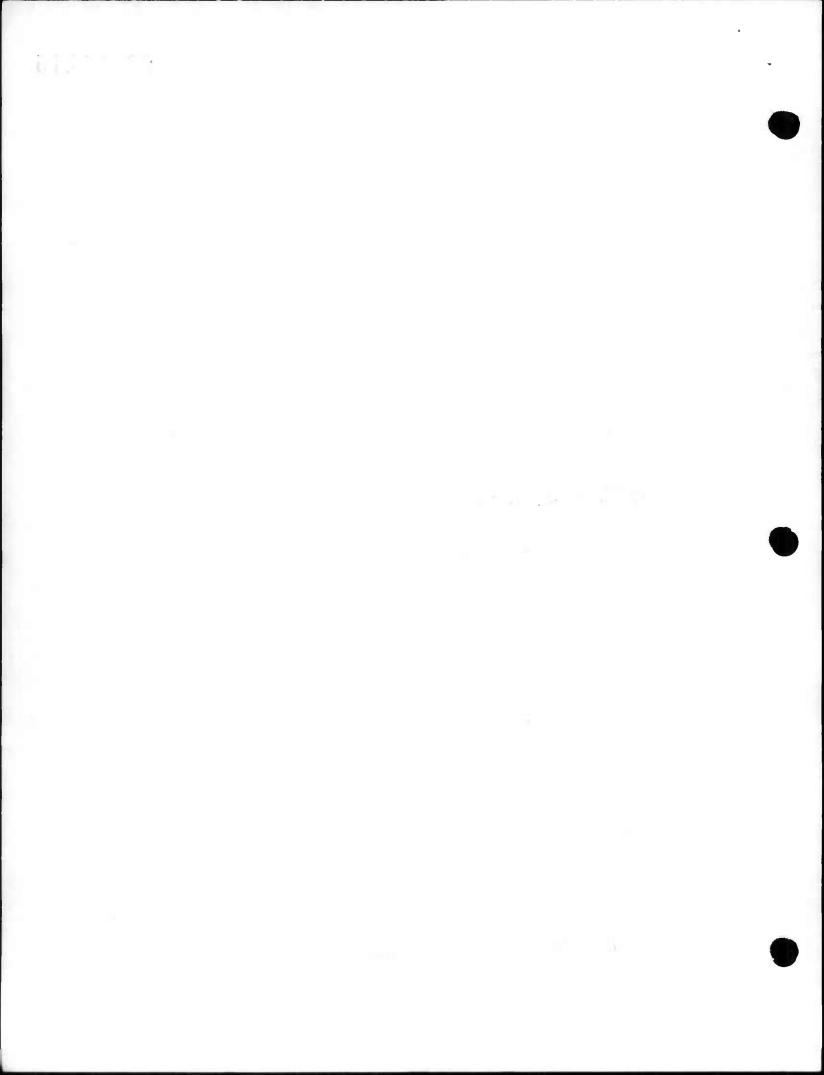


TO BE COMPLETED BY FUNERAL DIRECTOR

E HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital or attending physician.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	e field within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPI	O THE FUNE	e filed within	MPORTANT

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
1. DECEDENT'S NAME (First, Middle, Lest) Walter	andley S	Stinson			2. DATE OF DEATH DATE OF LITTLE DESCRIPTION	90			
227 03 0102	1 💢 M 2 🗆 F	33 YRS. MO	UNDER 1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 08 06 0	RTHPLACE (State or Foreign unity) ngland			
9a. FACILITY NAME (If not institution, give si Memorial Ho		9b		aston	HTA	Tall			
RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  Maryland  Tal	bot	10c. CITY, TO	OWN OR LOCAT	ION	10d. INSIDE CITY LIMITS? 1 ☐ YES 2 ☑ NO				
100. STREET AND NUMBER Route 6, Box 5		1200		. ZIP CODE 21601		USA	OF WHAT COUNTRY?		
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 NO	If yes, sp	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yea n, Puerto Rican, etc.)	or No.— 14. R	ACE — American Indian, ileck, White, atc. pecify:		
15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)		18e, DECEDENT'S USI (Give kind of work life. Do NOT use re	JAL OCCUPATIO done during mo tired.)	DN st of working	18b. KIND OF BUS				
1.0  17. FATHER'S NAME (First, Middle, Last)		carper	nter		ME (First, Middle, Malden	entry Surname)			
Walter Stinsor  19a. INFORMANT'S NAME (Type/Print)  Donald J. Swar					Route Number, City or Town		)		
20a. METNOD OF DISPOSITION  1	13/90 20 oval from Stata	b. PLACE OF DISPOSITION Of the place) Spring Hi	ON (Name of cer		20c. LO	CATION - City o			
21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	. )	22. NAME AN Newna	D ADDRESS OF FA	cal Home	.ocon i			
IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentisily list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):	HICTIO	n var n		and the second	Approximata Interval Between Onset and Death MINVES  YEARS		
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  PERLIPHERAL VASCUUM DISEASE WITH ISHEMIA  1 VES 2 MO OF DEATH?							24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2  NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	LACE OF DEATH (Ch					
1 YES 2 NO  27. MANNER OF DEATH  1 Return 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	F 26c. IN.	NURY AT DRK? YES 2 NO	a Other (Specify)  28d. DESCRIBE HOW II	NJURY OCCURE	0		
2   Accident 3   Suicide 6   Could not be detarmined  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)							iral Route Number,		
(Original Orin)	CIAN: To the best of my kno						use(a) and menner as stated.		
29b. SIGNATURE AND TYPLE OF GERTYFIE	may	EATH (ITEM 27) (Same P	(mt)	29c. LICENSE NUI		29d. DATE SIG	NED (Month, Day, Year)		
LATHAM TS . 8 31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	mp s		TEHMA	NI CA E	MOTZA	шр		



# ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

be retained by the hospital or attending phy	je 5 should be detached for use as the bu		e notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-flours after death. Page 6 may be retained by the hospital or attending phy	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bu	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR /	TO THE FUNERAL DIREC	be filed within 72 hours	IMPORTANT: If Item

121	OII								9	0	212	216
	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAI CERTIF				MENTAI	HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE	OF DEATH	, ,	3. T	IME OF DE	ATH
ľ	OTTO		SCHUR				5	27	90		:16	Ам
	4. SOCIAL SECURITY NUMBER		'in yrs. last birthday)	IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month	OF BIRTH		Country)	CE (State or	Foreign
	143-05-6322	1 M 2 - F	81 YRS.					8-1909			۱.J.	
~	9a. FACILITY NAME (If not institution, give str	,		9b. CITY	r, TOWN O	R LOCATION OF DE	ATH		9c. COUNTY	OF DEATH	i	
DIRECTOR	Easton Memoria	l Hospital		<u> </u>	Ea	ston			Ta	lbot		
E C	10a, STATE 10b, COUNTY				OR LOCATE					10d	. INSIDE CI	TY
듬	MD Car	roline	G	reen	reensboro					1 [	LIMITS?	<b>₹</b> NO
	10e. STREET AND NUMBER				101.	ZIP CODE		COUNTRY	7			
FUNERAL	RFD 1 Bx 375					21639			US	Α		
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IF	N U.S. ARMED			ENOENT OF HISPAN			or No- 14.	RACE - / Black, Wh	American in ita, etc.	dlen,
BY	1 Never Married 2XXMarried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES 1 ☐ YES 2 NO							Specify: White		
	15. DECEDENT'S EDUC	CATION	16a, DECEDENT'S	S USUAL O	CCUPATIO	Ñ	16b	KIND OF BUS	INESS/INDUS		Tille	
	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of life. Do NOT a	work done	during mos	at of working						
7	8th		Foren	nan				Chopta	nk Ele	ectri	С	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NAI						
BE	John Schurman					Rose D	escu	uter So	churma	an		
6	19a. INFORMANT'S NAME (Type/Print)					nd Number or Rural F						
-	LuLu Schurman RFD 1 Box 375, Greensboro, MD 21639											
	20e. METHOD OF DISPOSITION  1 X Burlel 2 Cremation 3 Ramoval from State  4 Donation 5 Other (Specify) Greensboro Cemetery  20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)  Greensboro Cemetery  Creensboro Cemetery											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			22.	NAME AN	K 160, G	CILITY		up Fl	eeale	-Hel	fenbe
	1 / long	Lola	$\rightarrow$	١٢	O BX	k 160, G	reen	sboro,	MD F	uner	al Ho	ome
	23. PART I. Enter the diseases, or compilications that coused the death. Do not enter the mode of dying, such as c						h aa can	diac or respi	ratory arreal	,	Approxi	
	shock, or heert feliure. List only one cause on each line. IMMEDIATE CAUSE (Final										Between and Death	
	disease or condition resulting in death)	v thromb	o-em	boli	sm compl	ing fe	moral					
			complicating femoral									
Z	Sequentielly list conditions,	fractur		-0.0								
RTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	A CONSEQUENCE	OF):								
	CAUSE (Disease or injury	COUE TO (OR AS A CONSEQUENCE OF):										
Ē	that initiated eventa resulting in death) LAST			. ,								
핑	d											
ÄL	PERFORMED?								AWA	RE AUTOPSY	OR TO	
8							-	1 XYES 2	□ NO		MPLETION O DEATH?	F CAUSE
M										12	YES 2	NO
A	OF WAS CASE REFERENCE TO MEDICAL				00 PI	AGE OF OFATH ON	44	1				
2	25. WAS CASE REFERREO TO MEDICAL  EXAMINER?  1 X YES 2 NO  1 Input lent 2 X ER/Outpatlent 3 DOA 4 Narring Home 5 Residence 6 DO											
PHYSICIAN: MEDICAL	27. MANNER OF OEATH	1 ☐ Inpatient 2 ☒ ER/Outs 28a. OATE OF INJURY		ME OF	4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify)  E OF 28c, INJURY AT 28d, DE\$CRIBE HOW INJURY OCCURED							
	1 Netural 5 Pending	(Month, Day, Year) 4-20-90	11	M M	WO	PRK7 YES 2 😾 NO						
BY	2 Accident 28a. PLACE OF INJURY — At home, farm, street, factor						281. LOC	ATION (Street	and Number or	Rural Route	Number,	
百	3   Suicide 6   Could not be determined   building, etc. (Specify)   road						Rt.	or Town, State)	3 North of Denton,			
J.E	29a. CERTIFIER						to the ca					Co.
COMPLETED		R: On the basis of examination										
E CC	29b. SIGNATURE AND TITLE OF CENTIFIED	7				29c, LICENSE NUI	MBER		29d, DATE S	IGNED (Mo	onth, Day, Ye	er)
0	MA	Wh				OCM	F.		<b>&gt;</b> 5	-28-	90	
2	30, NAME AND ADDRESS OF PERSON-WH	O COMPLETED CAUSE OF O	FATH (ITEM 27) (%	ne Print)		CCM				20	- 0	

111 Penn Street

32. REGISTRAP'S SIGNATURE
Julia Davidson-Randello

30. NAME AND ADDRESS OF PERSON-WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D.

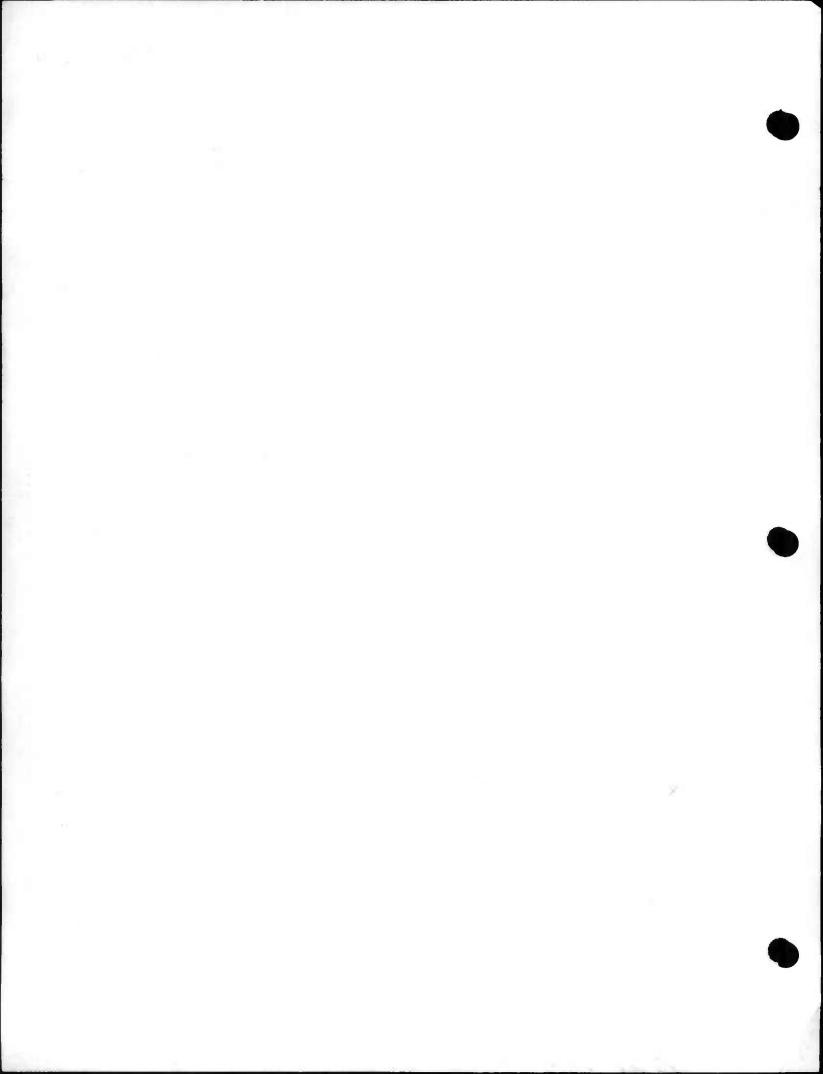
Ann M.

31. DATE FILEO (Month, Day, Year)

Dixon,

DHMH-16 Rev 1/89

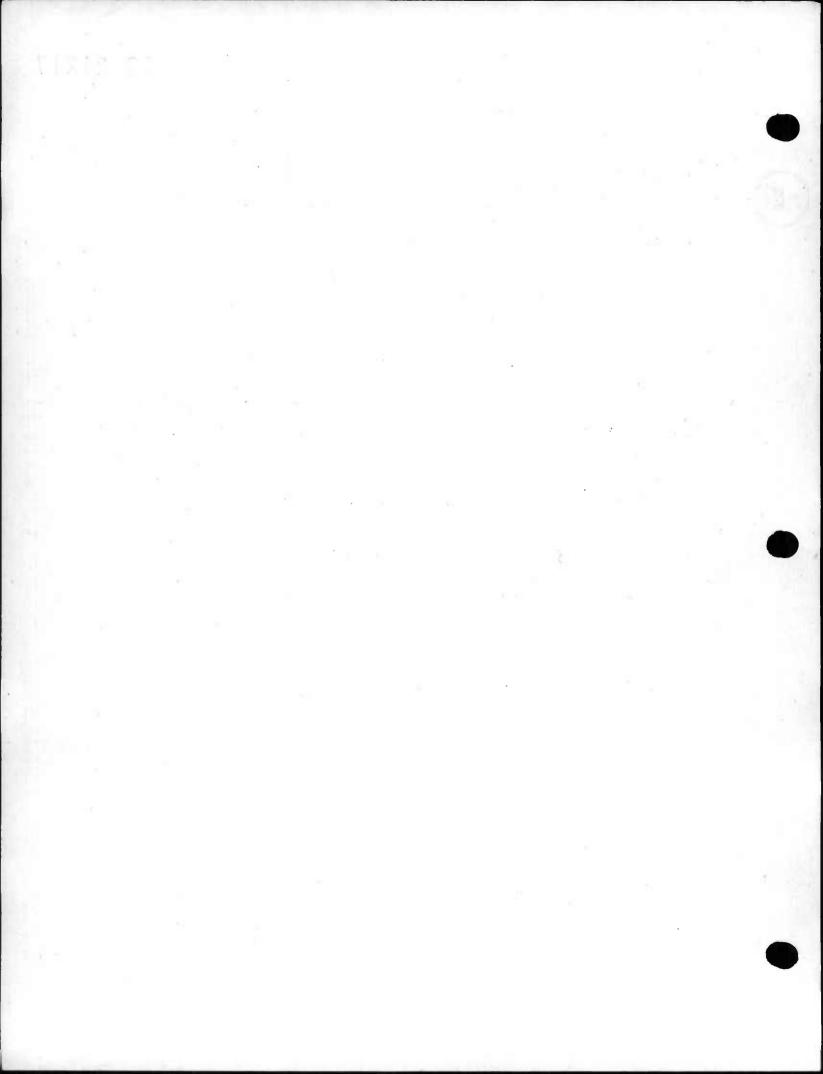
Baltimore, MD 21201



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pagin be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
는 10년 1년 1년 1년 1년 1년 1년 1년 1년 1년 1년 1년 1년 1년

RAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	
'S NAME (First, Middle, Last)		2. DATE OF DEATH	Ī

	1 - FOR STATE REGISTRAR	IE UF MAKTL			OF DEAT		WENTAL HYGIEN REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH		3. TIME OF DEATN
	Caroline Sommer						July 14 1		8:00 AM M
	4. SOCIAL SECURITY NUMBER 5. SEX	A AGE	(In yrs. lest birthday)	IF UNDER 1	YEAR IF UNDER	24 MDC	7. DATE OF BIRTH		RTNPLACE (State or Foreign
					DAYS HOURS	MIN.	(Month, Day, Year)	Co	ountry)
	-12 31 0021	Α .	95 YRS.				Feb. 1 18		nnsylvania
_	9a. FACILITY NAME (If not institution, give street and	number)		9b. CITY, 1	TOWN OR LOCATI	ON OF DE	EATH	9c. COUNTY O	OF DEATH
O	Anne Arundel General	Hospita	L		Annapol	is M	arvland	Anne A	runde1
DIRECTOR	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNTY								
RE			10¢. CI I	Y, TOWN OR	LOCATION				10d, INSIDE CITY LIMITS?
	Maryland Prince Ge	eorge's	Bow	7ie					1 YES 2 NO
AL	10e. STREET AND NUMBER				10f. ZIP COD	E		10g. CITIZEN C	OF WHAT COUNTRY?
FUNERAL	2807 Barberry Lane				20715	,		United	STates
5	11, MARITAL STATUS 12. WA	S DECEDENT EVER I		13. W	AS DECENDENT	OF NISPAN	IIC ORIGIN? (Specify Yes	or No- 14, R	ACE - American Indian,
	I I Hever married 2 I married	RCES? 1 YES		1	yes, specify Cubi	an, Mexica Spec/h	n, Puerto Rican, atc.)		Black, White, etc.
ВУ	3 X Widowed 4 Divorced	No					No		White
ED	15. DECEDENT'S EDUCATION (Specify only highest grade complete	-0	16a. DECEDENT'S	USUAL OC	CUPATION		16b. KIND OF BUS	SINESS/INDUSTR	W .
E		e (1-4 or 5+)	ille. Do NOT u	work done du se retired.)	uring most of work	ng			
7	8		Homen	aker			Own I	Iome	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		THO MICH		10, MOT	HER'S NA	ME (First, Middle, Malden		
	Archibold Holden							E11 )	
BE	19a, INFORMANT'S NAME (Typo/Print)		10h MAILING	ADDRESS	(Street and Number	r or Shared	Route Number, City or Tow	Ellen N	
2			0.000				THE STATE OF THE S		
	Richard C. Sommer						Bowie Mary		
	20a. METHOD OF DISPOSITION  1 [XBurlal 2 ] Cremation 3 ] Removal from	m State	other place)					CATION — City of	
	4 Donation 5 Other (Specify)	G	raceland					ilworth	n N.J.
- 1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			22. N	AME AND ADDRE	ss of FA	Suneral Hor	e. P.A	
	Kaheite	EIMM	D DA				is Rd. Bov		
	23. PART I. Enter the diseases, pr complic	ations that seusa	d the deeth. Dr.	-					Approximete
	shock, or heart failure. List on		ech lina.						Interval Batween
	iMMEDIATE CAUSE (Final disease pr condition	- 11	0.0	000		_	VADA +		Onset and Death
	resulting in death)	andu	o ruce	MO	nanc	1	UVUSU	, and the second	
		DUE TO (OR AS	A CONSEQUENCE O	NF):	, ,.C	110		di.	100
			Da. V 11	A C	01 -5/25	) UC	sul cu	(MA)	
N	Sequentially list conditions.	Spect	Ensiv	_	ounc				
TION	Sequantielly liet conditions, if any, leading to immediate	TO OR AS	A CONSEQUENCE O	OF):	aum	Λ	1. X	5000	
ICATION		ossibl	A CONSEQUENCE C	OF):	any	Ar	tery D	180	20
<b>LIFICATION</b>	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	ossibl	A CONSEQUENCE O	PF): YO Y∩ PF):	any	Ar	executors tery D	180	2
ERTIFICATION	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	ossibl	A CONSEQUENCE O	PF: YO Y∩ PF:	any	Ar	tery D	180	2
CERTIFICATION	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO (OR AS			V				
	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other significent conditions contributed in the con	DUE TO (OR AS	but not resulting	In the unc	darlying cause			AUTOPSY	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
AL	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO (OR AS	but not resulting	In the unc	darlying cause		Part I. 24a, WAS AN	AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS
AL	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other significent conditions contributed in the con	DUE TO (OR AS	but not resulting	In the unc	darlying cause		Part I. 24a, WAS AN PERFOI	AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE
AL	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other significent conditions contributed in the con	DUE TO (OR AS	but not resulting	In the unc	darlying cause		Part I. 24a, WAS AN PERFOI	AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
AL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other significent conditions control of the conditions conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions	DUE TO OR AS	but not resulting	In the unc	darlying cause	given in	Part I. 24a. WAS AN PERFOI	AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
AL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other significent conditions control of the conditions conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions	DUE TO (OR AS	but not resulting	In the und	derlying cause	given in	Part I. 24a. WAS AN PERFOI 1 YES :	AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
AL	If sny, leading to immediate cause. Enlar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions control of the conditions conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions	DUE TO (OR AS.  Tibuting to death I  PITAL: petient 2 XER/Out 88. DATE OF INJURY	patient 3 DOA	OTHER 4 Nurs	26. PLACE OF IT IN NORM 5 IT IN THE PLACE OF IT IN	given in	Part I. 24a. WAS AN PERFOI	AUTOPSY MMED?	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other significent conditions control of the conditions conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions conditions control of the conditions control of the conditions conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions con	DUE TO (OR AS	patient 3 DOA	OTHER	26. PLACE OF	given in	Part I. 24a. WAS AN PERFOI 1 YES :	AUTOPSY MMED?	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST  PART II. Other significent conditions control of the conditions conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions conditions control of the conditions control of the conditions conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions con	DUE TO (OR AS  Tibuting to death I  PITAL: petient 2 XER/Out (Month, Dey, Year)	patient 3 DOA	OTHER 4 ( Nurs) ME OF	26. PLACE OF IT IN	given in	Part I. 24a, WAS AN PERFOI 1 YES :	AUTOPSY TIMED?  I NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other significent conditions control of the conditions conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions conditions control of the conditions control of the conditions conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions con	DUE TO (OR AS.  Tibuting to death I  PITAL: petient 2 XER/Out 88. DATE OF INJURY	petient 3 DOA  28b. Ti	OTHER 4 ( Nurs) ME OF	26. PLACE OF IT IN	given in	Part I. 24a. WAS AN PERFOI 1 YES :	AUTOPSY IMMED?  I NO  INJURY OCCURE	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other significent conditions control of the conditions conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions conditions control of the conditions control of the conditions conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions con	DUE TO (OR AS	petient 3 DOA  28b. Ti	OTHER 4 ( Nurs) ME OF	26. PLACE OF IT IN	given in	Part I. 24a. WAS AN PERFOI 1 YES :	AUTOPSY IMMED?  I NO  INJURY OCCURE	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other significent conditions control of the conditions conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions conditions control of the conditions control of the conditions conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions con	DUE TO (OR AS  Tibuting to death I  DUE TO	petient 3 DOA  28b. Til  Y — Al home, farm,  wiedge, death occur	OTHER 4 Nursi	26. PLACE OF: Ing Nome 5   F 29c. INJURY AT WORK? 1   YES 2 pry, offica	given in	Part I. 24a. WAS AN PERFOI 1 YES :  Deck only one)  8 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State)	AUTOPSY MMED?  NO  NJURY OCCURE  and Number or Ri	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other significent conditions control of the conditions conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions conditions control of the conditions control of the conditions conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions con	DUE TO (OR AS  Tibuting to death I  DUE TO	petient 3 DOA  28b. Til  Y — Al home, farm,  wiedge, death occur	OTHER 4 Nursi	26. PLACE OF: Ing Nome 5   F 29c. INJURY AT WORK? 1   YES 2 pry, offica	given in	Part I. 24a. WAS AN PERFOI 1 YES :  Deck only one)  8 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State)	AUTOPSY MMED?  NO  NJURY OCCURE  and Number or Ri	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other significent conditions control of the conditions conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions conditions control of the conditions control of the conditions conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions con	DUE TO (OR AS  Tibuting to death I  DUE TO	petient 3 DOA  28b. Til  Y — Al home, farm,  wiedge, death occur	OTHER 4 Nursi	26. PLACE OF  ing Nome 5   F  29c. INJURY AT WORK? 1   YES 2  pry, offica  me, data and place pinion, daeth occi	given in	Part I. 24a. WAS AN PERFOI 1 YES :  1 YES :  24d. Describe How 25d	AUTOPSY IMMED?  I NO  INJURY OCCURE  and Number or Re  noer as stated.	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initisted events resulting in deeth) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  1 In Investigation  27. MANNER OF DEATH  1 Vetural 5 Pending Investigation  3 Suicide e Could not be determined  29a. CERTIFIER (Check only One)  2 MEDICAL EXAMINER: On the	DUE TO (OR AS  Tibuting to death I  DUE TO	petient 3 DOA  28b. Til  Y — Al home, farm,  wiedge, death occur	OTHER 4 Nursi	26. PLACE OF  ing Nome 5   F  29c. INJURY AT WORK? 1   YES 2  pry, offica  me, data and place pinion, daeth occi	given in  DEATH (Cr  tealdence  NO	Part I. 24a. WAS AN PERFOI 1 YES :  1 YES :  24d. Describe How 25d	AUTOPSY IMMED?  I NO  INJURY OCCURE  and Number or Re  noer as stated.	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Dural Floure Number,  use(a) and manner se stated.
COMPLETED BY PHYSICIAN: MEDICAL	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initisted events resulting in deeth) LAST  PART II. Other significent conditions control of the conditions conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions conditions control of the conditions control of the conditions conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions control of the conditions con	DUE TO (OR AS	petient 3 DOA  28b. Till  Y Al home, farm, solly)  wiedge, death occur on and/or investigat	OTHER 4 / Nursime OF JURY M atreet, fector red at the life ion, in my of	26. PLACE OF  ing Nome 5   F  29c. INJURY AT WORK? 1   YES 2  pry, offica  me, data and place pinion, daeth occi	given in  DEATH (Cr  tealdence  NO	Part I. 24a. WAS AN PERFOI 1 YES :  1 YES :  24d. Describe How 25d	AUTOPSY IMMED?  I NO  INJURY OCCURE  and Number or Re  noer as stated.	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Dural Floure Number,  use(a) and manner se stated.
BE COMPLETED BY PHYSICIAN: MEDICAL	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initisted events resulting in deeth) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OR AS  Thousand the control of the best of my known be best of axamination of the best of the	petient 3 DOA  28b. Til Ih  Y — Al home, farm, wiedge, death occur on and/or investigat	OTHER 4 Wurst Me OF JURY M street, facto	26. PLACE OF:  Ing Nome 5   F 29c. INJURY AT WORK?  1   YES 2  Pry, offica  29c. LM	given in  DEATH (C/  Realdence  NO  No  Realdence  Realdence  NO	Part I. 24a. WAS AN PERFOIL  1 YES 2  Deck only one)  8 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State)  a to the cause(a) and me illme, date and place, as MBER	AUTOPSY IMMED?  IN NO  INJURY OCCURE  and Number or Ri  nor as stated.  Ind due to the case  29d. DATE SIG	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Dural Floure Number,  use(a) and manner se stated.
BE COMPLETED BY PHYSICIAN: MEDICAL	If sny, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions control of the initiated events resulting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OR AS  Thousand the control of the best of my known be best of axamination of the best of the	petient 3 DOA  28b. Til Ih  Y — Al home, farm, wiedge, death occur on and/or investigat	OTHER 4 Wurst Me OF JURY M street, facto	26. PLACE OF:  Ing Nome 5   F 29c. INJURY AT WORK?  1   YES 2  Pry, offica  29c. LM	given in  DEATH (C/  Realdence  NO  No  Realdence  Realdence  NO	Part I. 24a. WAS AN PERFOI 1 YES :  1 YES :  24d. Describe How 25d	AUTOPSY IMMED?  IN NO  INJURY OCCURE  and Number or Ri  nor as stated.  Ind due to the case  29d. DATE SIG	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Dural Floure Number,  use(a) and manner se stated.
BE COMPLETED BY PHYSICIAN: MEDICAL	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions control of the initiated events resulting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OR AS  Thousand the control of the best of my known be best of axamination of the best of the	petient 3 DOA  28b. Til Ib  Y — Al home, farm, orly)  Medge, death occur on and/or investiget  PATH (ITEM 27) (Np.  Gallant NATURE	OTHER 4 Wurst Me OF JURY M street, facto	26. PLACE OF:  Ing Nome 5   F 29c. INJURY AT WORK?  1   YES 2  Pry, offica  29c. LM	given in  DEATH (C/  Realdence  NO  No  Realdence  Realdence  NO	Part I. 24a. WAS AN PERFOIL  1 YES 2  Deck only one)  8 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State)  a to the cause(a) and me illme, date and place, as MBER	AUTOPSY IMMED?  IN NO  INJURY OCCURE  and Number or Ri  nor as stated.  Ind due to the case  29d. DATE SIG	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Dural Floure Number,  use(a) and manner se stated.

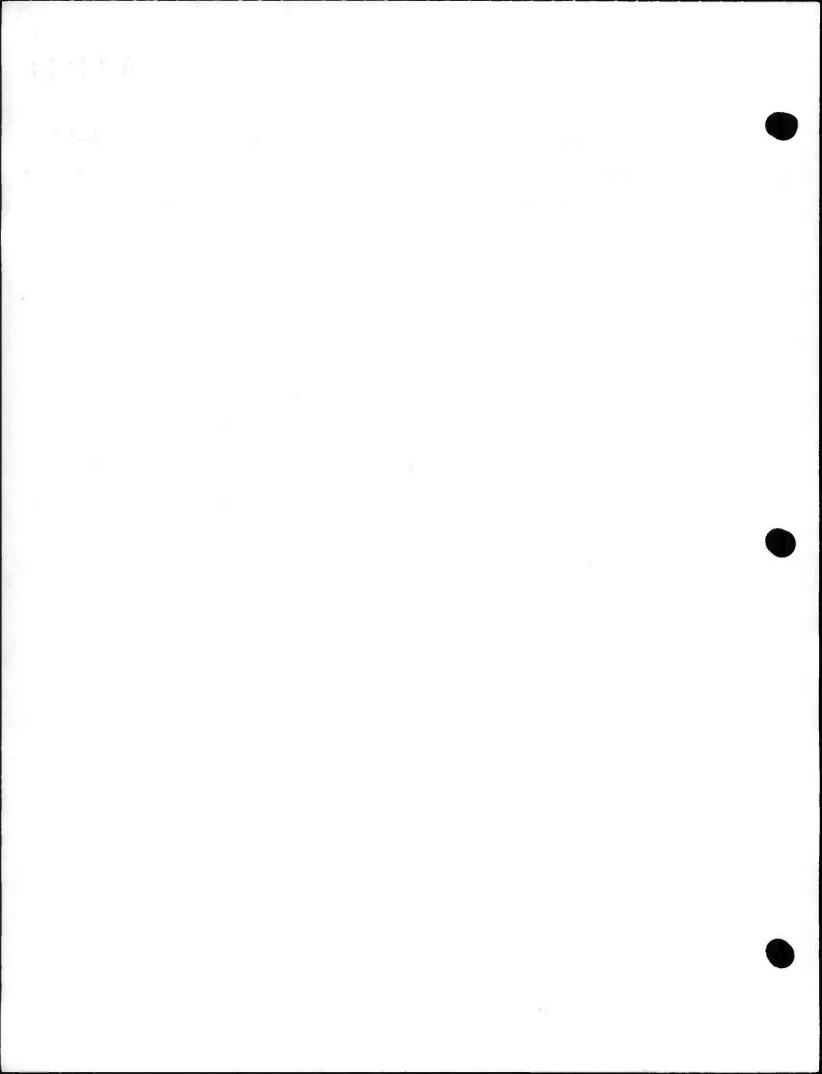


TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burnal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HO	THE FU!	filed with	<b>APORTA!</b>

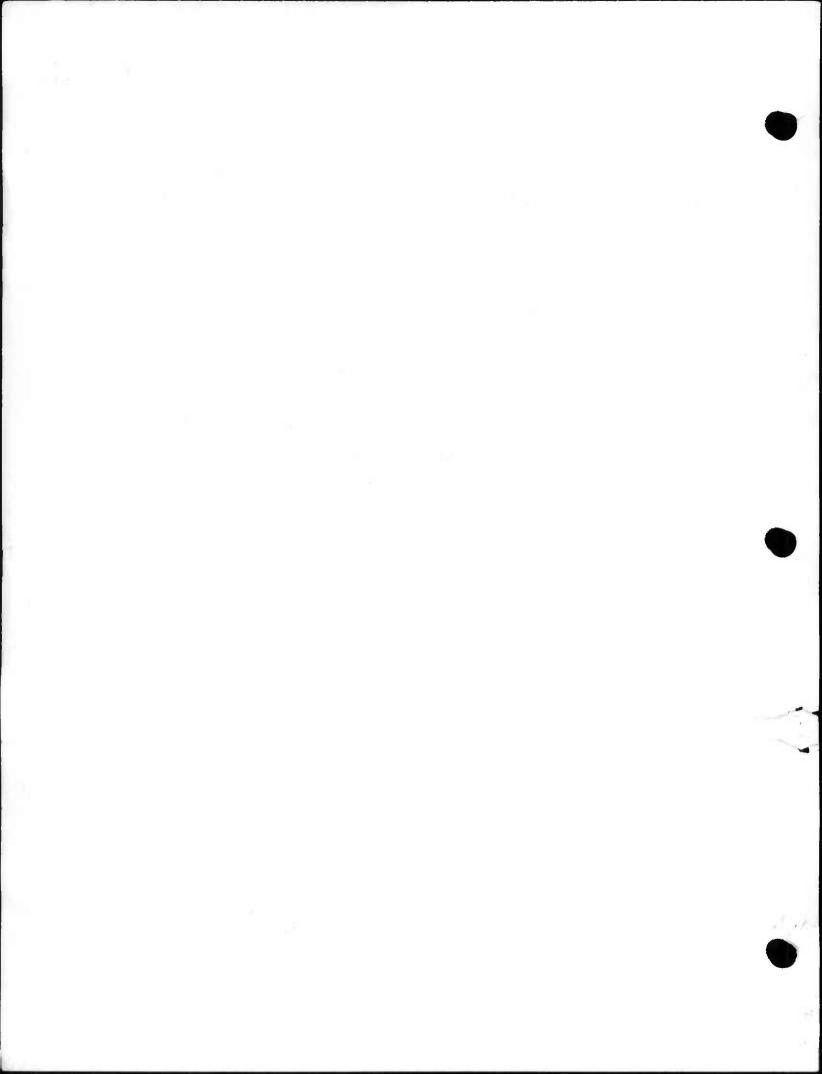
1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFICA			MENTAL	HYGIENI REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE O	OF DEATH			. TIME OF DEATH
HAROLD JOSEP	H STEADMAN				0.7	DA		YEAR O	11:25 A M
			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE C	NF BIRTH Day, Ybar)		-	ACE (State or Foreign
	X M 2 □ F 81	YRS.	ITHS DAYS	HOURS MIN.	12/0			reen	ville, SC
9a. FACILITY NAME (If not institution, give street				R LOCATION OF DE	EATH		9c. COUNT		
PRINCE GEORGES HOSE	PITAL CENTE		CHEVE				PRINC		ORGES
10a. STATE 10b. COUNTY	- C-omosta		OWN OR LOCAT						Od. INSIDE CITY LIMITS?
Maryland Prince	ce George's	Gre	enbelt	ZIP CODE			10g. CITIZI		TYES 2 NO
11-U Ridge Road				20770			U.	S.A.	
	. WAS DECEDENT EVER IN			ENDENT OF HISPAN					- American Indian, White, atc.
1 Never Married 2 Married	FORCES? 1 YES		1 YES	elfy Cuban, Maxica 2 X NO Specifi	in, Puerto R y:	ican, atc.)		Specify:	ATMINOS
3 X Widowed 4 Divorced			l		10000				White
15. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12)	npleted)	(Give kind of work life, Do NOT use re	JAL OCCUPATIO done during moi tired.)	N at of working	16b.	KIND OF BUS	INESS/INDU	STRY	
A CONTROL OF THE PROPERTY OF T	NONE	Meat Cu	itter			Giant	Food	Stor	e
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, M	liddie, Maiden	Sumame)		
Not Available						lable			
19a. INFORMANT'S NAME (Type/Print)		A-1		nd Number or Rural					
Sharon L. Cook	Tan	PLACE OF DISPOSITION		ce, Hyat	ttsvi		aryla		20781
1 Suriel 2 Cremation 3 Ramova 4 Donation 5 Other (Specify)	from State	other place) Ft. Lincol				100			aryland
21. SIONATURE OF FUNERAL SERVICE LICEN		ic. Hillo	22. NAME AN	ID ADDRESS OF FA					
JO to	1 Kon	GIF		is Gasch					
23. PART I. Enter the diseases, or com	1/11/2	77							MD 20781
ahock, or heart fellure. Lis	t only one cause on ea	ach line.							Interval Between
IMMEDIATE CAUSE (Finel disease or condition	len	nirati	ion.	Pulle	und	mia			Onset and Death
reaulting in death) a	DUE TO (OR AS A	CONSEQUENCE OF):		2	0.	- 0-			1
Sequentially list conditions, b.			vanue	elwo	u	1 de	48		6 wells
If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):							
CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):							<del> </del>
resulting in deeth) LAST									
PART II. Other significent conditions of	contributing to death b	ut ant equition in t	he underlyin		Dord I	24s. WAS AN	ALLEGOROV	I are a	VERE AUTOPSY FINDINGS
Wugesti Ve				g ceuse given in	Part I.	PERFOR		1	WAILABLE PRIOR TO COMPLETION OF CAUSE
Steptrit		- and a			-	1 TYES 2	NO		OF DEATH?
- gon a	,,,,				- 1			'	YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (C/	hack only on	e)			
	IOSPITAL:	etlant 3 DOA 4	THEM:	e 5 🗆 Residence	8 🗆 Other	r (Specify)			
27. MANNER OF DEATH	28a, DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJ	URY AT	28d. DES	CRIBE HOW I	NJURY OCC	URED	
1 Natural 5 Pending 2 Accident Investigation				YES 2 NO					
3 Suicide 8 Could not be	28e. PLACE OF INJURY building, atc. (Spec	— At home, farm, stre	et, fectory, offic	•		ATION (Street or Town, State)		or Rural Ro	ute Number,
200 CEDTIEIED					<u> </u>		_		
(Check only one) 2 MEDICAL EXAMINER:	N: To the best of my know								and manner as Stated
	Of the Desir of Exemples	in entros investigation,	ii iiiy opiiiioii, c			and prace, an			A COMP. SERVING
296. SIGNATURE AND TITLE OF CERTIFIER	in to, or	D		29c. LICENSE NU	>5	72	Zwa, DATE	SIONED (	Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pr	int)	an Com	een	beli	1 Me	12	0770
31. DATE FILED (Month, Day, May)	32. REGISTINAN'S SIGN		00.	1 10					



-	2	2	
垂	ete	E e	
*	dr.	2	
更	8	10	
3	2	N	
ä	ca	0	
8	ian	×	
52	Sic	Ĕ	
23	8	62	
E	9	9	
8	Ę,	\$	
€.	ten	7	
8	10	É	
92	the state	Σ	
0	2	8	
岛	8	2	
83	2	를	
-5	.02	포	
8	5	ō	
3	2	H	
10	has	8	
Ē	9	ate	
ż	2	S	
S	E	윤	
3	8	4	
E	岩	*	
9	60	=	
N.	Aft	de	
Z	di	ja	
E	E	F	
A	H	55	
Ö	0	Š	
N	A	2	
6	ER	5	
8	S	É	
H	H	Þ	
王	F	fle	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this cartificate has been signed by the attending physician and completely	2	
-	1		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI			MENTAL HYG			to I to	. 1 5
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEAT		YEAR	3. TIME OF DEA	тн
i	HENRY	STATE	s Sett	les				20	5:25	ДМ
1		The second secon		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTI (Month, Dey, Ye	H ar)	8. BIRTHP Country)	LACE (State or F	oreign
	579-12-4023  9a. FACILITY NAME (If not institution, give sire	et end number)	YRS.	b. CITY, TOWN (	OR LOCATION OF DE	May 5,	1921	Sout	h Caro	lina
TOR	PRINCE GEORGE'S HOS			CHEVE			300		EORGE'S	
DIRECTOR	Maryland Prince	George's		town or locat strict	Heights				10d. INSIDE CIT	Y NO
FUNERAL	100. STREET AND NUMBER 2093 Addison Rd.	#1		101	20747			ed St	tates	
BY FUN	1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? FY YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp	ENDENT OF HISPAN ecity Cuben, Mexicer 2 NO Specify	, Puarto Ricen, at		Black, Specify	- American Ind White, etc. /: .ack	len,
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondery (0-12)	TION ompleted) College (1-4 or 5 +)	16a. DECEDENT'S U: (Give kind of wor life. Do NOT use	rk done during mo		18b, KIND O	F BUSINESS/INC	DUSTRY		
M M	8th.		Truck	Driver			Private	e		
ខ្ល	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAI	ME (First, Middle, M	leiden Surneme)			
H	Wesley Settles  190. INFORMANT'S NAME (Type/Print)		405 11411 1110 4	DDDF00 (Ov.	Minnie	e Keyes		0.41		_
잍	Karen Settles				Htgs. P				, MD.	20747
	200 VETHOD OF OISPOSITION 1 Deurial 2 Cremetion 3 Remov	ral from State AY	PLACE OF DISPOSIT	Nemoria	netery, crematory or	rv 7	LOCATION -			a
	4 Donation 8 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICE		1		ND ADDRESS OF FAC					
	( Joseph C	d100	OSA	7474	Landover	Rd. Lar	ndover,	Mary	rland 2	0785
	23. PART I. Enter the disease, or co shock, or heart ellure. Limited the shock is the shock of t	interpolations that caused let only one cause on as	the death. Do no not line.					/	Approximinatory interval (	Between
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	13849	yocar	my)	/ /			
PHYSICIAN: MEDICAL C	PART II. Other significent conditions	contributing to death b	ut not resulting in	the underlyin	g cause given in	P	AS AN AUTOPSY ERFORMED? (ES ZYNO	24b.	WERE AUTOPSY AMAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2	R TO CAUSE
M	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (Ch	eck only one)				
Sic	EXAMINER? 1 TYPES 2 NO	HOSPITAL: 1 Typetient 2 ☐ ER/Outp		OTHER: 4 - Nursing Hor	ne 6 🗆 Reeldence	6 Other (Specif	<b>'y</b> )			
PHY	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY W	JURY AT DRK?	28d. DESCRIBE	HOW INJURY OC	CURED		
2 Accidant Investigation 28s. PLACE OF INJURY — At home farm street factory offices 28t LOCATION (Street and Number or Ru						or or Rural R	loute Number,			
ETE	4 Homicide determined					ony or roun.				
COMPLETED	(Original Original rigina Origina Origina Origina Origina Origina Origina O	IAN: To the best of my known: On the basis of examination							) and manner ea	stated.
BE C	29b. SIONATURE AND TITLE OF CERTIFIER	Mahn			29c. LICENSE NUI	MBER 9	29d. DA	TE SIGNED	(Month, Day, Yea	r)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, I	Print)	10 PI	They	0.1.	1017	200	95-
	31. DATE FILED (Month, Day, Your)	32. REGISTRAR'S SIGN Like Davids	ATURE Pandell	MU V	K. No.,	Chev	NAS	7713	0.011	, _



TO BE COMPLETED BY FUNERAL DIRECTOR

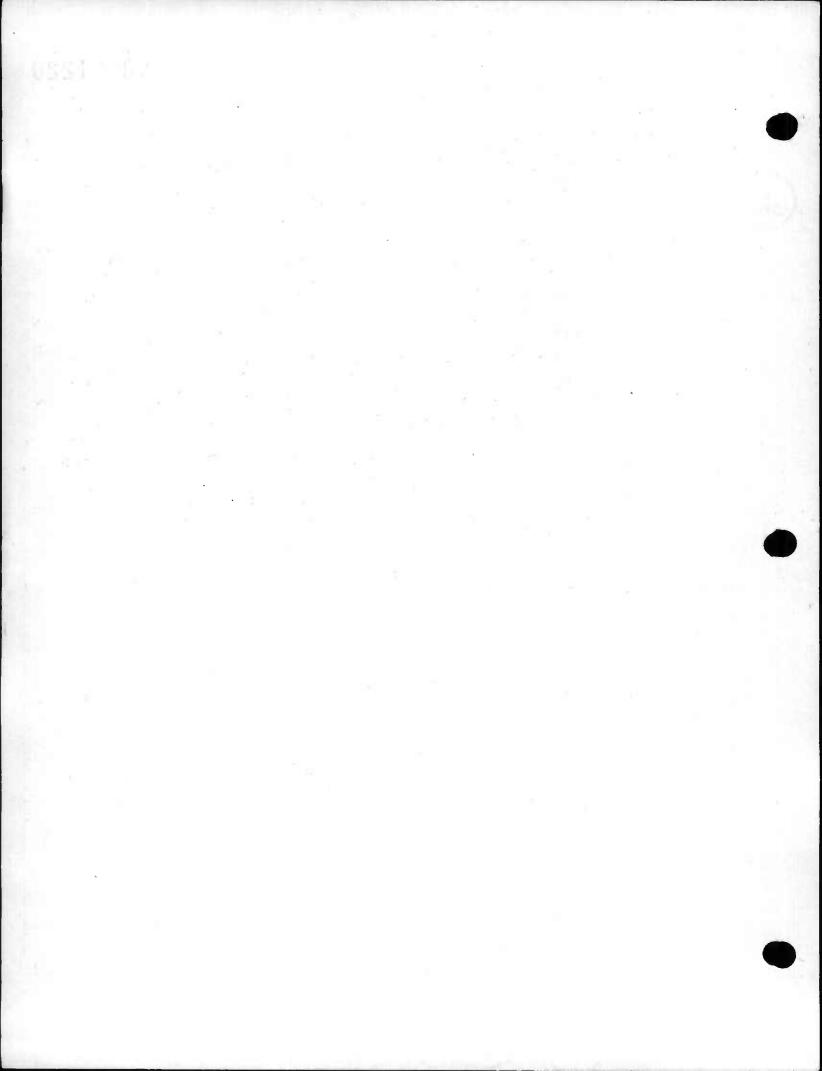
1 - STATE REGISTRAR		SIAIE OF I			ICATE			MENI	REG. NO.	E		
1. DECEDENT'S NAME (First,	Middle, Last)			J				2. DA	TE OF DEATH			3. TIME OF DEATH
Charles Todd Shaeffer June 26 1 1990 8							8:30 AM M					
4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs.	last birthdey)	IF UNDER 1 Y	YEAR IF	UNDER 24 HRS.	_	TE DE BIRTH			LACE (State or Foreign
495 64 1045		MONTHS DAYS HOURS MIN, (Month, Day, Year)						Country)				
9a. FACILITY NAME (If not in:		10-21-1954 Fellisylvalita										
	-100	and the same of th						DEATH				
Anne Arunde		eral Hos	oital		Anna	ipoli	S			An	ne Ar	undel
10a. STATE	10b. COUNT	Υ		10c, CIT	Y, TOWN DR	LOCATION						10d. INSIDE CITY
Maryland	Anne	Arunde1		C	rofton							LIMITS?
10e. STREET AND NUMBER	THITTE	Midildel			LOILOI	_	CODE			10a CI		AT COUNTRY?
1667 Granit	. Co	· +				-						
11. MARITAL STATUS	e cou	12. WAS DECEDEN	IT EVED IN II C	ADMEO	I 40 MM		114	ANIC DE	GIN? (Specify Yes		V	States - American Indian,
1 Never Merried 2 3		FDRCES?	YES 2 (WAR DR DATES	NO	If y	es, specify		ican, Puer	to Rican, etc.)	OF 190-	Black, Specify	White, etc.
15. DEC	EDENT'S EDL	ICATION		-,	USUAL OCC	LIPATION			16b. KIND OF BUS	UNESS/IN	DUSTRY	
(Specify only	highest grade	e completed)			work done dur		worlding		IOD. KIND OF BOS	HNESS/IN	DOSINI	
Elementary/Secondary (0		College (1-4 or 5	+)		gineer				Rene	div (	Corno	ration
17. FATHER'S NAME (First, M.	icicila I anti						MOTHERIE	NAME (E)	st. Middle, Maiden		orpo.	COLIOII
Charles Rob		haeffer					E11en		,,	wan relified)		
19a. INFORMANT'S NAME (7)	ype/Print)			19b. MAILING	ADDRESS (S	Street and h	Number or Run	al Route N	lumber, City or Town	n, State, Z	ip Code)	
Carol Shaef	fer			1710	Gran	ite	Court	C	rofton M	Mary.	land :	21114
20a. METHOD OF DISPOSITI			20b. PLA	CE OF DISPO	SITIDN (Name	of cemeter	ry, crematory o				- City or Tow	
1 Buriel 2 Cremation 4 Donation 5 Other		noval from State			itan C	rema	torv		A-	lexa	ndria	Virginia
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY												
Robei	78	Eva	NS_	Pas					eral Hor			and 20715
23. PART I/ Enter the di	iseases, or			1,00								Approximate
		List only one ca		lne.		4						Interval Between
IMMEDIATE CAUSE (Fir disease or condition	nal	M	0+110	4.5	. 11	6	-1.0	+ 1	Melan	DIG	a	Onset and Death
resulting in death)	<b>→</b>	a.	OR AS A CON			<u> </u>	2 com	_ V	·clan			1 year
		DOE IC	(UN AS A CON	SEQUENCE (	т;							
Sequentially list condit if any, leading to imme		b	(DR AS A CON	SEQUENCE (	OF):							1
cause. Enter UNDERLY	ING											
CAUSE (Disease or Injuthat Initiated events	IN	DUE TO	DR AS A CON	SEQUENCE (	)F):							
resulting in deeth) LAS	T	4										
		u										
PART II. Other algnifice		- / /		-			ause given	in Part i	. 24a. WAS AN PERFOR			WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
- Za (in	yer	Ellisg	- 1		one				1 _ YES 2			COMPLETION OF CAUSE OF DEATH?
Meet	tole	Enele	remue	2 0	cers 6	esia						1   YES 2   NO
the ser	da	a Heyron	Visin-	acir	to R	21101	(Fn.	lue				
25. WAS CASE HEFERRED T	MEDICAL	T T	ccca.	(	10 10	26. PLACI	E OF DEATH	(Check onl	ly one)			
EXAMINER?		HOSPITAL:	ER/Outpetien	3   004	OTHER:				Other (Specify)			
27. MANNER OF DEATH		26e. DATE O	F INJURY	28b. TH	ME OF 2	Bc. INJURY	/ AT	_	DESCRIBE HOW I	NJURY O	CCURED	
1 Natural 5	Pending Investigation	(Month,	Day, Year)	16	IJURY M	WORK	2 NO					
2 C Accident	Could not be determined	28e. PLACE building	OF INJURY A I, atc. (Specify)	t home, farm,	street, fector	ry, office			LOCATION (Street City or Town, State)		er or Rural R	oute Number,
29e. CERTIFIER		DIGUAL TO THE	4									
(Check only	4 1	BICIAN: To the best of IER: On the basis of										and menner as stated.
29b. SIGNATURE AND TITLE	OF GRATIFIE	ER	6.15			25	Pc. LICENSE I	NUMBER	7	29d. D/	ATE SIGNED	(Morfith, Day, Year)
30 NAME AND ADDRESS OF	E DEDCON	LOUS COMMETTED CO	IRE OF DEATH	ITEM AT C	Def-et		1236	180			1139	170
30. NAME AND ADDRESS O	r PERSON W	RIVA FAN	MILY. PRA	CTICE								•
31. DATE FILED (Month, Day,	Year)	32. REGISTA	AR & SIGNATUR	gite 20	2							
AUG 031	990 4		is, MD-2									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a mount after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89



FOR

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a procession and the death. Page 6 may be retained by the hospital or attending a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be find within 70 hours after hearh with the State Dear of Health and Mental Hyolene brior to burial, cremation, or removal.	IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
SICIAN: The law requires that the de-	certificate has been signed by the at	d, or item 23 shows any injury
TO THE HOSPITAL OR ATTENDING PHY	TO THE FUNERAL DIRECTOR: After this he filed within 72 hours after death with	IMPORTANT. It Item 28 is marked

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH  A. SOCIAL SECURITY NUMBER  4. SOCIAL SECURITY NUMBER  4. SOCIAL SECURITY NUMBER  4. SOCIAL SECURITY NUMBER  4. SOCIAL SECURITY NUMBER  4. SOCIAL SECURITY NUMBER  5. SEX  10. ROTE (In yrs. lest brinder)  94. FACILITY NAME (In not institution, give street and number)  94. FACILITY NAME (In not institution, give street and number)  95. CITY, TOWN OR LOCATION OF DEATH  Western Maryland Center—1500 Pernsylvania Ave.  106. CITY, TOWN OR LOCATION  Myers ville  106. In ZIP CODE  107. IN ZIP CODE  109. CITIZEN OF WHAT COUNTRY  109. STATE  109. CITY, TOWN OR LOCATION  Myers ville  109. ZIP CODE  109. CITIZEN OF WHAT COUNTRY  109. STATE  109. CITIZEN OF WHAT COUNTRY  109. STATE  109. CITY, TOWN OR LOCATION  Myers ville  109. ZIP CODE  109. CITIZEN OF WHAT COUNTRY  109. STATE  109. CITY, TOWN OR LOCATION  Myers ville  109. ZIP CODE  109. CITIZEN OF WHAT COUNTRY  109. STATE  109. CITIZEN OF WHAT COUNTRY  109. STATE  109. CITIZEN OF WHAT COUNTRY  109. STATE  109. CITY, TOWN OR LOCATION  Myers ville  109. ZIP CODE  109. CITIZEN OF WHAT COUNTRY  109. STATE  109. CITIZEN OF WHAT COUNTRY  119. MARILAN STRUE  119. NOR DECEMBER OR HABBANE ORIGINT (Specify Yea or NO—  18. DECEMBER HABBANE ORIGINT (Specify Yea or NO—  18. DECEMBER HABBANE ORIGINT (Specify Yea or NO—  18. DECEMBER HABBANE ORIGINT (Specify Yea or NO—  18. DECEMBER HABBANE (First, Mickin, Maidion Surmane)  199. MARILHO ADDRESS (Street and Number or Pirati Proum Number, City or Town, State, Specify  109. WATCHER'S NAME (First, Mickin, Maidion Surmane)  109. METHOD OF DISPOSITION  109. METHOD OF DISPOSITION  109. MARILHO ADDRESS (Street and Number or Pirati Proum Number, City or Town, State, Specify  109. MARILHO ADDRESS (Street and Number or Pirati Proum Number, City or Town, State, Specify  109. MARILHO ADDRESS OF FACILITY  109. MARILHO ADDRESS OF FACILITY  109. MARILHO ADDRESS OF FACILITY  109. MARILHO ADDRESS OF FACILITY  109. MARILHO ADDRESS OF FACILITY  109. MARILHO ADDRESS OF FACILITY  109. MARILHO ADDRES	- STATE REGISTRAR		O 01 1111	C	ERTIFIC	ATE O	F DEATH	D INCH I	REG. NO.	-		
4. SOCIAL SCHOOL FORMER  2.2 O-16-1627  19. NO 12   F 65 Yes  19. NOTITE OF THE TOWN FORMER  2.2 O-16-1627  19. NOTE OF THE TOWN FORMER  2.2 O-16-1627  2.3 NOTE OF THE TOWN FORMER  2.4 O-16-1627  2.5 NOTE OF THE TOWN FORMER  2.5 NOTE OF THE TOWN FORMER  2.5 NOTE OF THE TOWN FORMER  2.7 TOWN FORMER  2.7 TOWN FORMER  2.7 TOWN FORMER  2.7 TOWN FORMER  2.7 TOWN FORMER  2.7 TOWN FORMER  2.7 TOWN FORMER  2.7 TOWN FORMER  2.7 TOWN FORMER  2.7 TOWN FORMER  2.7 TOWN FORMER  2.7 TOWN FORMER  2.7 TOWN FORMER  2.7 TOWN FORMER  2.7 TOWN FORMER  2.7 TOWN FORMER  2.7 TOWN FORMER  3. SECRET HOW NORMER	1. DECEDENT'S NAME (First		F Engish		Chi	FF	LEL		TE OF OEATN	Y 2	7548	3. TIME OF DEATN
22.0-16-1627  ***R. PACETY MANGE OF AN INVESTIGATION AND CONTROL OF AN INVESTIGATION AND CONTR					last hirthday	E UNDED 1 VEA	B IE HUDED 24 ME	R 7 DAY	OF BIPTH	7	A BIRTH	PLACE (State or Francisco
SEARCH MARKET OF DECEDENT  SEARCH MARKET AND AND ADDRESS OF DECEDENT  SEARCH STATE S						7		N. (Mo	onth, Day, Year)	25	Countr	v)
THE STATE OF DECEDENT  IN STATE AND STATE OF THE STATE OF			, ,			b. CITY, TOW	/N OR LOCATION O		11.17,17			
THE STATE   SOCIETY   SOCI	Western Maryla	nd Center	~1500 Perr	sylvani	a Ave.	Hagers	town, Mary	land		Washi	ingto	n
11. MARTHE STETUS		10b. COUNTY	ick		Myer	TOWN OR LO	CATION C					LIMITS?
SAMPLING SERVING   Comment   Comme												NAT COUNTRY?
1   New Married 2   sample   PONCEST 1   YES 2   2   200   1   YES 2   2   200   200   1   YES 2   2   200			12. WAS DECEDENT	EVER IN U.S.	ARMED	13. WAS	DECENDENT OF HIS	SPANIC ORIG	BIN? (Specify Yea			- American Indian.
Charles of the property of the processing of the control of the		1			K NO	If yes.	, specify Cuben, Me	exican, Puert				
Elementary Suscendary (9-12)   College (1-4 or 5-1)   Truck Driver   Truck Driver   Farmers Cooperative   Truck Driver   Truck				18a.	DECEDENT'S US	SUAL OCCUP	ATION	1	6b. KINO OF BUS	SINESS/IND	USTRY	
The MARCHANT'S NAME (Properties)  The MA					life. Do NOT use	retired.)	most of working	F	armers	Соор	erat	ive
211 Graystone Drive, Boonsboro, Maryland 21773										Surname)		
28. NAS CASE REFERENCE OT DISPOSITION (Name of committee)   290. LOCATION — City or Town, Bista   280. NASC OF DEATH (Check only on the state)   290. NASC OF DEATH (Check only one)   290. LOCATION — City or Town, Bista   290. NASC OF DEATH (Check only one)   290. LOCATION — City or Town, Bista   390. NASC OF REFERENCE OF PACTIC PROPERTY   390. NASC OF REFERENCE OF PACTIC PROPERTY   390. NASC OF REFERENCE OF PACTIC PROPERTY   390. NASC OF RESIDENCE OF PACTIC PROPERTY   390. NASC OF REFERENCE OF PACTIC PROPERTY   390. NASC OF RESIDENCE OF PACTI	19a. INFORMANT'S NAME (	fype/Print)			19b. MAILING A	DDRESS (Stra	et and Number or R	ural Route Nu	imber, City or Town	n, State, Zip	Code)	
23. SIGNATURE OF CRITING PALL SERVICE LICENSEE  23. SIGNATURE OF CRITING PALL SERVICE LICENSEE  23. SIGNATURE OF CRITING PALL SERVICE LICENSEE  24. NAME AND ADDRESS OF FACILITY  50.4 Main. Street  150.4 Mai	Lori Love			2	211 Gra	yston	e Drive,	Boon	sboro,	Mary	land	21773
22. PART I. Enter the dillywees, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory street, shock, or held fellium. List only one cause on sech line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR			ral from Stata	St. Po	ce of disposit	on (Name of	cometery, crematory an Cemet	ery				
Ricketts Funeral Home Myersville, Maryland 23. PART I. Entire the displaces, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or held failure. List only one cause on asch line.  IMMEDIATE CAUSE (Final disease or ronofition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d.  DUE TO (OR AS A CONSEQUENCE	21. SIGNATURE OF TOTAL RA	L SERVICE LICE	NSEE /			-						
23. PART I. Enter the delivers, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heaf fallure. List only one cause on each files.  IMMEDIATE CAUSE (Pinel disease or condition resulting in death of the cause). The conditions of the cause of the cause of the cause of the cause of the cause of the cause of the cause. Enter UNDERLYING CAUSE (Dinease or injury that inhifted events or injury that	1./	. 9	11 1			Diah	atte Eur	o ha P				
MREDIATE CAUSE (Final MEDIATE CAUSE (Final MEDIATE CAUSE (Final MEDIATE CAUSE) (Final MEDIATE CAUSE (Final MEDIATE CAUSE (Final MEDIATE CAUSE (Final MEDIATE CAUSE (Final MEDIATE CAUSE (Final MEDIATE CAUSE (Final MEDIATE CAUSE (Final MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and piace, and due to the cause(s) and manner as stated.  Interval Batween Onset and Death (Check only one)  2 was case reference to Medical Conditions contributing to death but not resulting in the underfying cause given in Part I.  2 vest 2 vest case reference to Medical Conditions contributing to death but not resulting in the underfying cause given in Part I.  2 vest 2 vest case reference to Medical Conditions contributing to death but not resulting in the underfying cause given in Part I.  2 vest 2 vest case reference to Medical Conditions contributing to death but not resulting in the underfying cause given in Part I.  2 vest 2 vest case reference to Medical Conditions contributing to death but not resulting in the underfying cause given in Part I.  2 vest 2 vest case reference to Medical Conditions contributing to death but not resulting in the underfying cause given in Part I.  2 vest 2 vest case reference to Medical Conditions contributing to death but not resulting in the underfying cause given in Part I.  2 vest 2 vest case vest c	23. PART I. Enter the d	Anges, pr cp	mplications that	caused tha	desth. Do no							
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONS	shock, or h	dest fallure. Li	lat only one caus	e on aach II	lna.	7	/	-				Interval Batween Onset and Death
Sequentially list conditions, If any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONS		<b>→</b> a.	My	TOR	da		marcare	List				minute
## STATE OF PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.    PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   24a, WAS AN AUTOPSY PRIORIDS ANIABLE PRIORI TO COMPLETION OF CAUSE OF DEATH (Theorem of the part of			DUE TOTAL	AR AS A CONS	SEOUENCE OF):	1	100	Di	0- 0	0		
CAUSE (Oisease or Injury that Initiated events resulting in desth) LAST  DART II. Other significant conditions contributing to desth but not resulting in the underlying cause given in Part I.  DART II. Other significant conditions contributing to desth but not resulting in the underlying cause given in Part I.  DART II. Other significant conditions contributing to desth but not resulting in the underlying cause given in Part I.  DART II. Other significant conditions contributing to desth but not not not be destinated as a contributing to desth but not not not be destinated as a contributing to desth but not not be destinated as a contributing to desth but not not not not not not not not not no	If any, leading to imme	diate	DUE TO (	OR AS A CONS	SECUENCE OF):	17 10	and the same of th	let	Sur			glan
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART III. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART III. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART III. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART III. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART III. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART III. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART III. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART III. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART III. Other algnificant conditions contributing to death operation algnificant conditions and underlying cause given in Part I.  PART III. Other algnificant conditions contributing in the underlying cause given in Part I.  PART III. Other algnificant conditions contributing in the underlying cause given in Part I.  PART III. Other algnificant conditions contributing in the underlying cause given in Part I.  PART III. Other algnificant conditions and underlying cause given in Part I.  PART III. Other algnificant condition of Contribution contribution of Contributio	CAUSE (Disease or inju		OUF TO #	OR AS A CONS	SECULENCE OF							
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF OEATH  1 No Perminer To Completion of Cause of Death (Check only one)  28. DLACE OF DEATH (Check only one)  29. MANNER OF OEATH  1 No Perminer To Medical  28. DLACE OF INJURY  28. DLACE OF INJURY AT WORK?  29. LOCATION (Street and Number or Rural Route Number, Street, factory, office)  29. CERTIFIER  29. CERTIFIER  1 Check only One)  20. MEDICAL EXAMINER: On the best of my knowledge, deeth occurred at the time, dafa and place, and due to the cause(a) and manner as stated.  29. SIGNATURE AND TILL OF CERTIFIER  29. LICENSE NUMBER  29. LICENSE NUMBER  29. LICENSE NUMBER  29. LICENSE NUMBER  29. DATE SIGNATURE  29. DA		iT _	002 10 (	on no n oon	ocoolioc or ).							į
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF OEATH  1 No Perminer To Completion of Cause of Death (Check only one)  28. DLACE OF DEATH (Check only one)  29. MANNER OF OEATH  1 No Perminer To Medical  28. DLACE OF INJURY  28. DLACE OF INJURY AT WORK?  29. LOCATION (Street and Number or Rural Route Number, Street, factory, office)  29. CERTIFIER  29. CERTIFIER  1 Check only One)  20. MEDICAL EXAMINER: On the best of my knowledge, deeth occurred at the time, dafa and place, and due to the cause(a) and manner as stated.  29. SIGNATURE AND TILL OF CERTIFIER  29. LICENSE NUMBER  29. LICENSE NUMBER  29. LICENSE NUMBER  29. LICENSE NUMBER  29. DATE SIGNATURE  29. DA		d.										
25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1   YES 2   NO 1   Ininestiant 2   ER/Outpettent 3   DOA   A   Nursing Home 5   Residence 8   Other (Specify)  27. MANNER OF OEATN 1   Netural 5   Pending   Investigation   28a. OATE OF INJURY   28b. TIME OF   Nursing Home 5   Residence 8   Other (Specify)  27. MANNER OF OEATN 1   Netural 5   Pending   Investigation   28a. OATE OF INJURY   28b. TIME OF   NURSY   NORK?   1   YES 2   NO 28b. PLACE OF INJURY   28b. TIME OF   28c. INJURY AT   WORK?   1   YES 2   NO 28b. PLACE OF INJURY AT   NORK?   1   YES 2   NO 28b. PLACE OF INJURY AT   NORK?   1   YES 2   NO 28b. PLACE OF INJURY AT   NORK?   1   YES 2   NO 28b. PLACE OF INJURY AT   NORK?   1   YES 2   NO 28b. PLACE OF INJURY AT   NORK?   1   YES 2   NO 28b. PLACE OF INJURY AT   NORK?   1   YES 2   NO 28b. PLACE OF INJURY AT   NORK?   1   YES 2   NO 28b. PLACE OF INJURY AT   NORK?   1   YES 2   NO 28b. PLACE OF INJURY AT   NORK?   1   YES 2   NO 28b. PLACE OF INJURY AT   NORK?   1   YES 2   NO 28b. PLACE OF INJURY AT   NORK?	PART II. Other significa	int conditiona	contributing to			tha undari	ying cause give	n in Part i.	PERFOR	RMED?	24b	AMAILABLE PRIOR TO COMPLETION OF CAUSE
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  1 NO  26. PLACE OF DEATH (Check only one)  HOSPITAL: 1 Normal of Peat Normal of Peat Normal of Norma		(0)			. 00	4			1 1 1 1 2 2	XIII		
EXAMINER?  1 YES 2 NO  1 Inpatiant 2 ER/Outpatient 3 DOA  4 Nursing Home 5 Rasidence 8 Other (Specify)  27. MANNER OF DEATN  1 Netural 5 Pending Investigation  3 Suicide 8 Could not be determined  29e. PLACE OF INJURY — At home, farm, street, factory, office  4 Homicide  29e. PLACE OF INJURY — At home, farm, street, factory, office  29e. PLACE OF INJURY — At home, farm, street, factory, office  29e. PLACE OF INJURY — At home, farm, street, factory, office  29e. PLACE OF INJURY — At home, farm, street, factory, office  29e. PLACE OF INJURY — At home, farm, street, factory, office  29e. PLACE OF INJURY — At home, farm, street, factory, office  29e. PLACE OF INJURY — At home, farm, street, factory, office  29e. PLACE OF INJURY — At home, farm, street, factory, office  29e. PLACE OF INJURY — At home, farm, street, factory, office  29e. PLACE OF INJURY — At home, farm, street, factory, office  29e. PLACE OF INJURY — At home, farm, street, factory, office  29e. PLACE OF INJURY — At home, farm, street, factory, office  29e. PLACE OF INJURY — At home, farm, street, factory, office  29e. PLACE OF INJURY — At home, farm, street, factory, office  20c. Injury At Thurst Route Number or Rural Route Number, City or Town, State)  29e. PLACE OF INJURY — At home, farm, street, factory, office  29e. PLACE OF INJURY — At home, farm, street, factory, office  29e. PLACE OF INJURY — At home, farm, street, factory, office  29e. PLACE OF INJURY — At home, farm, street, factory, office  29e. PLACE OF INJURY — At home, farm, street, factory, office  29e. PLACE OF INJURY — At home, farm, street, factory, office  29e. PLACE OF INJURY — At home, farm, street, factory, office  29e. PLACE OF INJURY — At home, farm, street, factory, office  29e. PLACE OF INJURY — At home, farm, street, factory, office  29e. PLACE OF INJURY — At home, farm, street, factory, office  29e. PLACE OF INJURY — At home, farm, street, factory, office  29e. PLACE OF INJURY — At home, farm, street, factory, office  29e. PLACE OF INJURY — At home, farm, street, factory, o		Dia	Leles	1 M	eller	Ma						
29a. CERTIFIER (Check only one)  29b. SIGNATURE AND THE DEED CAUSE OF PERSONYNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)  1							B. PLACE OF DEATH	(Check only	one)			
1 Netural 2 Accident 3 Suicide 4 Homicide 8 Could not be determined 8 Could not be determined 8 DERESS OF PERSON VINO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) 1 DERESS OF PERSON VINO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) 1 DERESS OF PERSON VINO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) 1 DEATH R'S SIGNATURE AND THE DEATH R'S SIGNATURE AND	1. 0			ER/Outpatient			Home 5 🗆 Raside	nce 8 🗆 O	ther (Specify)			
29a. CERTIFIER (Check only one)  29a. CERTIFIER (Check only one)  29b. SIGNATURE AND TITLE OF CERTIFIER  30b. SIGNATURE AND TITLE OF CERTIFIER  30b. SIGNATURE AND TITLE OF CERTIFIER  30b. SIGNATURE AND TITLE OF CERTIFIER  31c. LOCATION (Street and Number or Rural Route Number, City or Rown, State)  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  29d. DATE SIGNED (Month, Day, Year)  29d. DATE SIGNED (Month, Day, Year)  29d. DATE SIGNED (Month, Day, Year)  29d. DATE SIGNED (Month, Day, Year)	1 Natural 5				28b. TIME	RY	WORK?		DESCRIBE NOW I	NJURY OCC	CURED	
(Check only One)  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  29b. SIGNATURE AND THE OF CERTIFIER  29c. LICENSE NUMBER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  30. NAME  20c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  31. DATE FILED (Month, Day, Year)  31. DATE FILED (Month, Day, Year)	3 Sulcide 8	Could not be			home, farm, str	eet, factory, o	office				or Rural I	Route Number,
2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(s) and menner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Mear)  7 7 7 9 9  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  1500 Paragle Value  31. DATE FILED (Month, Day, Year)  HIGHSTHAR'S SIGNATURE		TIFYING PNYSIC	IAN: To the heat of a	my impuriadna	death occurred	et the time	data and place, and	f due to the	savasia) and ma		ad .	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  31. DATE FILED (Month, Day, Year)  HIGHSTHAR'S SIGNATURE	anal .											a) and menner as stated.
31. DATE FILED (MONTH, Day, Year) HIGHSTHER'S SIGNATURE	29b. SIGNATURE AND TULI	OF CERTIFIER	Cens	01	D.		29c. LICENSE	NUMBER 2 3 8	-90	29d. DAT	E SIGNED	(Month, Day, Year)
31. DATE FILED (Month, Day, Year) 31 HIGHETHER'S SIGNATURE	30. NAME ADDRESS O	2		OF DEATH (I	TEM 27) (Type, F		00	Per	mas Pri	Danie	1	hal Hage
	- 10			S SIGNATURE	andre	1 2		1	1	-Ind'		

1 -	FOR STATE REGISTRAP
-----	---------------------------

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERI	IFICA	IL OF	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF MONTH	DA		YEAR 90	3. TIME OF DEATH 4:10 M
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest birth	MONT	HS DAYS	IF UNDER 24 HRS.	7. DATE OF (Month, D			8. BIRTHE Country	PLACE (State or Foreign
	567-32-3828	1 M 2 X F	78 Y	RS.							esboro
_	9a. FACILITY NAME (If not Institution, give s	treet and number)		9b. 0	CITY, TOWN	OR LOCATION OF C	EATH		9c. COUN	ITY OF OE	EATH
FUNERAL DIRECTOR	6219-86th Ave.	· <u></u>				arrollto	<u> </u>		Princ	ce G	eorges Co.
R	10a. STATE 10b. COUNT				WN OR LOCA						10d. INSIDE CITY LIMITS?
0		e Georges		New (	Carro						1X YES 2 NO
₹	10e. STREET AND NUMBER				10	1. ZIP CODE				ZEN OF W	HAT COUNTRY?
빌	6219-86th. Ave.				20784			Щ,	U.S.		
5	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEOENT E FORCES? 1	YES 2X NO		If yes, s	CENDENT OF HISP/ pecify Cuban, Maxic	en, Puerto Rice		or No —	Black	— American Indian, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES		1 TYE	S 2 🔀 NO Spec	lfy:		_ [	Specifi	White
	15. OECEOENT'S EOU		16a. DECEDE	NT'S USUA	L OCCUPAT	ON	16b. KI	ND OF BUS	SINESS/IND	USTRY	MILLCE
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do N	iOT use retin	one during m wd.)	ost of working					1
린		4	Nu	Nursing			Commuity Hosp			spita	1
Ö	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S N					
BE (		James H. I	izer, Sr			Mab	el S. S	Spang	ler		
5	19a. INFORMANT'S NAME (Type/Print)		19b. MA	ILING ADDI	RESS (Street	and Number or Rura	Route Number,	City or Town	n, State, Zip	Code)	
۴	Marion J. Cray		621	9-86t	th. Av	ve. New	Carrol				
- 1	20a. METHOD OF DISPOSITION 1 ☐ Burial 2∑□ Cremation 3 ☐ Rem	ioval from State	20b. PLACE OF O other place)	ISPOSITION	N (Name of co	emetery, crematory or			CATION —		
	4 Donation 5 Other (Specify)		Smiths	burg	Crem	ATORY		Sm	iithsl	ourg,	, MD
	21. SIGNATURE OF FUNERAL SERVICE LA	CENSEE				nd address of F 7e Funera		n Tn			
	James G.	Bouler.	w		50 S	Broad	Street	Wayn	esboi	ro, I	PA 17268
	23. PART I. Enter the diseases, or shock, or heart feliure.			Do not e	nter the m	ode of dying, su	ch ss cerdis	c or reepi	retory srr	rest,	Approximate interval Between Onset and Deeth
	immediate cause (Final disease or condition resulting in death)  Due to (OR AS A CONSEQUENCE OF):									56	
										1	
z	Sequentielly liet conditions, OUE TO JOR AS A CONSEQUENCE OF):										
은	II Jr any, leading to immediate										
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disesse or injury	a Pel			ino	ma					14
	thet initieted events resulting in deeth) LAST	NOUE TO (O	R AS A CONSEQUEN	ICE OF):							' 1
ER	resulting in deetin) Ex31	d									
	PART ii. Other significent condition	ns contributing to de	ath but not resul	ting in th	e underlyl	ng ceuse given i	n Part i. 2	4a, WAS AN		24b.	WERE AUTOPSY FINDINGS
EDICAL	Chronic Ole	druthe	Lung	di	seo	سف	١,	PERFOR	-		AVAILABLE PRIOR TO COMPLETION OF CAUSE
							'	_ 120 2			DF DEATH?  1 YES 2 NO
. W					_		_				
A	25. WAS CASE REFERRED TO MEDICAL					PLACE OF DEATH (	Check only one)				
SIC	1 YES 2 NO	HOSPITAL:	A/Outpatient 3 🗆 0		HER: Nursing Ho	me 5 🗆 Realdence	6 Other (	Specify)			
PHYSICIAN:	27. MANNER OF OEATH  1 Natural 5 Pending	28s. OATE OF IN (Month, Day,	JURY 28 Year)	b. TIME OF	W	IJURY AT PORK? YES 2 NO	28d. DEŞCI	NOH BBI	NJURY OC	CURED	
) BY	2 Accident Investigation 3 Suicide 6 Could not be		NJURY — At home,	farm, street			281. LOCAT	ION (Street : Town, State)	and Number	r or Rural F	Route Number,
ETED	4 Homicide determined	building, at	. (Specify)				City or	iown, Gialey			
COMPLET	CORBOR DRIFY	SICIAN: To the best of m	knowledge, death	occurred at	the time, da	te and place, and d	us to the cause	(a) and ma	nner aa ste	ted.	
O	one) 2 MEDICAL EXAMIN	ER: On the basis of axa	nination and/or inves	digetion, in	my opinion,	death occured at 1	ne 1ime, data ar	nd place, ar	nd dua to th	he cause(a	a) and manner as stated.
ш	296, SIGNATURE AND TITLE OF CERTIFIE	ir O (				29c. LICENSE N	UMBER		29d. DAT	SIGNED	Month, Day, Year)
8	teverny V.	Cooke	WD			1)00	160:	2	M	20	90
10	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE	OF OEATH (ITEM 27	) (Type, Print	0	0	N		11-		1 1111
	Leremy V	, (V DC	ce m	D.	1040	D Cor	mH	he	Ken	nu	g for Md
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	S SIGNATURE								/
	JUL 2 2 30	June 10	widow-//and	MELL							

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-18 Rev 1/89

FOR STATE

TO BE COMPLETED BY FUNERAL DIRECTOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First	Afficiella ( nat)			<u> </u>	IOAIL	- 01	DLA		LA DATE	REG. NO.			A TIME OF BEATH
,		D 1			-				MONTH			YEAR	3. TIME OF DEATH
	llian	Barb	,		ude		_		7 24			90	5:15 A M
4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (In yrs.		MONTHS	1 YEAR	HOURS	24 HRS.	7. DATE ( (Month,	Day Year)		8. BIRTH Country	PLACE (State or Foreign y)
219 14 7710		1 M 2 F	96	YRS.					July	9, 18	94	Penn	sylvania
9a. FACILITY NAME (If not in	stitution, give st	treet and number)			9b. CITY	, TOWN	OR LOCATION	ON OF D	EATH		9c. COL	INTY OF D	EATH
Fahrney	Keeds	Home				Bo	onsb	oro			TAT	chir	ngton
RESIDENCE OF DEC		Home				DO	Olipp	OLO			We	COLLTI	igcon
10e. STATE	10b. COUNTY	,		10c. CIT	Y, TOWN	OR LOCA	ATION						10d. INSIDE CITY LIMITS?
Maryland	Washi	ington		Ве	oonst	oro	)						1 YES 2X NO
10e. STREET AND NUMBER						1	of. ZIP COD	E			10g. CIT	IZEN OF W	NAT COUNTRY?
Fahrney Ke	adv Ho	nm e					2171	3			USA		
11. MARITAL STATUS	edy ne	12. WAS DECEDEN	T EVED IN ILE	ADMED	149	WAS DE			We objective	(Specify Yes		L 44 DAGE	— American Indien,
1 Never Merried 2	Merried	FORCES? 1	YES 2			If yes, s	pecify Cube	n, Mexica	in, Puerto R		or No—	Black	, White, stc.
3 Widowed 4 Dive		IF YES, GIVE V	WAR OR DATES			1 🗌 YE	8 2 X NO	Specif	y:			Speck	
16 DEC	EDENT'S EDU	CATION	160	DECEDENT'S	I CONTRACTOR	COLIBAT	PION		405	KIND OF BUS	NAME OF STATE		Е
(Specify onl	y highest grade	completed)	104.	(Give kind of lile. Do NOT u	work done	during n	nost of worldr	ng	100.	MIND OF BUS	oine59/in	DUSTRI	
Elementary/Secondary (0	1-12)	College (1-4 or 5	+)										
/		0		home	makei								
17. FATHER'S NAME (First, M	in different								to the same of the	liddle, Malden	Sumame)		
August Meu	ıssner						Ва	arba	ra Ko	nier			
190. INFORMANT'S NAME (	Type/Print)									er, City or Town			
Ruth Dunle	eavy			5901	Mont	rose	e #N-	807,	Rock	ville	, Md	. 208	352
20e. METHOD OF DISPOSIT			20b. PLAC	CE OF DISPO	SITION (No	eme of c	emetery, cren	netory or		20c. LO	CATION -	- Cify or To	wn, State
1 ☑ Burial 2 ☐ Crematic 4 ☐ Donetion 8 ☐ Other		oval from State		st Ha	ven (	Ceme	eterv			Нао	erst	own.	Maryland
21. SIGNATURE OF FUNERA	,	ENSEE	1 10	oe na					CILITY			,	J = unit
MININICU EINEDAL HOME													
415 E. Wilson Blvd., Hagerstown, Md. 21740													
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,   Approximate													
		List only one car	use on each i	ine.									Interval Between Onset and Death
IMMEDIATE CAUSE (Fit disease or condition	nai				-		E.I						11 - 4
resulting in death)	7	8	(OR AS A CON	DECITENCE O		VA							Iwan
		502 10	(OR AS A COR	SECOLINOL C	re j.								i
Sequentially list condit	lons,	b	(OR AS A CON	SECULENCE O	ME).								
if any, leading to imme cause. Enter UNDERLY		502 10	(ON NO A CON	SECULACE C	erj.								j
CAUSE (Disease or Inju		C	(OR AS A CON	SECULENCE O	<b>1</b>								<u> </u>
that initiated eventa resulting in death) LAS	т	502 10	(OH AS A CON	SEQUENCE U	rry:								
		d											
PART II. Other algolifica	ant condition	e contributing to	death but no	t resulting	in the u	nderivi	na cause	alven in	Part I.	24e. WAS AN	AUTOPSY	24b	. WERE AUTOPSY FINDINGS
		_				,				PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
	Rush	CA							—	1   YES 2	G-NO		OF DEATH?
													1 TES 2 NO
25. WAS CASE REFERRED T	O MEDICAL						PLACE OF D	DEATH (C	heck only on	o)			
1 WES 2 NO		HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHE		ome 5 🗆 R	esidence	8 🗆 Other	(Specify)			
27. MANNER OF DEATH		28e, DATE OF	INJURY	28b. TII	ME OF	28c. II	NJURY AT		_	CRIBE HOW I	NJURY O	CCURED	
	Pending	(Month, I	Day, Year)	, IN	JURY M		WORK? YES 2	NO					
2 Accident	Investigation	28a, PLACE (	OF INJURY — At	home ferm.	street fac				281 LOC	ATION (Street	and Numb	er or Rumi i	Route Number
3 Suicide 6 Homicide	Could not be determined	building	etc. (Specify)	1101119, 141111,	stiest, inc	itory, on				or Town, State)		er or morein	Total Turnos,
									<u> </u>				
29e. CERTIFIER (Check only 1 ECERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.													
one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and manner as stated.													
296. SIGNATURE AND TITLE OF CERTIFIER 29c, LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)													
		1-100	4 /	no				80 (			•		4.9.
30. NAME AND ADDRESS O	E DEDOON WA	O COMPLETED ON	ISE OF DEATH :	TEM AT CT	a Deleth							.,,	
VASA		A A	M)	3 L /	M(CC	- 5.	7 }	1AC	ERS	70WA	· ~	0 2	1240
31. DATE FILED (Month, Day,	Year)	32. REGISTR	AR'S SIGNATUR	E									
JUL 2 4 '9(	}	grilia Da	ridon-1/2	ndelle									
						_	_		_	_		_	_

hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE FUNERAL. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

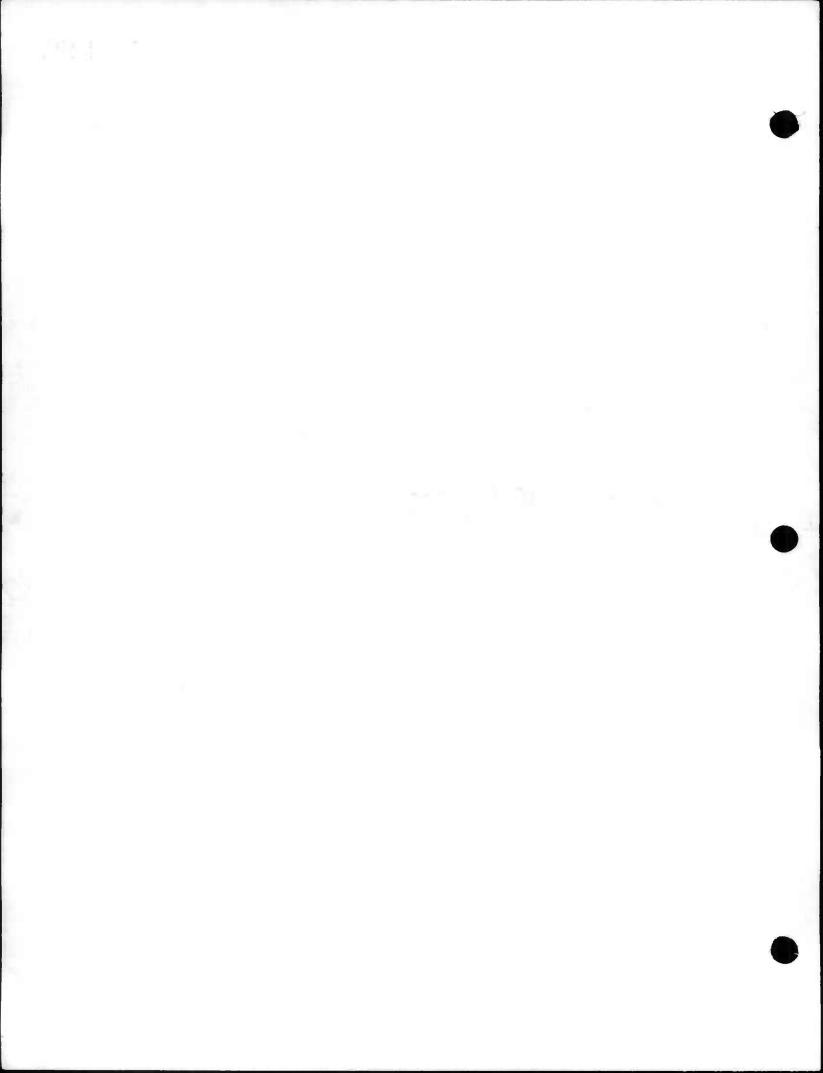
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

	•
	,
	١,
_	
ເດົ	
<del>=</del>	
÷	
3	
~	
P.O. BOX 13146,	
2	
Ų	
11	1
0	
О.	
_	
S	
Ö	
≂	
_	
OF VITAL RECORDS,	
O	
ш	
C.	
_	
_	
⋖	
$\vdash$	
_	
ш	
$\overline{}$	
0	
Z	
$\overline{a}$	
$\simeq$	
S	
Ë	
>	
DIVISION	
أسا	

		REGISTRAR		CERTIFIC	ATE OF I	DEATH	REG. NO				
		1. DECEDENT'S NAME (First, Middle, Last) Thurman Wig	THURMAN I	WRIGHT SH	ANK		2. DATE OF DEATH DO TO A		3. TIME OF DEATH		
_	1	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (III	,		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country) Toyd Co. Va.		
3 should		9a. FACILITY NAME (If not institution, give street		1	b. CITY, TOWN OR	LOCATION OF DE		9c. COUNTY			
2,	DIRECTOR	Shady Grove Ad	wentist t	tospital [	ROCKVI	le M	aryland	Mon	tgamery		
sades	H.	10a. STATE 10b. COUNTY			TOWN OR LOCATIO				10d, INSIDE CITY LIMITS?		
ajt.		Maryland Montgom  100. STREET AND NUMBER	iery	Roc		Maryla	nd	Tan orman	1 X YES 2 NO		
physician. burial-transit permit. Pages 1,	VERAL	P. O. Box 4343			2	0850		_	USA		
	BY FUN	11. MARITAL STATUS  1 X Never Married 2 Merried  2 Wildowed 4 Divorced	HAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DA	2 NO	If yes, spec		IC ORIGIN? (Specify Yen, Puerto Rican, atc.)	s or No— 14.	RACE — American Indian, Black, White, etc. Specify: White		
al or attending for use as the	ED	15. DECEDENT'S EDUCATI (Specify only highest grade com		16a. DECEDENT'S US	k done during most	of working	16b, KIND OF BU	SINESS/INDUS	TRY		
for u			College (1-4 or 5+)	ille. Do NOT use n	etired.)		T	م مراجع ا			
the hospital detached once.	COMPL			Contract				king			
be detach	- 1	17. FATHER'S NAME (First, Middle, Lest) Wade Hampton Shan	k Sn				ME (First, Middle, Malden Ann Wrigh				
5 should to	B	19a. INFORMANT'S NAME (Type/Print)	N <sub>3</sub> 31 .	19b. MAILING AL	DORESS (Street and		Toute Number, City or Tow		de)		
	2	Rupert A. Shank					yd. VA 2				
beath. Page 6 may be funeral director, page xaminer must be		28a. METHOD OF DISPOSITION 1 🂢 Burial 2 🗆 Cremation 3 🗀 Ramoval	20b.	PLACE OF OISPOSITI					or Town, State		
0 0		4 Donation 5 Other (Specify)	from State	Jacksonvi				oyd, V	irginia		
death. Page funeral direct.		21. SIGNATURE OF FUNERAL SERVICE LICENS	BEE			AOORESS OF FA					
. 9 = 9		Carlin G.	Makert	7	Maberr	y Funer	al Home, I	nc.	Floyd, VA		
e be executed within 24 hours after sician and completely filled in by th wior to burial, cremation, or remove traumatic event, the medical	TION	ehock, or heert fellure. List pnly pne cause pn each line.  Interval Between Onset and Death  Carchial product of the condition of the conditions, if any, leading to immediate ceuse. Enter UNDERLYING  Interval Between Onset and Death  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Carchially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING									
te e de	CERTIFICATION	ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  Acust  Acu									
5 5 0	CEI	d	7,000								
uires that the death certifications is signed by the attending of Health and Mental Hygien was any Injury, or oth	EDICAL	PART II. Other significant conditions of	e on	foretr		cause given in	Part I. 24a. WAS AF PERFO	RMED?	24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO		
been sign t. of Heal	Σ	myroom					_		1 1 1 2 2 1 110		
PHYSICIAN: The law requirilist certificate has been with the State Dept. of with the State Dept. of Item 23 sho	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				CE OF DEATH (Ch	eck only one)				
SIAN: The striffcate he State or Item	Sic		OSPITAL: ☐ Inpatient 2 ☐ ER/Outp.		OTHER:	5 - Residence	6 Other (Specify)				
IYSICI, is certifith the	Ŧ	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (	OF 28c. INJU	RY AT	28d. DEŞCRIBE HOW	INJURY OCCUP	REO		
DING PHYS After this of death with s marked	BY	1 Natural 5 Pending 2 Accident Investigation	1.000			ES 2 NO					
TTENDI CTOR: A after d	ETED	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— Al home, farm, str city)	eet, factory, office		281. LOCATION (Street City or Town, State	and Number or	Rural Route Number,		
TO THE HOSPITAL OR A TO THE FUNERAL DIRECTOR De filed within 72 hours IMPORTANT: If Item	COMPLE	(Orlean only	N: To the best of my knowl						cause(a) and manner as stated.		
E FUN		29b. SIGNATURE AND TITLE OF CERTIFIED				29c. LICENSE NUI	MBER	29d. DATE S	IGNEO (Month), Day, Year)		
MPO TH	) BE	11/		-	_	DL3	177	D 7	125/90		
	5	30. NAME AND ADDRESS OF PERSON WHO C	211-1-		trine)	TIR	JCKVI	LLE	070		
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN.			<u> </u>			<i></i>		



BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22-mours after death. Page 6 may be retained by the intending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH		ENTAL HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last) Lisa	Rei	nee	Shelton		2. DATE OF DEATH MONTH 7-18-90	YEA		E OF DEATH		
	4. SOCIAL SECURITY NUMBER 215-90-4066	5. SEX 6. AGE (		F UNDER 1 YEAR IF UNDI		7. DATE OF BIRTH (Month, Day, Year) 4-24-1973	Co	ountry)	(State or Foreign gton DC		
O.B.	9a. FACILITY NAME (If not Institution, give st Middletown Road	reet and number)	9	Waldorf	TION OF DEAT	тн	Charles County				
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY Maryland Char			TOWN OR LOCATION Marbury				NSIDE CITY IMITS? YES 2 XXNO			
ERAL	100. STREET AND NUMBER Rt. 1, Box 68,			101. ZIP CO	<b>DE</b> 658		USA				
B⊀	11. MARITAL STATUS  XX Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER N FORCES? 1 YES IF YES, GIVE WAR OR D	2 100		ban, Mexican,	ORIGIN? (Specify Yea Puerto Rican, atc.)		RACE — Am Black, White Specify: White	erican Indian, ), atc.		
COMPLETED	16. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  College (1-4 or 5+)  Student  16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refired.)  Public										
BE COM	17. FATHER'S NAME (First, Middle, Last) Donald Edward She	lton		18. MG	Denise	E (First, Middle, Malden S Smith	Surnama)				
10 B	190. INFORMANT'S NAME (Type/Print) Donald E. Shelton			BOX 68, M		, Md. 206	58				
	20s. METHOD OF DISPOSITION  1 Commetted 3 Removal from State  20b. PLACE OF DISPOSITION (Name of cametery, cremetory or Artificial Cardens  20c. LOCAT Office places  Trinity Memorial Gardens  22c. Name and address of Facility  Huntt Funeral Home  P. O. Box 156. Waldorf							Maryl	and		
CERTIFICATION	23. PARTM. Enter the diseases, or complications that claused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, interval Batween Onset and Death  Approximate Interval Batween Onset and Death  Cranio—cerebral injury  Due to (or as a consequence of):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):										
AL	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i.  24a. WAS AN AUTOPSY PERFORMED?  XX YES 2 NO  24b. WERE AUTOPSY FIND  AMILIABLE PRIOR TO COMPLETION OF CAU-								ABLE PRIOR TO LETION OF CAUSE EATH?		
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF OTHER:			Scer	ne			
BY	27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 8 Could not be determined	28a. DATE OF INJURY 7-18-90  28a. PLACE OF INJURY building, etc. (Spe	25b. TIME 6:32: Y — At home, farm, str actly)	My 1 TYES 2	28f. LOCATION (Street a City or Town, State)						
COMPLETED		ICIAN: To the best of my know						euse(a) and	menner as stated.		
TO BE CO	29b. BOOMTURE AND TIPLE OF CERTIFIE	helly	L.	29c. LICENSE NUMBER  OCME  29d. DATE SIGNED (Month, Day, Yea  7-19-90							
F	MARGARITA A. KORELL, MD 111 Penn Street, Baltimore, MD 21201 vc										
	31. DATE FILED (Month, Day, Year)  JUL 23 '90	32. REGISTRAR'S SIG	32. REGISTRAR'S SIGNATURE Suha Davidson-Randelle								

filled in by the funeral director, page 5 should be detached for on, or removal.

once.

notified at

Pe

must

examiner

medical

other traumatic event, the

6 Injury,

shows amy

Item certificate h

9

marked, this

60

28

Item

=

COMPL

BE

2

6

completely filled rial, cremation, o

burial,

signed by the attending physician a Health and Mental Hygiene prior to

t, of H

has be 23

After the death

DIRECTOR: hours after

FUNERAL I

置

TO THE FUNERAL be filed within 72 IMPORTANT: If

and

permit. Pages 1, 2, 3 should

6	Div.
2140	executed
O. 00.	certificate be
	heath
200	that the c
MECOND	requires
VIIAL	The law
7	PHYSICIAN
DIVISION	DR ATTENDING
5	PITAL DR
	5

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 2. DATE OF OEATH MONTH 1. OECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH Myers Stair Preston 90 3:20 P. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign (Month, pay, Year) 12 09 1922 MONTHS DAYS HOURS 1 M 2 | F 67 Maryland 217 12 1431 YRS. 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF GEATH DIRECTOR University Hospital - STU Baltimore Baltimore City RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Westminster Maryland Carroll 1 X YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21157 United States 198 East Green Street 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, Whits, atc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 XNO If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 Never Married 2 Married 1 TYES 2 NO Specify Specify: ВУ 3 Midowed 4 Divorced White ETED. 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INOUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 8 Machine Operator Shoe Manufacturing 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname, William F. Stair, Sr. Edna Mae Myers H 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 17331 P. Wayne Stair 301 Fair Avenue, Hanover, PA 20a. METHOD OF DISPOSITION
1% Burlel 2 Cremetion 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State Pleasant Valley Cemetery Westminster, MD 4 Donation 8 Other (Specify) 21. SIGNATURE OF PUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Myers Funeral Home 91 Willis Street, Westminster, MD 21157 23. PART I. Enter the diseases, or complications that dauad the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line. Interval Between **Onset and Death** IMMEDIATE CAUSE (Final disease or condition Multiple Injuries resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): e. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO MEDICAL COMPLETION OF CAUSE OF DEATH? 1 X YES 2 NO XX YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1 | Inpetiant 2 | ER/Outpatient 3 | DOA OTHER: 28d. DESCRIBE HOW INJURY OCCURED driver in auto/auto impact ejected me 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 1 Netural 5 Pending 7-21 1 YES 2 X NO BY Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) ETED 6 Could not be determined 4 Homicide street Westminster. Mad

OCME 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Ann M. Dixon, M.D. 111 Penn St., Balto., Md.

1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and dus to the ceuse(s) and manner as stated

2XXMEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated.

29c. LICENSE NUMBER

31. DATE FILED (Month, Day, Year)

296. SIGNATURE AND TITLE OF CERTIFIER

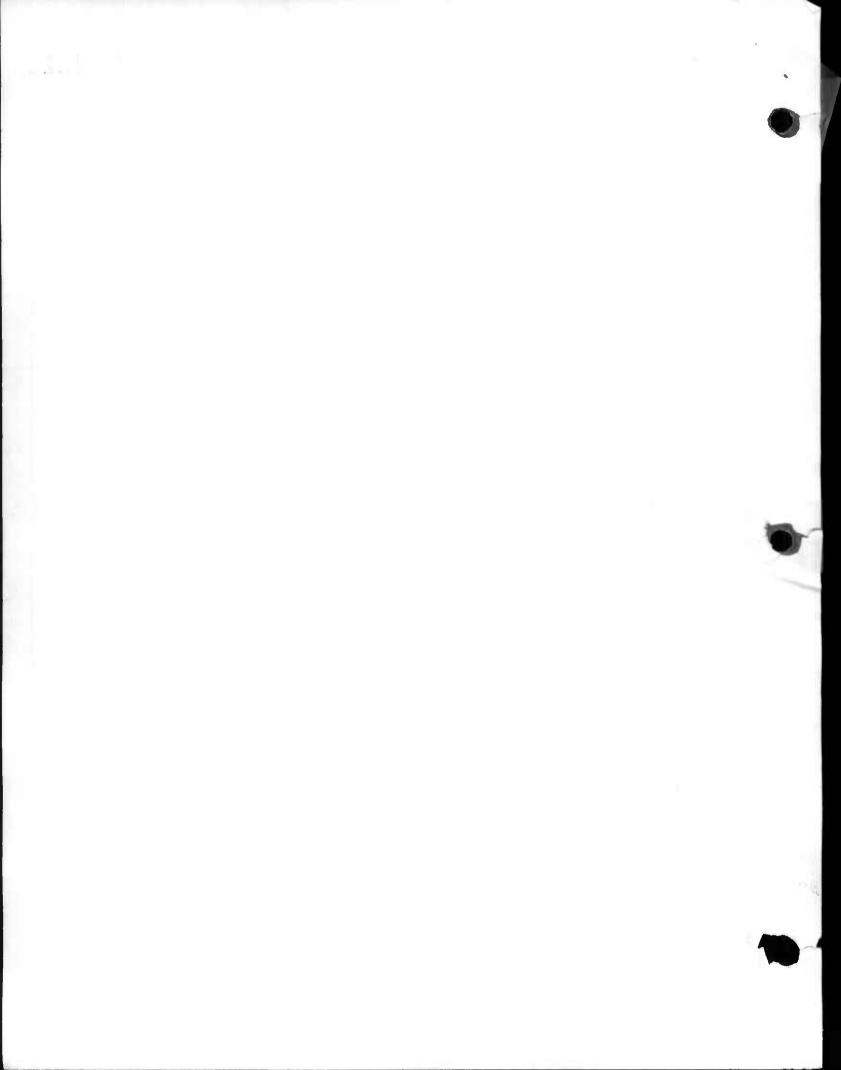
(Check only one)

32 REGISTRAR'S SIGNATURE Juna Dandole

29d. DATE SIGNED (Month, Day, Year)

7-22-90

21201



BALTIMORE, MARYLAND 21203-3146

ITEMS:23 thru 28f per ME G-666 8-21-90 cm

	FOR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIE	ENE
•	REGISTRAR	CERTIFICATE OF DEATH REG. N	VO.

	1 - STATE REGISTRAR	•	CERTIF	ICATE OF	DEATH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	F DEATH DAY	YEAR	3. TIME OF DEATH		
	Clif	ford	S.	Smith			8-90	TOAN	3:40AM M		
	4. SOCIAL SECURITY NUMBER 212-92-8515	5. SEX 1 M 2 F	AGE (In yrs. last birthday)  12 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF 10-3	BIRTH Pay, Year) -1977	s. sirt Cour Bal	HPLACE (State or Foreign try) to., Md.		
e B	90. FACILITY NAME (If not institution, give Francis Scott Ko		Center	PEATH 9c. COUNTY OF DEATH							
5	RESIDENCE OF DECEDENT  10e, STATE 10b, COUNT	TV	100 CI	Y, TOWN OR LOCA	TION				10d. INSIDE CITY		
DIRECTOR	Md. Ba	altimore	Cockeysville					1 TYES 2 NO			
FUNERAL	14510 Cuba Road			10	21030 21030	)		WHAT COUNTRY? USA			
B	11 MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 IT IF YES, GIVE WAR	YES 2 NO If yes, specify Cuban, Me			HISPANIC ORIGIN? (Specify Yea or No— Maxican, Puerto Rican, etc.) Specify:			R. RACE — American Indien, Black, Whita, atc. Specify: White		
COMPLETED	15, DECEDENT'S ED (Specify only highest grad Elamentary/Secondary (0-12)	UCATION de completed) College (1-4 or 5+)	16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  Student					d Middl	e School		
COMF	6th grade Student Hereford Middle School  12. FATHER'S NAME (First, Middle, Last) Blair T. Smith  Barbara Jean Morrow										
TO BE	198. INFORMANT'S NAME (Type/Print)  Mrs. Barbara Smith  195. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code)  14510 Cuba Rd., Cockeysville, Md. 21030										
	20 METHOD OF DISPOSITION 1 Surial 2 Cremetion 3 Rei		20b. PLACE OF DISPO	SITION (Name of ca			20c. LOC	ation — city or ler, Ma	Town, State		
	21. SIGNATURE OF FUNERAL SERVICES	D. Ella		22. NAME A	ND ADDRESS OF FA	CILITY E	line F	uneral	Home		
	shock, or hast failure. List only one cause on asch line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. THERMAL INJURIES  DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disasse or injury that initiated evants resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL	PERFORMED?  AMALA COMPL  OF DE  OF DE								4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
¥	25. WAS CASE REFERRED TO MEDICAL			26. 1	PLACE OF DEATH (Ch	neck only one	)				
PHYSICIAN:	EXAMINER?	HOSPITAL:	R/Outpatient 3 DOA	OTHER:	me 5 🗆 Realdenca	8 🗆 Othar	(Specify)				
HX	27. MANNER OF DEATH	28a. DATE OF IN-	JURY 28b. TI	ME OF 28c, IN	JURY AT	T		JURY OCCURED			
ву Р	1 Natural 5 Pending 2 Accident Investigation	6-2/-9	4:		YES 2 NO			AUGHT O			
ED	3 Suicide 8 Could not b	28a. PLACE OF II building, etc HOME	. (Specify)	URY — At home, farm, street, factory, office Specify) ack yard)				281. LOCATION (Street and Number of Rural Route Number, City or Town, State) AMRYLAND 21030			
COMPLET	Check only	YSICIAN: To the best of my							e(a) and manner as stated.		
	29b. SIGNATURE AND TITLE OF CERTS	29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month,									
TO BE	30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)										
		ORELL, MD	- sector (train at) (19)		n Street	,Balt	imore	,MD 2120	)1 vc		
31. DATE FILED (Month Day Year)  32. REGISTBAR'S SIGNATURE  12. Paria Davidson-Randale											



DHMH-16 Rev 1/89

DIVISION OF VIIAL RECORDS, F.O. BOA 13149, TO THE HOSPITAL OR ATTENDIAN STATEMENT LAND ALCUS-5149  TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-fours after death. Page 6 may be retained by the hospital or attending physician.  TO THE HOSPITAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MONOTARY: it ham 28 is marked or item 23 shows any injury, or other fraumatic event, the medical examiner must be notified at once.
--	--	---

	1	FOR STATE REGISTRAR	ATE OF M	ARYLAND / CE				EALTH DEAT			IENE			
	T	1. DECEDENT'S NAME (First, Middle, Last)			7					2. DATE OF DEA		10 0	3. 1	IME OF DEATH
			llen	Ser						0'	1	18 4	Ď"	0720 A M
		4. SOCIAL SECURITY NUMBER 5. SE 2:111-82-5910	M 2   F	6. AGE (In yrs. last 29	birthday) YRS.	IF UNDER	1 YEAR DAYS	HOURS	24 HRS. MIN.	7. DATE OF BIRT	ר ל	960	Country)	yland
1.	ŀ	9e. FACILITY NAME (If not institution, give street an		67	1113.	9b. CITY	. TOWN O	R LOCATIO			_	9c. COUNTY		
E E		Frederick Memoria		spital		Frederick Freder								
15	ŀ	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY		-	40- 017	V TOWAL	2010017	lon.					T 404	MODE CITY
DIRECTOR		Maryland Frede:	rick		10c. CITY, TOWN OR LOCATION Frederick						10d, INSIDE CITY LIMITS? 1 TO YES 2 NO			
	ŀ	10e. STREET AND NUMBER					101.	ZIP CODE				10g. CITIZEI		
FUNERAL		1000 Heather Rid	ive				2	170	1			U.S.	Α.	
I S		11. MARITAL STATUS 12. V 1 Never Merried 2 Merried	WAS DECEDENT ORCES? 1	EVER IN U.S. ARI	WED O					IC ORIGIN? (Spec		r No 14		American Indian, lite, etc.
BY			AR OR DATES								Specify: White		/hite	
ED	l	15. DECEDENT'S EDUCATION (Specify only highest grade comple	N metace()	16a. DEG	CEDENT'S	USUAL O	CCUPATIO	N st of workin	a	16b. KIND (	OF BUSI	NESS/INDUS	TRY	
COMPLET	ľ	Elementery/Secondary (0-12) Coll	ege (1-4 or 5 +	Min	Do NOT u	se retired.)				Num	a in	g Ho	meg	
MP	ŀ	High School  17. FATHER'S NAME (First, Middle, Last)			עדנ	SIT M	asin		JED'S NAI	ME (First, Middle, I			MOB	
		Thomas J. Serg	ent							s McMi				
) BE		19e. INFORMANT'S NAME (Type/Print)		196	MAILING	ADDRES	S (Street a	nd Number	or Rural F	Poute Number, City	or Town,	State, Zip Co	ode)	21701
유		Milton Sergent						_		Creek				
		20a. METHOD OF DISPOSITION 1 Burial 2 Cremetion 3 Removal fr	rom State	20b. PLACE other pla	ice)			emat				ths bu	-	
	ŀ	4 Donetton 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSE	Ε	- DIUT	CITS	22.	NAME AN	D ADDRES	SS OF FAI	CILITY				
		Robert W. Kee	ney	#M0065	2	K	een	ey &	Ba	sford ch St.	P.A	I. Fu	mera	al Home
	+	23. PART I. Enter the diseases, or compl		caused the de	ath. Do						-			Approximate
		ahock, or heart failure. List of IMMEDIATE CAUSE (Final	only one cau	se on each line										Interval Between Onset and Death
			54	606										
		DUE TO (OR AS A CONSEQUENCE OF):  Bockel Obst  3 w 55												
NO.		Sequentially list conditions, If any leading to immediate												
CAT	1	cause. Enter UNDERLYING CAUSE (Disease or Injury		6000 31			-0	10-	-	Carel	<u>ں ب</u>	• 7 5		3 000
E		that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEC	DUENCE C	F):								
CERTIFICATION		d												
CAL		PART II. Other aignificant conditions cor	ntributing to	death but not r	esulting	In the u	nderlying	g cause (	given in		MAS AN A		AWI	RE AUTOPSY FINDINGS VILABLE PRIOR TO
DIC.										1 🗆	YES 2	NO		MPLETION OF CAUSE DEATN?
MEDI							_						1 [	YES 2 NO
AN		25. WAS CASE REFERRED TO MEDICAL					26. Pl.	ACE OF D	EATH (Ch	eck only one)				
PHYSICIAN:			SPITAL:	ER/Outpatient 3	□ DOA	OTHE 4 - Nu		6 5 🗆 Re	esidence	a Other (Spec	ffy)			
PHY H		27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF (Month, D		28b. Til	IE OF JURY		RK?		28d, DEŞCRIBE	HOW IN	JURY OCCU	RED	-
E E		2 Accident Investigation	28a DI ACE O	F INJURY — At ho	me farm	M atmet for		YES 2	NO	28f. LOCATION	(Otmat as	ad Mumber or	- Primal Bout	Alumbar
		3 Suicide & Could not be 4 Homicide determined		etc. (Specify)	TITO, 188711,	atreet, rac	lory, orne	•		City or Town		to Nomber of	norer noon	reumon,
COMPLETED		29e. CERTIFIER (Check only	To the best of	my knowledge, de	ath occur	red at the	time, date	and place	, and due	to the cause(a) a	nd man	ner as stated	l.	
OME		one) 2 MEDICAL EXAMINER: On	the basis of a	camination and/or	Investigati	on, In my	opinion, d	leath occu	red at the	time, data and p	lace, and	dua to the	cause(a) ar	d manner as stated.
BE CO	18	296 SIGNATURE AND TITLE OF CERTIFIER					29c. LIC	ENSE NUI	MBER		29d. DATE S	SIGNED (M	onth, Day, Year)	
10 B		EJ Col						PI	46	2 6		7/	18/	90
-		30. NAME AND ADDRESS OF PERSON WHO COL	MPLETED CAUS					201		401.	,	-	2/7	61
		31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE	)		·u	201	0-1	7-6	-		Ce /	-/
		JUL 19 1990 July	e Davidso	w-Monarca										
		-			-									DHMH-16 Rev 1/89

The second of the second secon

#1715 X

Progress and I have been been the little of

The state of the s

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a first death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
--	---	--

STATE OF MARYLAND / DEPARTMEN	T OF	HEALTH	AND	MENTAL	HYGIENE
CERTIFICAT	E OI	F DEAT	TH		REG. NO.

FOR 1 - STATE REGISTRAR	STATE OF N	IARYLAND / DEPA CERTIF	RTMENT OF I		MENTAL HYGIENE REG. NO.						
1. DECEDENT'S NAME (First, M	7,50	orge DAI	NHAKL		2. DATE OF DEATH MONTH 17, DAY						
4. SOCIAL SECURITY NUMBER 579-01-4942	1 <b>∑</b> M 2 □ F	6. AGE (In yrs. last birthday, 86 YRs.	7. DATE OF BIRTH (Month, Day, Year) Sept. 18, 1	6. BIRTHPLACE (State or Foreign Country) Washington, D.C							
98. FACILITY NAME (II not Instit	Health Care C	enter		or location of de derick	ATH	Frede					
Frederick RESIDENCE OF DECE 100. STATE Maryland	ob. COUNTY Frederick		TY, TOWN OR LOCA				10d. INSIDE CITY LIMITS?  1XXYES 2 NO				
10e. STREET AND NUMBER	rview Avenue		10	H. ZIP CODE	1701		F WHAT COUNTRY?				
11. MARITAL STATUS  1 Never Married XX M M  3 Widowed 4 Divorce	erried FORCES? 1		If yes, s	CENDENT OF HISPAN pecify Cuben, Mexicar S 2 NO Specify		or No- 14. R	ACE — American Indian, lack, White, etc. pecily: White				
15. DECEL (Specify only it Elementary/Secondary (0-1): 8	DENT'S EDUCATION (Ighest grade completed)  College (1-4 or 6-	(Give kind a	's USUAL OCCUPAT of work done during m use retired.)		16b. KIND OF BUS	Proces	Y				
17. FATHER'S NAME (First, Midde Anthony	lle, Lost) Danhak 1	ACC	ouncant	100	ME (First, Middle, Meiden s	Surneme)	sing				
190. INFORMANT'S NAME (Typ  Mrs. Emily					noute Number, City or Town Frederick,						
20a_METHOD OF DISPOSITIO 1 CABuriel 2 Cremation 4 Donation 6 Other (S	3 Removal from State	20b. PLACE OF DISPONDED MOUNT	Olivet Co	emetery, crematory or emetery		20c. LOCATION — City or Town, State Frederick, Maryland					
21. SIGNATURE OF FUNERAL	SERVICE LICENSEE Ja	MOO255  22. NAME AND ADDRESS OF FACILITY Keeney & Basford P.A. Funeral 106 East Church St., Frederick									
IMMEDIATE CAUSE (Fina disease or condition resulting in death)  Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN	Sequentially list conditions, if any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
	t conditions contributing to	death but not resulting	g in the underlyl	ng cause given in	Part i. 24a. WAS AN PERFOR	MED?	24b. WER AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
25. WAS CASE REFERRED TO EXAMINER?	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: QTHER:										
200 Hattina	28a. DATE Of	HOSPITAL:  1   Inpetient 2   ER/Outpatient 3   DOA   D									
	3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State)										
S cont	(Check only AC) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.										
B C SISHATORE AND TIPE	> Slen	ingo	M.	29c. LICENSE NUM	ABER C		NED (Month, Day, Year)				
814 Toll	HOUSE H	e frec	reportine)	< md	21701						
JUL 19 1990	Julia Davidson	A SIGNATURE									

# DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	REGISTRAN					OA! E				NEG. 140.			
į	1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF DEATH MONTH DA	Y	YEAR	3. TIME OF DEATH
	Ev	Everett Wayne S.				Shrout				July 26,	4:45 1'm		
	4. SOCIAL SECURITY NUM	1. SOCIAL SECURITY NUMBER 5. SEX 6.			st birthday)	IF UNDER		IF UNDER		7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State Country)		IPLACE (State or Foreign
	214-05-998	72	72 YRS.		MONTHS DAYS HOURS MIN.		mild.	10-12-19	917 Pennsylv		nsylvania		
	9a. FACILITY NAME (If not in	nstitution, give st	treet and number)			9b. CITY,	TOWN (	OR LOCATI	ON OF DE	ATH		NTY OF E	
S I	Sacred He			Cum	ber	land	1		A.	lleg	any		
5	RESIDENCE OF DEC	10b. COUNTY			I soo CIT	Y, TOWN O	B LOCAT	ION.					10d. INSIDE CITY
DIRECTOR		1000					IN LOCAL	ION					LIMITS?
	Maryland 100. STREET AND NUMBER	Alle	gany		_ьа\	/ale	100	. ZIP COD	E		10m CIT	IZEN OF I	WHAT COUNTRY?
FUNEHAL	1147 Bra		Pond					2150			log. Or	US	
ž	11. MARITAL STATUS	daock	12. WAS DECEDEN	IT EVER IN U.S. A	RMED	13. 1	WAS DEC			NIC ORIGIN? (Specify Yea	or No-		E — American Indien,
	1 Never Married 2	Merried	FORCES?	X YES 2	NO	1	f yes, so	ecity Cube	n. Mexice	n, Puerto Rican, etc.)		Blac Spec	k, White, atc.
à	3 Widowed 4 Dive	beore	WW II					. 23	ороси	,			White
E		CEDENT'S EDUC		16a. D	ECEDENT'S	USUAL O	CCUPATIO	ON ast of working	na	16b. KIND OF BUS			
	Elementary/Secondary (		College (1-4 or 5	'	Bive kind of v Do NOT us			_					lubber
COMPL	12			Tir	e Ma	iker	-Sp					stre	У
3	17. FATHER'S NAME (First, A									ME (First, Middle, Maiden			
N L	Harvey Shr									et Manni	_		
2	19e. INFORMANT'S NAME (									Route Number, City or Tow			
	Betty Shr				14/					LaVale, M			own, State
	1X Burial 2 - Cremati	on 3 🗆 Rem	oval from State	other p	vlace)								
4 Donation 8 Other (Specify) Sunset Memorial Park Cumberland, N 21. SIGNATURE OF FUNERAL SERVICE LICENSEE													
	· En	u.T	000	2 1	1							Bal	timore Av.
-	23. PART I. Enter the c	less (	7 / /W	ey, y	1,					Md. 2150			Approximata
EDICAL CERTIFICATION	If sny, leading to imme cause. Enter UNDERLY CAUSE (Disesse or inj that initiated events resulting in death) LAS	disease or condition resulting in deeth)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
										1 _ YES :	NO		OMPLETION OF CAUSE OF DEATH?
Σ										-			1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED	TO MEDICAL					26. P	LACE OF I	DEATH (C)	heck only one)			
SIC	EXAMINER?		HOSPITAL:	BER/Outpatient	3 DOA	OTHE		ne 5 🗆 R	esidence	8 Other (Specify)			
È	27. MANNER OF DEATH		28e. DATE O	F INJURY Day, Year)	28b. TIN	NE OF		JURY AT		28d. DESCRIBE HOW	INJURY O	CCURED	7.35
BY	1 Netural 5	Pending Investigation	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			М		YES 2	_ NO				
	3 Suicide 8	Could not be		OF INJURY — At I	nome, farm,	street, fac	tory, offi	ce		28f. LOCATION (Street City or Town, State		er or Rural	Route Number,
3	4 Homicide	detérmined											
COMPLETED	Crieck only									e to the cause(e) and ma			
Ö	2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner ee stated.										(e) and manner ee stated.		
B	296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. LICENSE NUMBER									Month, Day, Year) GV			
2	30. NAME AND ADDRESS	OF PERSON WH								1			
		pina,			ive,	(भागा	)et	lang	mo	d. 2150:	2		
	31. DATE FILEO (Month, De)		0	AR'S SIGNATURE	da 00_								
	JUL-3	0 1990	Grava va	THOOP - NOT			_				_	_	DHMH-18 Rev 1/89

DHMH-16 Rev 1/89

1 - FOR STATE REGISTRAR

	24
6,	within
1314	ite be executed within
×	2
O. BO	ertificate
٦.	death
Ś	the
문	that
ECO	requires
4	M.B.
4	100
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate to
ISION	ATTENDING
≥	OR /
	HOSPITAL
	꾿
	2

		MARY	CORA		SARVER				MONTH 07	DAY DAY	QO YE	AR 3.	6:45 AM	
İ	1	4. SOCIAL SECURITY NUME	DER 5.	SEX	6. AGE (In yrs.	-	IF UNDER 1 YEAR		7. DATE OF 6 (Month, Da 12/22	BIRTH	8. 6	Country)	NCE (State or Foreign	
s shound	_	211-18-2629 1-1 M 2 F OO YRS. 12/22/24 PENNSY  9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH										YLVANIA		
	СТОВ	SACRED HEART HOSPITAL CUMBERLAND, MD. ALLEGANY RESIDENCE OF DECEMENT  106, STATE 106, COUNTY 106, CITY, TOWN OR LOCATION 106, INSIDE CITY												
II. Fages 1, 2,	DIRECTOR	PA							HYNDMAN 10					
nsit permit.	FUNERAL	R D 1 109. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN OF WHA										r COUNTRY?		
the burdar-transit	BY FUN	11. MARITAL STATUS 1 Never Married 2 3 Never Married 4 Divo	EVER IN U.S. YES 22 AR OR DATES	ARMED ARMO	NIC ORIGIN? (S in, Puerto Rice y:	ORIGIN? (Specify Yea or No— lat. RACE Black, Specify WHI			American Indian, fhite, etc.					
ned for use as	COMPLETED	15, DEC (Specify onl Elementary/Secondary (C	) 16a.	16a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  HOMEMAKER										
at once	ш	17. FATHER'S NAME (First, Middle, Last) WALTER P. EVANS  18. MOTHER'S NAME (First, Middle, Maiden Surname) BESSIE V. SMITH												
a notified	TO B	19a. INFORMANT'S NAME (Type/Print)  HARRY SHROYER  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  R D 1, HYNDMAN, PA 15545												
must be		20a METHOD OF DISPOSIT 1 LO Buriel 2 Crematic 4 Donation	20b. PLAA ofber H	PLACE OF DISPOSITION (Name of cametery, crematory or HYNDMAN CEMETERY HYNDMAN, PA 15										
e runeral or al. examiner		21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY HARVEY H. ZEIGLER FUNERAL HOME CLARENCE ST. HYNDMAN, PA 15545-0636											0636	
mation, or remover, the medical		23. PART I. Enter the d shock, or b IMMEDIATE CAUSE (Fit disease or condition resulting in death)	bart fallura. Lu	CAQ	on each I	ARRE	351	mode of dying, suc	ch as cerdiec	or respira	itory errest		Approximate Interval Batween Onset and Death	
arenoing prysician and compeepy lined in by the trained infector, page a should be detached intal Hygiene prior to burial, cremation, or removal.  By or other traumatic event, the medical examiner must be notified at once.	RTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events												
Mental Hyg njury, or o	CERI	resulting in death) LAST												
of Health and shows any i	: MEDICAL	END STACE LENGT WENTS UNDMIN PERFORMED?  1 YES 2 10 OF DEATH									ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?  YES 2 NO			
th the State Dept.	HYSICIAN	25. WAS CASE REFERRED T EXAMINER?	F	OSPITAL:			OTHER:	6. PLACE OF OEATH (C	heck only one)					
2 E 2	PHYS	1 YES 2 NO  27. MANNER OF DEATH  1 Notural 5	Pending	28a. DATE OF (Month, D	INJURY	28b. TIME	E OF 28c	Home 5 Residence INJURY AT WORK?  YES 2 NO	T		JURY OCCUR	EO		
after d	TED BY	2 Accident 3 Suicide 6 Homicide	Investigation Could not be detarmined		F INJURY — All etc. (Specify)	- At home, farm, street, factory, office				ON (Street an fown, State)	d Number or i	Rural Rout	e Number,	
	COMPLE	anal .		Λ.				date and place, and du				suse(e) ar	nd manner as stated.	
TO THE FUNERA De filed within 7 IMPORTANT: I	BE	29b. SIGNATURE AND TITLE	E OP CENTER IER	1				29c. LICENSE NU	MBER 75		29d. DATE SI	GNED (MC	lorith, day, Year)	
	5	30. NAME AND ADDRESS OR ROBERT	-					UMBERLAND,	MD 2	1502	,	1	1	
2		31. DATE FILED (Month, Day,	1000 1000		R'S SIGNATUR									

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

TO BE COMPLETED BY FUNERAL DIRECTOR

	,
	-
ဖ	
13146	•
_	
ė i	
-	
•	
*	
$\overline{}$	*
$\simeq$	
10	
	3
~	
$\cup$	
a.	
En.	
S	
0	3
Œ	
$\circ$	
$\sim$	
0	•
ш	
~	
_	
OF VITAL RECORDS, P.O. BOX	
-	
	ı
_	
-	
11	
-	
0	
_	
Z	
<u></u>	
$\mathbf{v}$	
10	
U	
-	
_	,
DIVISION	

TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a flow stain death. Page 6 may be retained by the burish transit permit. Pages 1, 2, 3 should be fleed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burish, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI				GIENE		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE	EATN		TIME OF DEATH
Marv	Millirones	ББот г			July		YEAR 1	0:30 A M
4. SOCIAL SECURITY NUMBER		yrs. lest birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF SI	RTN		ACE (State or Foreign
235-36-8726  9a. FACILITY NAME (If not institution, give s	1 □ M 2 💢 F 74	YRS.	ONTHS DAYS	HOURS MIN.	9/6/1		7. Vi	rginia
Dorchester Ger				ridge		1000		ester
10e. STATE 10b. COUNTY			TOWN OR LOCAT	ION			10	d, INSIDE CITY
Maryland Don	chester	Ca	mbridg	je			3	LIMITS? YES 2 NO
100. STREET AND NUMSER			101	ZIP CODE		10g. CITIZ	EN OF WHA	T COUNTRY?
301 Washington	Street			21613			US	
11. MARITAL STATUS	12. WAS DECEDENT EVER IN S FORCES? 1 YES	U.S. ARMED		ENCENT OF NISPAI ecify Cuban, Mexica		etty Yee or No-	14. RACE — Slack, W	American Indien, /hite, etc.
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT			MNO Specif		,	Specify:	White
15. DECEDENT'S EDU	CATION	16a. DECEDENT'S US	PUAL OCCUPATIO	NA .	10h MINE	OF SUSINESS/INDU	IOTEW	MILLE
(Specify only highest grade	completed)		rk done durina mo		IOO. KINL	Or SUSINESS/INDU	Jaint	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Store	Clerk					
17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle,	Melden Surname)		
George W. N	Millirones			Lill	ie Ra	mey		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street a	nd Number or Rural		ly or lown, State, Zip (	Code)	
Woodrow W. Aas	con	301 W	ashino	ton St	. Camb	ridge,	Md.	21613
20a METHOD OF DISPOSITION	20h I	PLACE OF DISPOSIT				20c. LOCATION — C		
TOBurlat 2 Committee 3 Rem	Wal from State	oodlawn	Memo	rial Pa	rk	Easton	, Md	
21. SIGNATURE OF VUILERAL SERVICE LIC				ND ADDRESS OF FA		nomas Fi	iner	al Home
▶ (4) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Venner		700	Locust				d. 21613
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE OF):						
PART II. Other algolificant condition	- // /	t not resulting in		g cause given in		WAS AN AUTOPSY PERFORMED? YES 2 \( \text{NO} \)	CO	ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION DF CAUSE F DEATH?  YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	40000741			ACE OF DEATH (C	neck only one)			
1 YES 2 NO	1 Inpetient 2 ER/Outper		OTHER: I  Nursing Nor	ne 6 🗆 Residence	6 - Other (Spe	iclfy)		
27. MANNER OF DEATN	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME INJUI	OF 26c. INJ	JURY AT	28d. DESCRIB	E HOW INJURY OCC	URED	
1 Natural 6 Pending 2 Accident Investigation			M 1 🗆	YES 2 NO				
3 Suicide 6 Could not be determined	26a. PLACE OF INJURY - building, etc. (Specifi	— At home, farm, str y)	reet, factory, offic	•	281. LOCATION City or Tox	N (Street and Number ovn, State)	or Rural Rou	te Number,
cond only	ICIAN: To the best of my knowle							nd manner as steted.
29b. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NU				fonth, Day, Year)
9161	While			1)347	68	<b>&gt;</b>	7/	17/90
30. NAME AND ADDRESS OF PERSON WITE	Or. BIOI	TN (ITEM 27) (Type, F	OLLECA.	. Md	21801			
31. DAYE FILED (Month, Day, Year)	32. REGISTRATES SIGNA	avidgen A	dell					

FOR STATE REGISTRAR

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First	Middle, Last)				DIANDI	ъ I	TT		OF DEATH		YEAR	3. TIME OF DEATI	1
	WILLTAM	4	TRINDLE III				MONTH DAY YEAR 7 9 90			3:43	A M			
	4. SOCIAL SECURITY NUMBER 5. SEMA1e 8. AGE (In yrs.								7. DATE C	7. DATE OF BIRTH 6. BIRTHP (Month, Day, Year) Country)			IPLACE (State or For	eign
	178 36 421	1	1xx M 2 □ F	42 Yr	S YRS.	Dec. 10, 1947 Butler					er, Pa.			
	9a. FACILITY NAME (If not in	astitution, give s	treet and number)			9b. CITY, TO	WN OR L	LOCATION OF DE				NTY OF E		
8	Kent Coun	ty Det	ention Ce	enter		Ches	ter	town				Kent		
5	RESIDENCE OF DEC	EDENT			_									
끪	Kent County Detention Center Chestertown Kent County Detention Center Chestertown Kent Chestertown Kent Chestertown									10d. INSIDE CITY LIMITS?				
10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF									1xx YES 2 □ NO					
								US						
110 South Mill St. 21620								CE — American Indian.						
3	11. MARITAL STATUS Married 1 Never Merried 2 Merried 2 Merried 3 Never Merried 4 Never Merried 5 Never Merried 5 Never Merried 6 Never Merried 7 Never Merried 7 Never Merried 8 Never							k, White, etc.	"'					
В	3 ☐ Wildowed 4 ☐ Divorced IF YES, GIVE WAR OR DATES 1 ☐ YES 2 X NO Specify: no Specify:								White					
COMPLETED	(Specify on Elementary/Secondary (		College (1-4 or 5	+) Iffe	. Do NOT use	retired.)		or working		se	elf e	emplo	yed	- 4
릴			4	Gra	pnic	Desig	ner							
ő	17. FATHER'S NAME (First, A	Aiddle, Last)					10	6. MOTHER'S NA	AME (First, A	Viddle, Maiden	Surname)			
BE	W:	illiam	Orville	Tri	ndle	II		Jane G	eoghe	egam				
5 B	19a, INFORMANT'S NAME (			19	b. MAILING	ADDRESS (St	treet and	Number or Rural	Route Numb	ber, City or Tow	n, State, Zi	ip Code)		
=	Sharon M.	Trindl	.e		110	Sout	h M	ill St.	. Ch				21620	
	20a. METHOD OF DISPOSIT	ION BU	rial Toyal from Stata	other n	leas)			ery, crematory or	. / 0 0				lown, State	
	4 Dopatten 5 Dotha	r (Specify)		_ Fell	owshi			ry 7/10		East	ra1	Lowi	ield Tw	nshi
	21. SHOWATURE OF FUNERA	AL SERVICE LI	CENSEE	1 00	)	22. NA	ME AND	ADDRESS OF FA	ACILITY	P.O.	Box	# 2	64	
	1 × /-()	Uil	lis ()	Jell	2	J. 1	Wil]	lis Wel	1s	Ches	tert	own,	Md. 216	20
	23. PART L/Enter the c		complications the			ot enter the	e mode	of dying, aud	ch ee cerd	diec or resp	iratory e	rreet,	Approxim interval B	
	IMMEDIATE CAUSE (FI		Liet only one ce	uee Dii eecii iiii	<b>.</b>								Onset and	
	diseese or condition resulting in deeth)	$\rightarrow$	На	nging										
	Total ling in Coolin		OUE TO	OR AS A CONSE	OUENCE OF	ን:								
Z	Sequentielly list condi	tions (	b											
CERTIFICATION	If any, leading to imme	ediete	DUE TO	OR AS A CONSE	OUENCE OF	7):								
2	ceuse. Enter UNDERLY CAUSE (Diseese or in)		C. DUE TO	O (OR AS A CONSE	OHENCE OF	n.								
E	that initiated events resulting in death) LA	ST	DOE IV	ON NO A CONSE	OWENCE OF	,.								
岗			d											
	PART il. Other elgnific	ent condition	one contributing to	deeth but not	reaulting i	n the unde	rlying	ceuse given ir	Pert i.	24a, WAS AN		1 24	b. WERE AUTOPSY F	
MEDICAL										1X YES	2   NO		OF DEATH?	CAUSE
Ä								_					1 X YES 2 [	NO
ä														
B	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:			OTHER:	26. PLA	CE OF DEATH (C	heck only o	ne)				
/SI	1 X YES 2 NO		1 Inpatient 2	☐ ER/Outpatient		4 - Nursing		5 - Residence					on cente	er
PHYSICIAN	27. MANNER OF DEATH	I more description		Day, Year)		URY	WORK	K7		SCRIBE HOW			7.6	
B	1 Natural 5 2 Accident	Pending investigation		-90	3:35			S 2 K NO		ıbject				
	3 Suicide 6	Could not be	28e. PLACE building	OF INJURY — At h g, atc. (Specify)	17, 11, 12, 12, 12, 12, 12, 12, 12, 12, 12	street, factory	, office		City	or Town, State	)		I Route Number,	
	4   Homicide	ditermined		С	ell				Kent	Coun	ty D	eten	tion Cen	
1	Crieck Only	RTIFYING PHY	SICIAN: To the bast	of my knowledge, o	death occum	ed at the time	e, deta a	nd place, and du	un to the ca	iuse(a) and ma	enner se si	tated.	Kent Co	•
COMPLETED	one) 2 X ME	DICAL EXAMIN	NER: On the beals of	exemination and/o	r investigatio	on, in my opir	nion, des	eth occured at th	ne time, dat	a and place, a	nd due to	the cause	e(a) and manner as	stated.
EC	395. SIGNATURE AND TITE	LE OF CERTIF	m ~				:	29c. LICENSE N	UMBER		29d. D/	ATE SIGN	ED (Month, Day, Year,	
00		YVV	X	7	2 17 17			OCME				7-9-	90	
2	30. NAME AND AGORESS	OF PERSON W	THO COMPLETED CA											
	Ann M. D:					Stre	et		Balt:	imore,	Md.	212	01	
5	31. OATE FILED (Month, De		32. REGISTI	PAR'S SIGNATURE	Randol	2								
3	JUL 1	JU	June	O POWO (WOO)	- M 10-0	-								



permit.

use as the burial-transit

detached for

funeral director, page 5 should

n by the freemoval. medical

10 Py

notified

P

must

examiner

FOR

	52	P.	ren	po
	3	palli	n, 0	
	á	ely f	atio	=
တ်	A.	plet	Crem	rent
4	Per	9	a.	9
3	900	and	D D	nati
×	2	cian	ior t	rant
m	cate	Shirt	e p	Pr 1
0	ertif	Bui	gien	듐
<u>.</u>	the co	tend	五	6
	des	e at	fent	ď,
2	#	A I	D P	III.
E C	#	Pa	th a	any
ပ	uires	sign	Heal	SM.
2	req	need	0.	sho
_	3	as l	Dept	23
₹	E	ate	tate	lem
5	AN	riffic	S at	10
L	YSIC	S C0	##	pg.
0	F	#	Th W	ark
ð	DING	Afte	deal	E
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	EN	TOR:	after	28
≥	RAI	RC	SUN	E
٥	7	0 7	2 10	1 12
	SPIT	JERA	7 uin	1
	HÖ	B	with	TAN
	분	본	filed	POR
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or ren	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medi-

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF OEATH O'TOOLE MARY L. 10:24 July 10, 1990 AM 4. SOCIAL SECURITY NUMBER 5 SEY 7. DATE OF BIRTH (Month, Day, Year) 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS MIN. 1 🗌 M 2 💢 F 222-03-2509 90 12 05 99 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Talbot William Hill Health Care Ctr. Easton RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY 1 X YES 2 | NO Talbot Maryland Easton FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 501 Dutchman's Lane 21601 S.A 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yea, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married 1 TES 2 NO Specify: Specify: BY 3 Widowed 4 Divorced white ETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Spe nd) Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 12 5+ teacher education 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) George E. Lurz Margaret Coady BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mary O'T. Etchells 5 Box 486, Easton MD 21601 20s. METHOD OF DISPOSITION 7/13/90
1X Burlal 2 □ Cremation 3 □ Removal from State
4 □ Donation 8 □ Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, Stata New Cathedral Cemetery Baltimore. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Newnam Funeral Home JOHN MERLEROA Easton, Maryland 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition . ATHOROScheric Cando Vascular Disione 404-5 resulting in death) ACRTIC STENOJIS CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 HO 1 YES 2 HO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 4 ☑ Rursin HOSPITAL: 1 UYES 2 NO ing Hame 6 - Residence 6 - Other (Specify) 27, MANNER OF DEATH 28a, DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 6 Pending Investigation м 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined LETED 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, data and place, and due to the cause(a) and manner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c LICENSE NUMBER 29d DATE SIGNED (Month Day Year) BE sul. D31466 ▶ 7/10/90 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 1500 2 Ludwig J. Eglseder, III, M.D. Rt. 3, Box 106, Easton MD 21601

32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year)

JUL 12'90

A 5 37

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIEN
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	REGISTRAR	CERTIFIC	CATE OF	DEATH	RE	G. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF D			3. TIME OF DEATH		
	HILDA D. TU	RPIN			Mav	21, 19	Q O	M		
			F UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BI	RTH		PLACE (State or Foreign		
	217-12-4550 A 1□M2XF 64€	3 YRS.	ONTHS DAYS	HOURS MIN. 6/19/26 Maryland						
B	9e. FACILITY NAME (If not institution, give street end number) P.O. BOX 122	Prest	eston   caroline							
5	RESIDENCE OF DECEDENT					100.				
H	10e. STATE 10b. COUNTY	TOWN OR LOCAT	OCATION 10d. INSIDE CT LIMITS?							
21	Maryland Caroline	ton				1 YES 2 NO				
BY FUNERAL DIRECTOR	703 Riverview Gardens	101	21629	HAT COUNTRY?						
5	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.  1 Never Merried 2 S.F. Married FORCES? 1 YES 2	S. ARMED		IC ORIGIN? (Spin, Puerto Rican,	ecify Yes or No-	Yes or No 14. RACE — American Indian				
	1 Never Merried 2 Married 3 Wildowed 4 Divorced  FONCES 1 YES, GIVE WAR OR DATE:			2 NO Specify				Black		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	e. DECEDENT'S US	SUAL OCCUPATION	ON st of working	16b. KIND	OF BUSINESS/IN				
	Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind of wor life. Do NOT use if		ot or worning	2.4	la TT man a				
MP	12th  17. FATHER'S NAME (First, Middle, Last)	Homema	rver			t Home				
20	Frank Gibson			16. MOTHER'S NAI Helen		,				
TO BE	19e. INFORMANT'S NAME (Type/Print)			nd Number or Rural R						
F	Mrs. Lillian Holley	P.O.	Box 1	22, Pre	ston,	MD 21	555			
	20e. METHOD OF DISPOSITION 20b. PI Buriel 2 Cremetion 3 Removel from State 0	ACE OF DISPOSIT	ION (Name of cer	netery, crematory or Cemeter		20c. LOCATION -				
	↑ Donation 5 □ Other (Specify) M¹  21. SIGNATURE OF FUNERAL SERVICE LICENSEE	. Plea		Demeter		Presto	on, N	AD		
	Michael J. Eskew		Fram	otom-Hav	wkins	Funera	al Ho	ome		
	23. PART I. Enter the diseases, or complications that caused the	ne deeth. Do not	enter the mo	de of dying, auct	ea cardiec	or reapiratory a	rrest,	Approximate		
	23. PART I. Enter the diesess, or complications that caused the shock, or heart failure. List only one cause on each IMMEDIATE CAUSE (Final disease or condition	Sig 5	tage	T-IV	1.1	Sann	.)	Interval Between Onset and Death		
	resulting in death)  a. DUE TO (OR AS A CO	DISEOUENCE OF):	Car	CIHONO		fuente n	9	4 10 1105.		
Z	23. PART I. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Stage T-IV.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions,									
CERTIFICATION	If any, leading to immediate couse. Enter UNDERLYING	INSEQUENCE OF):								
SE	CAUSE (Disease or injury that initiated events Due TO (or As A CO	ONSEQUENCE OF):	CE OF):							
ERT	resulting in death) LAST									
	PART II. Other algnificent conditions contributing to death but	not resulting in	the underlying	cause given in	Part I 24s	art I. 24s. WAS AN AUTOPSY		WERE AUTOPSY FINDINGS		
8	Anemia		and unidentymi	y caase given in		PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
					_   1	YES ZYNO		OF DEATH?		
2					_			1 TES 2 SCHO		
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL		26, PL	ACE OF DEATH (Che	ock only one)					
SIC	EXAMINER?  1 YES 2 NO HOSPITAL:  1 Inpatient 2 ER/Outpatie		THER:	5 Apaldence	6 Other (Spe	icify)				
H	27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year)	26b. TIME (		URY AT	28d. DESCRIB	E HOW INJURY O	CCURED			
BY	1 Natural 5 Pending 2 Accident Investigation			ES 2 NO						
	3 Suicide 6 Could not be determined 26e. PLACE OF INJURY — building, atc. (Specify)	Al home, farm, atro	et, factory, offic		26f. LOCATION City or You	(Street and Numb vn, State)	er or Rural Ro	oute Number,		
9	290. CERTIFIER	4-44-4-4-4								
COMPLETED	(Check only one)  2 MEDICAL EXAMINER: On the best of my knowledge one)							end menner as stated.		
ш	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUN	IBER	29d. DA	TE SIGNED	(Month, Day, Year)		
TO B	Monica Agree MD			0351	21	<b>•</b>	5/27	2190		
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, P)	10	De	nton	mo	21	629		
	31. DATE FILED (MONTH), DOLLY 90 90 32. REGISTAR'S SIGNATU		ee.					7		
	- 4		The same of the sa							

2, 3 should			
permit. Pages 1,			
at permit.			
wrial-trans			
as the b			
director, page 5 should be detached for use as the burial-transit if			
e detache		once.	
Should t		e notified at once.	
lor, page !		ust be n	
eral direct		miner m	
by the fur	emoval.	Ilcal exa	
y filled in	tion, or n	the med	
clan and completely filled in by the funeral directo	rial, crema	stic event, the medical exam	
Iclan and	rior to but	Iraumati	
ding phys	tygiene p	r other	
igned by the attending physician	lith and Mental F	injury, o	
signed by	Health an	ws any	
has been signed	Dept. of	n 23 sho	
certificate	the State	I, or iter	
After this	death with	marked	
IRECTOR:	ours after	em 28 ls	
NERAL D	thin 72 hc	NT: If In	
TO THE FUNERAL DIRECTOR: After this or	be filed within 72 hours after death with the State Dept. of Healtl	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic	

	FOR STATE REGISTRAR	STATE OF I			TMENT OF H		MENTAL HYGIEN REG. NO			
	1. DECEOENT'S NAME (First, Middle, Last)		Marie Ta	avlor				AY 10		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	MARIE	8. AGE (In yrs. less	d hirthring)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	10	1990	LACE (State or Foreign
	043-26-7522	1   M 2   F		84 YRS. MONTHS DAYS HOURS MIN.		(Month, Dey, Year) 08/29/19	05	Country)		
	9a. FACILITY NAME (If not institution, give :	ilreet and number)		9b. CITY, TOWN	OR LOCATION OF OR				TY OF DEATH	
0 8	Frederick Memori	ial Hospi	.tal		Frede	rick		rederi	.ck	
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT	Y		10e. CIT	Y, TOWN OR LOCA	TION			IOd. INSIDE CITY LIMITS?	
6	Maryland Fred	derick		800	Motter	Avenue,	Frederick			YES 2 NO
A	10e. STREET AND NUMBER				10	I. ZIP CODE		10g. Cl	TIZEN OF WH	IAT COUNTRY?
H	800 Motter Avenue	ف				21701		Uı	nited	States
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Olvorced	FORCES?	NT EVER IN U.S. AR 1 YES 2 X N WAR OR DATES		If yes, sp		NIC ORIGIN? (Specify Ye in, Puerto Rican, etc.) y:	a or No—	Specify.	
	15. DECEDENT'S EDU	CATION	16a, DE	CEDENT'S	USUAL OCCUPATI	ON	16b. KIND OF BU	SINESS/IN	-	Black
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	+) (Gi	ive kind of Do NOT u	work done during mo se retired.)	est of working	200000000000000000000000000000000000000		330000	
절	13		H	louse	wife		Homemal	cer		
ទូ	17. FATHER'S NAME (First, Middle, Last)					BEAT DESIGN	ME (First, Middle, Meider	,		
B	Albert John Holl	and					Madora Smo			
ဝ	19a. INFORMANT'S NAME (Type/Print) Theresa Brown						Route Number, City or Tov			0.750
	20a, METHOD OF DISPOSITION					metery, cremetory or	d., Knoxvi		- City or Tow	21758
	1 X Burial 2 Cremation 3 Rem	loval from State	other pla	ace)	,	tery			ville,	
	21. SIGNATURE OF FUNERAL SERVICE LI	A W	Ulu Funeral	h ,	John	nd address of fa T. Willi	ams Funera	1 Hc	me	
	23. PART I. Enter the diseases, or						1e Rd., Br			MD 21716 Approximate
	shock, or heart failure. iMMEDIATE CAUSE (Fine)	List only one ca	use on each line	D.						interval Between Onset and Death
	disease or condition resulting in deeth)	RE	PICATUR	L	FAILY	RE				
	resulting in deeth)	DUE TO	COR AS A CONSE	QUENCE O	Pi:	1				
CERTIFICATION	Sequentielly list conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	С	O (OR AS A CONSE			pulma	ny dese	ASE		
H	resulting in death) LAST	d								
PHYSICIAN: MEDICAL O	PART ii. Other significent condition	ne contributing to	o death but not a	resulting	in the underlyin	g ceuse given in		RMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
Σ							-			1 TES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NAÑO	HOSPITAL:	☐ ER/Outpetlent 3	1 DOA	OTHER:	LACE OF DEATH (C/	neck only one)  6  Other (Specify)			
ВУ РНУ:	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	26a. DATE O	· · · · · · · · · · · · · · · · · · ·	28b. Til	IE OF 28c. IN	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY O	CCURED	
	3 Sulcide 6 Could not be 4 Homicide determined	28e. PLACE building	OF INJURY — At he g, etc. (Specify)	ome, farm,	street, fectory, offi	>0	26f. LOCATION (Street City or Town, State		er or Rural Ro	oute Number,
w l	29a. CERTIFIER (Check only	ICIAN: To the best	of my knowledge, do	eath occur	red at the time, dat	and place, and due	a to the cause(a) and mi	nner aa si	tated.	
COMPLETED	anal .			Investigati	on, in my opinion,	death occured at the	time, data and place, a	nd dua to	the cause(a)	and manner as stated.

21701

MD, 300 W 9th St., Frederick, MD

MD, 300 W 9
32 BEGISTRAR'S SIGNATURE
Davidson Aurosa

George I.

31. DATE FILED (Month, Day, Year)
JUL 19 1990

Smith,

Jr.

Heli y Commander

BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within burs after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trainal permit. Fe befiled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
46,	inthin pe	ompletely il, cremati	event, t
131	execute	un and co	umatic
BOX	ificate be	physicia ne prior	her tra
P.O.	eath cert	attending rtal Hygie	y, or ot
DS,	at the d	by the	y injur
COF	quires th	n signed f Health	OWS an
IL RE	e law re	has bee Dept. o	n 23 sh
VITA	CIAN: Th	ertificate the State	or Hen
1 OF	G PHYS	er this c	narked,
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TTENDIN	after deg	28 is n
DIV	AL OR A	AL DIRE(	If Item
	HOSPIT	FUNER WITHIN	TANT
	THE CH	TO THE	IMPO

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.

_	nedistrian		O.		AIL U	L DEWI	111	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Le		V	augh	n			2. DATE OF DEATH DA	Y	YEAR 90	3. TIME OF DEATN
- 1	4. SOCIAL SECURITY NUMBER	5. SEX	B. AGE (in yrs. lus	t birthday	UNDER 1 YEA	F UNDER	24 HRS.	7. DATE OF BIRTH			IPLACE (State or Foreign
- 1	219-20-4055	1 🗆 M 2 😡 F	65	YRS. MO	NTHS DAY	HOURS	MIN.	May 26, 1	925	Ma	ryland
- 1	9e. FACILITY NAME (If not institution, give	- 1	05								,
- 1				98	9b. CITY, TOWN OR LOCATION OF DEATN					NTY OF D	
5	Washington Cou	nty Hospita	1		Hagerstown					shin	gton
5	RESIDENCE OF DECEDENT			_							
4	10e. STATE 10b. COU	10c. CITY, T	CITY, TOWN OR LOCATION						10d. INSIDE CITY LIMITS?		
5	Maryland Wa	ashington	Hage	ersto					1 TYES 2 NO		
4	10e. STREET AND NUMBER			10f. ZIP CODE					10g. CITIZEN OF WHAT COUNTRY?		
ÈΙ	2425 Pennsylvan:				217	40	USA				
2	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1	YES 2 X	RMED NO				IC ORIGIN? (Specify Year, Puerto Rican, etc.)	or No-	14. RACI	E — Americe <i>n</i> Indian, k, White, atc.
	3 🕅 Widowed 4 🗌 Divorced	IF YES, GIVE WA	R OR DATES			ES 2 X NO				Spec	white
9	2 M wroned 4 Divorced										WILLCE
1	15. DECEDENT'S E (Specify only highest gr	EDUCATION ade completed)	16e. DE	CEDENT'S US	UAL OCCUPA	TION	20	16b. KIND OF BUS	INESS/INC	DUSTRY	
i	Elamentary/Secondary (0-12)	College (1-4 or 8+)	ille	. Do NOT use re	tired.)	most or world.	·8				7.4
	5 years		Hon	nemake				Hom	e		
5	17. FATHER'S NAME (First, Middle, Last)					16 MOTE	HER'S NA	WE (First, Middle, Maiden	Sumama		
5	Harvey Josepl	n Martin									7
4		I PALLIN						Stotlemy			
	19e. INFORMANT'S NAME (Type/Print)							loute Number, City or Town		,	21740
	Martha J. Godle	ove		2425 Pe	ennsy.	Lvania	Ave	nue Hager	stow	n, M	aryIand
	200. METHOD OF DISPOSITION	37 786		OF DISPOSITI				20c. LO	CATION -	City or To	own, State
	1 ☐ Buriel 2 X Cremation 3 ☐ R 4 ☐ Donation 6 ☐ Other (Specify) _	emoval from State	Smil	thsbur	cre	natory	,	Sm	iths	burg	, Maryland
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE									
					Gera	Id N.	Minn	ich 305	N. P	otom	ac Street
	City City	Lourence	יומו	8400	Fune:	cal Ho	me	Hage	rsto	wn,	Maryland
	23. PART I. Enter the diseases, i shock, pr heart fellu iMMEDIATE CAUSE (Finel disease or condition resulting in death)	re. List only one ceus	on each line		ute	resp	17rd	Tory A	Mes	+	Approximate Interval Between Onset and Dasth
	Sequentially list conditions, if any, leading to immediate	b	OR AS A CONSE	QUENCE OF):	te massive EVA					1 week	
	ceuse. Enter UNDERLYING			1	561	10				YN	
	CAUSE (Diseese or Injury that initiated events	DUE TO (C	OR AS A CONSE	OUENCE OF	-	-		- 1-			1
	resulting in death) LAST			-	>-/	To	Mo	Miles			11.8
		d			11100	RIES	114	chijus			7
	PART II. Other significant conditions	tions contributing to d	leath but not i	resulting in t	he underl	ing ceuse	given in	Part I. 24e. WAS AN		248	. WERE AUTOPSY FINDINGS
	(000	= Truncal	120	1,71				PERFOR			AVAILABLE PRIOR TO COMPLETION DF CAUSE
5		-71214	1 (3)	44				1 _ YES 2	□ NO		OF DEATH?
	-							_			1 TES 2 NO
SICIAIN.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					PLACE OF D	EATH (Che	eck only one)			
5	1 VES 2 NO	HOSPITAL:	ER/Outpatient 3		THER:  Nursing I	lome 5 🗆 Re	esidence	6 Other (Specify)			
	27. MANNER OF DEATH	26a. DATE OF I	NJURY	28b. TIME C	F 28c.	INJURY AT		28d. DESCRIBE HOW I	NJURY OC	CURED	
-	1 Natural 5 Pending	(Month, Day		INJUR	Υ	WORK?	ם אר				
5	2 Accident Investigation		404 M 10004 A. b. b.							-	
3	3 Suicide 6 Could not	building, e	INJURY — At he tc. (Specify)	ome, term, atre	et, rectory, c	TTICE		281. LOCATION (Street a City or Town, State)	and Numbe	r or Rural	Houte Number,
	Informition determined										
ا ا	290. CERTIFIER 1 CERTIFYING PM	IYSICIAN: To the best of n	ny knowledge, de	eath occurred	t the time.	lata end place	, and due	to the cause(s) and mer	vner as ste	ted.	
	nee!	NNER: On the basis of axa									e) end manner as stated.
3			-EAST-ROUGH	9							
	296. SIGNATURE AND TITLE OF CERTI	FIER				29c. LIC	ENSE NUN	IBER	29d, DAT	E SIGNE	(Month, Day, Year)
	1/-	ong w	X-			7	017	77	7	-ZZ	-90
-	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE	OF DEATH (ITE	M 27) (Type, Pr	int)	.87	1	-1	1		1
	(1) 73 DANG	Also re	1	1 1		1500	much	deal as	1 -	111	100
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	SIGNATURE		TVP T	1349	4.C.7	EWEL MO	1	-1-1	
	31. DATE FILED (Month, Day, Year) 96	. Juli	Davidson	- Hande	2		•				
		1 /		4							

BALTIMORE, MARYLAND	ifter death. Page 6 may be retained by the hosp	/ the funeral director, page 5 should be detache loval,	cal examiner must be notified at once.
	Sinc	illed in by	e medi
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with Jurs after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
۵	TO THE HOSPITAL OI	TO THE FUNERAL DI	IMPORTANT: It Ite

5/99year 3. TIME OF DEATH
8. BIRTHPLACE (State or Foreign Country) Maryland
COUNTY OF DEATH
10d. INSIDE CITY LIMITS?
1 X YES 2 NO
g. CITIZEN OF WHAT COUNTRY?
U.S.A.
No— 14. RACE — American Indien, Black, White, atc. Specify:
White
SS/INDUSTRY
1 1 1
me health care
iairej
tate, Zip Code) 21117_
4111/_
ings Mills, MD
ings Mills, MD
New Windson MD
ION — Cify or Town, State
New Windson MD
New Windsor, MD tzler & Sons
New Windsor. MD tzler & Sons  Ory arreat, Approximata interval Batwan
New Windsor. MD tzler & Sons  Ory arreat, Approximata interval Batwan
New Windsor. MD tzler & Sons  Ory arreat, Approximata interval Batwan
New Windsor. MD tzler & Sons  Ory arreat, Approximata interval Batwan
New Windsor. MD tzler & Sons  Ory arreat, Approximata interval Batwan
New Windsor. MD tzler & Sons  Ory arreat, Approximata interval Batwan
New Windsor. MD tzler & Sons  Ory arreat,  Approximata interval Batwean Onset and Death
New Windsor, MD  tzler & Sons  Approximata interval Batwean Onset and Death  TOPSY 24b. WERE AUTOPSY FINDINGS AMAIL ABLE PRIOR TO COMPLETION OF CAUSE
New Windsor. MD tzler & Sons  Approximata interval Batwean Onset and Death  TOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
New Windsor, MD  tzler & Sons  Approximata interval Batwean Onset and Death  TOPSY 24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
New Windsor, MD  tzler & Sons  Approximata interval Batwean Onset and Death  TOPSY 24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
New Windsor. MD  tzler & Sons  Ory arreat,  Approximate interval Batween Onset and Death  Onset and Death  Onset and Death  Onset and Death  Onset and Death  Onset and Death  Onset and Death  Onset and Death  Onset and Death
New Windsor, MD  tzler & Sons  Approximata interval Batwean Onset and Death  TOPSY 24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
New Windsor. MD  tzler & Sons  Ory arreat,  Approximate interval Batween Onset and Death  Onset and Death  Onset and Death  Onset and Death  Onset and Death  Onset and Death  Onset and Death  Onset and Death  Onset and Death
New Windsor. MD  tzler & Sons  Approximata interval Batwean Onset and Death  TOPSY 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
New Windsor. MD  Totaler & Sons  Approximate interval Batwean Onset and Death  TOPSY NO  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO  Number or Rural Route Number,
New Windsor. MD  tzler & Sons  Approximata interval Batwean Onset and Death  TOPSY 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
New Windsor. MD  Totaler & Sons  Ory arreat, Approximate interval Batween Onset and Death  Onset and Death  Onset and Death  Onset and Death  Onset and Death  Onset and Death  Onset and Death  Onset and Death  Onset and Death  Onset and Death  Onset and Death  Onset and Death  Onset and Death  Onset and Death  Onset and Death  Onset and Death
New Windsor. MD tzler & Sons  Topsy arreat,  Approximata interval Batwean Onset and Death  Propsy 24b. Were Autopsy Findings Amil.ast. Prior to Completion of Cause of Death?  1  Yes 2  No  Number or Rural Route Number,  es stated.  We to the cause(e) end menner se stated.
New Windsor. MD tzler & Sons  Topsy arreat,  Approximata interval Batwean Onset and Death  Propsy 24b. Were Autopsy Findings Amil.ast. Prior to Completion of Cause of Death?  1  Yes 2  No  Number or Rural Route Number,  es stated.  We to the cause(e) end menner se stated.
New Windsor. MD tzler & Sons  Topsy arreat,  Approximata interval Batwean Onset and Death  Propsy 24b. Were Autopsy Findings Amil.ast. Prior to Completion of Cause of Death?  1  Yes 2  No  Number or Rural Route Number,  es stated.  We to the cause(e) end menner se stated.
N SS

## pital or attending physician. ed for use as the burial-transit permit. Pages BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

edical examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
n by the funeral director, page 5 should be detact removal.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the afferding physician and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.
irs after death. Page 6 may be retained by the hou	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death, Page 6 may be retained by the hosp

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

1. DECEDENT'S NAME (First, Middle, Last)			li :	L./.				ATE OF DEATH	NY .	YEAR	3. TIME OF DEATH		
CHART		I.	N	X/I	9			7 15	- 9	"U	77	-	
72-1-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-	5. SEX	6. AGE (In yrs. In	1100	MONTHS	DAYS	IF UNDER 24 HF	8. 7. D.	ATE OF BIRTH Month, Day, Year)	_   •	Count	HPLACE (State or Foreign try)	7	
251-20-0053	1 № M 2 🗆 F	62	YRS.					0-14-2	200		th Carol	i	
9a. FACILITY NAME (If not institution, give stre		_				R LOCATION O			9c. COUNTY OF DEATH				
PENINSULA GENERAL	HOSPITA	.L			SALI	SBURY,	MARY	LAND	AND WICOMICO				
10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION			10d. INSIDE CIT				
Maryland Wicon		Salisbury								LIMITS?			
10e. STREET AND NUMBER		N	1 Ju ala 12		. ZIP CODE			WHAT COUNTRY?	_				
834 Riverside F	5 co C					2180	1		II.	S.			
	12. WAS DECEDEN	T EVER IN U.S. A	RMED			ENDENT OF HIS	SPANIC OF	RIGIN? (Specify Yas			E — American Indian, ok, White, atc.	_	
1 Naver Married 2 Narried	FORCES? 1 IF YES, GIVE W	YES 2 AR OR DATES	NO			2 NO S		erto Rican, atc.)		Spec			
3 Widowed 4 Divorced									- 4		White		
15. DECEDENT'S EDUCA (Specify only highest grade of		/(	ECEDENT'S Sive kind of	work done	during mo	ON st of working		16b. KIND OF BUS	BINESS/INDU	STRY			
Elamentary/Secondary (0-12)	College (1-4 or 5 +	)	. Do NOT u										
12		El	e va	tor	Ins	talle							
17. FATHER'S NAME (First, Middle, Last)							,	irst, Middle, Maiden					
Ralph Wylie								ulliva				_	
19a. INFORMANT'S NAME (Type/Print)		16						Number, City or Town			04004	4	
Mary Lou Wylie	9										Id. 21801	L	
20a. METHOD OF DISPOSITION  1 1 Burial 2 Cremetion 3 Remove	val from State	other p	lace)			netery, crematory			CATION — CI				
4 Donation 5 Other (Specify)		Snni	ngh	77	Mam	ANTE C	ande	ng He	bron	. P	Jaryland		
		A Part of the							24 40 0		10 1. 10 1. 10 1. 10	_	
21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE				NAME A	ID ADDRESS O	F FACILITY	1			To To To Manual Control	_	
21, SIGNATURE OF FUNERAL SERVICE LICE	NSEE				NAME A	ID ADDRESS O	F FACILITY				10 1. V M. 12 10	_	
23. PARTY I. Enter the diseeses, pr co	emplications the	MOO2	95 eath. Do	22.	Hin Pri	man F ncess	uner Anr	ral Homne, Md.	e 218	53	Approximate		
23. PART I. Enter the diseases, pr co shock, pr heart fallure. L	emplications the	MOO2	95 eath. Do	22.	Hin Pri	man F ncess	uner Anr	ral Homne, Md.	e 218	53		100	
23. PART I. Enter the diseases, pr co- shock, pr heart fallure. L IMMEDIATE CAUSE (Finel disease pr condition	emplications the	MOO2	95 eath. Do	22.	Hin Pri	man F ncess	uner Anr	ral Homne, Md.	e 218	53	Approximate Interval Betw	100	
23. PARY I. Enter the diseases, pr co shock, pr heart failure. L	omplications the	MOO2	aath. Do	22.	Hin Pri	man F ncess	uner Anr	ral Homne, Md.	e 218	53	Approximate Interval Betw	100	
23. PARY I. Enter the diseases, pr co shock, pr heart fallure. L. IMMEDIATE CAUSE (Finel disease pr condition resulting in death)	omplications the ist only one cau	Causad tha dise pn aech lin	aath. Do	22.	Hin Pri	man F ncess	uner Anr	ral Homne, Md.	e 218	53	Approximate Interval Betw	100	
23. PART I. Enter the diseases, pr co- shock, pr heart fallure. L IMMEDIATE CAUSE (Finel disease pr condition	omplications the list only ona cau	Causad tha dise pn aech lin	aath. Do e. tuttu	npt ente	Hin Pri	man F ncess	uner Anr	ral Homne, Md.	e 218	53	Approximate Interval Betw	100	
23. PARY I. Enter the diseases, pr conshock, pr heart failure. L. IMMEDIATE CAUSE (Finel disease pr condition resulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING	omplications the list only ona cau	Causad tha dise pri aech iin	aath. Do e. tuttu	npt ente	Hin Pri	man F ncess	uner Anr	ral Homne, Md.	e 218	53	Approximate Interval Betw	10-0	
23. PARY I. Enter the diseases, pr constant shock, or heart failure. L. IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO	Causad tha dise pri aech iin	aath. Do e. COUENCE C	npt ente	Hin Pri	man F ncess	uner Anr	ral Homne, Md.	e 218	53	Approximate Interval Betw	100	
23. PART I. Enter the diseases, pr co shock, pr heart fallure. L IMMEDIATE CAUSE (Finel disease pr condition resulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO	Caused the dise prince	aath. Do e. COUENCE C	npt ente	Hin Pri	man F ncess	uner Anr	ral Homne, Md.	e 218	53	Approximate Interval Betw	10-0	
23. PARY I. Enter the diseases, pr conshock, pr heart failure. L. IMMEDIATE CAUSE (Finel disease pr condition resulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST	DUE TO	Consad the dise on aech lin  (OR AS A CONSE  (OR AS A CONSE	anth. Do e. COUENCE C	not ente	NAME AI Hin Pri	D ADDRESS O MAN F NCESS da of dying,	F FACILITY UNC Y Anr Such es	ral Homne, Md.	e 218	53 st,	Approximate interval Betwo	8.87	
23. PARY I. Enter the diseases, pr constant shock, or heart failure. L. IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO	Consad the dise on aech lin  (OR AS A CONSE  (OR AS A CONSE	anth. Do e. COUENCE C	not ente	NAME AI Hin Pri	D ADDRESS O MAN F NCESS da of dying,	F FACILITY UNC Y Anr Such es	ral Homie, Md. cerdiac Dr respi	Pretory street	53 st,	Approximate Interval Betw	NG	
23. PARY I. Enter the diseases, pr conshock, pr heart failure. L. IMMEDIATE CAUSE (Finel disease pr condition resulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST	DUE TO	Consad the dise on aech lin  (OR AS A CONSE  (OR AS A CONSE	anth. Do e. COUENCE C	not ente	NAME AI Hin Pri	D ADDRESS O MAN F NCESS da of dying,	F FACILITY UNC Y Anr Such es	ral Homie, Md.	Pretory street	53 st,	Approximate Interval Betwood Onset and Date of	NG	
23. PARY I. Enter the diseases, pr conshock, pr heart failure. L. IMMEDIATE CAUSE (Finel disease pr condition resulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST	DUE TO	Consad the dise on aech lin  (OR AS A CONSE  (OR AS A CONSE	anth. Do e. COUENCE C	not ente	NAME AI Hin Pri	D ADDRESS O MAN F NCESS da of dying,	F FACILITY UNC Y Anr Such es	ral Homie, Md. cerdiac Dr respi	Pretory street	53 st,	Approximate Interval Betw Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da Onset and Da	NG	
23. PART I. Enter the diseases, pr co shock, pr heart fallure. L immediate cause or condition resulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST  PART II. Other significant conditions	DUE TO	Consad the dise on aech lin  (OR AS A CONSE  (OR AS A CONSE	anth. Do e. COUENCE C	not ente	NAME AI Hin Pri r the mo	D ADDRESS O MAN F NCESS da of dying,	F FACILITY UNCY Anr such es	ral Homie, Md. cerdiac Dr respi	Pretory street	53 st,	Approximate Interval Betwood Onset and Date of	NG	
23. PART I. Enter the diseases, pr co shock, pr heart failure. L immediate cause or condition resulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO  DUE TO  COntributing to	Causad tha dise Dri aech iin (OR AS A CONSE (OR AS A CONSE death but not	aath. Do e. COUENCE CO	DF): // PF): // OTHE	NAME AI Hin Pri r the mo	da of dying,  G CSUSE GIVE	F FACILITY UNCY Anr Such es	I. 24a. WAS AN PERFOR	Pretory street	53 st,	Approximate Interval Betwood Onset and Date of	NG	
23. PART I. Enter the diseases, processhock, property of the process of the proce	DUE TO  DUE TO  DUE TO  COntributing to	Causad tha dise Dri aech iin (OR AS A CONSE (OR AS A CONSE death but not	aath. Do e. COUENCE CO	DF): / PF):  In the U	nderiyin  26. Pi	D ADDRESS O MAN F NCESS da of dying, g csuse give	F FACILITY UNCY Anr such es	I. 24a. WAS AN PERFOR	AUTOPSY	24	Approximate Interval Betwood Onset and Date of	NG	
23. PARY I. Enter the diseases, processhock, processhock, processes, processhock, processes, processhock, processes, processhock, processes, pr	DUE TO  DUE TO  COntributing to	Causad tha dise Dri aech iin (OR AS A CONSE (OR AS A CONSE death but not	anth. Do e. COUENCE C COUENCE C COUENCE C COUENCE C COUENCE C COUENCE C COUENCE C	DF): / PF):  In the U	nderiyin  26. Pi FR: Insing Hon  28c. IN.	da of dying,  da of dying,  g cause give  ACE OF DEATH  B 5 Reatda	F FACILITY UNC Y Anr such es	I. 24a. WAS AN PERFOR	AUTOPSY	24	Approximate Interval Betwood Onset and Date of	NG	
23. PARY I. Enter the diseases, processhock, property in the part failure. Learning in death)  Sequentially list conditions, if sny, leading to immediate causa. Enter UNDERLYING CAUSE (Disease or Injury that initisted events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending investigation	DUE TO  DUE TO  DUE TO  COntributing to  HOSPITAL:  I Singetient 2  28a. DATE OF	Causad tha dise Dri aech iin  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  death but not  ER/Outpatlant  INJURY  Inj. Year)	anth. Do e.  COUENCE C	OTHE OTHER JURY	nderiyin  28. Pi	D ADDRESS O MAN F NCess da of dying,  G CSUSE give  ACE OF DEATH B 5 Reatde URRY AT VES 2 NC	Anrauch es	I. 24a. WAS AN PERFOR	AUTOPSY MED?	24I	Approximate Interval Betw Onset and Dr. Onse	NG	
23. PARY I. Enter the diseases, processhock, processhock, processes, processhock, processes, processhock, processes, processhock, processes, pr	DUE TO  DUE TO  DUE TO  DUE TO  COntributing to  HOSPITAL: 1 Dinpetient 2  28a. DATE OF (Month, D.)  28a. PLACE C	Causad tha dise Dri aech iin (OR AS A CONSE (OR AS A CONSE death but not	anth. Do e.  COUENCE C	OTHE OTHER JURY	nderiyin  28. Pi	D ADDRESS O MAN F NCess da of dying,  G CSUSE give  ACE OF DEATH B 5 Reatde URRY AT VES 2 NC	Anrauch es	I. 24a. WAS AN PERFOR	AUTOPSY SMED?	24I	Approximate Interval Betw Onset and Dr. Onse	NG	
23. PARY I. Enter the diseases, processhock, property in the part failure. L. IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initisted events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Natural 5  Pending Investigation  3  Suicide 6  Could not be detarmined	DUE TO  DUE TO  DUE TO  DUE TO  COntributing to  HOSPITAL: 1 **Inpetient 2 **End of the contribution of th	Causad tha dise pri aech lin  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE	aath. Do e. COUENCE CO	DTHE 4 Number of Market American Market American Market American Market American Market American Market American Market American Market	nderiyin  28. Pi R: mining Hom  28. IN.  28. IN.  28. IN.	D ADDRESS O MAN F NCess da of dying, da of dying,  G CSUSE give  ACE OF DEATH S G Realde URY AT NYES 2 NC	Anrauch es	I. 24a. WAS AN PERFOR 1 YES 2  Other (Specify) DESCRIBE HOW I	AUTOPSY SMED?	53 st, 24i	Approximate Interval Betw Onset and Dr. Onse	NG	
23. PARY I. Enter the diseases, processhock, property in the part failure. L. IMMEDIATE CAUSE (Finel disease procedure)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be	DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  COntributing to  HOSPITAL: 1 Singesters 2 [  28e. DATE Of (Month, D.)  28e. PLACE Obuilding,	Causad tha dise Dri aech lin  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  death but not  ER/Outpatlant  INJURY  ay, Year)  Try knowledge, dispersions	anth. Do e.  COUENCE C	OTHE 4 Number of at the area at the	nderiyin  26. Pi FR: Iraing Hon  28c. IN. 1 □  ctory, office	D ADDRESS O MAN F NCess da of dying,  G CSUSE give  ACE OF DEATH OF S Reatde URRY AT OFF S NC ACE OF DEATH OFF S NC ACE OF S NC ACE OF DEATH OFF S NC ACE OF S NC ACE	Anrasuch es  in Part  in (Check or nea 8 - 28d.)	I. 24a. WAS AN PERFOR 1 YES 2  Other (Specify) DESCRIBE HOW I	AUTOPSY AMED?  INJURY OCCU	24I	Approximate Interval Betw Onset and Dr. Onse	NG SE	

DHMH-18 Ray 1/89

The Court of Spice CONTRACT AND AND AND ADDRESS OF THE ABOVE THE The state of the s 

운	THE FU	Ed Will
Ė		善
H	2.	20
4	4	,
	/	

BE

10

	FOR 1 - STATE REGISTRAR	STATE OF I	ARYLAND /	DEPAR					MENTAL	HYGIENE REG. NO.		0	6 1	240
	1. DECEDENT'S NAME (First, Middle, Last) Goldie My	rtle WILS			IOAI	. 01	DLA		2. DATE O MONTH July	F DEATH DAY	1990	EAR	TIME OF 0	
	4. SOCIAL SECURITY NUMBER	5. SEX	B. AGE (In yrs. las	st birthday)		R 1 YEAR	IF UNDER		7. DATE O	7. DATE OF BIRTH 8. BIRTHI			ACE (State of	
	220-10-2939	1 🗆 M 2 🔀 F	89	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) Cot 04-14-01			Country)	WV	
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CIT	TTY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF C							Н	
DIRECTOR	State Street				Kitzmiller							Garrett		
E	RESIDENCE OF DECEDENT  100. STATE  10b. COUNT				IGC. CITY, TOWN OR LOCATION							10	d. INSIDE (	HTY
	MD	Garrett			Kitzmiller							1	LIMITS?	□ NO
IAL	10e. STREET AND NUMBER					101	. ZIP COD				10g. CITIZEN	OF WHA	T COUNTR	77
FUNERAL	State St							215				U.S	.A.	
F	11. MARITAL STATUS  1 Never Merried 2 Merried	FORCES? 1	T EVER IN U.S. AF			If yes, sp	ecity Cubi	in, Mexica	n, Puerto Ri	(Specify Yee o	r No 14.	RACE — Black, W	American hita, etc.	ndlen,
ВУ	3 X Widowed 4 Divorced	IF YES, GIVE V	MAR OR DATES A			1 YES	2 (X NO	Specif	y:			Specify:	Whit	e
COMPLETED	15. OECEDENT'S EDG (Specify only highest grade	ICATION completed)	16a, D8	CEDENT'S	USUAL C	CCUPATIO	ON at ad used i		16b. I	(IND OF BUSIN	ESS/INOUS	TRY	***************************************	
Ē	Elementary/Secondary (0-12)	College (1-4 or 5	Hfe Mfe	ilve kind of Do NOT u			at Dr WORK	'N						
MP	8			Don	nesti	LC					ousewo	ork		
	17. FATHER'S NAME (First, Middle, Last) Hiram Griffi	-h					18. MOT			ddie, Meiden St				
BE	190. INFORMANT'S NAME (Type/Print)	LII	19	b. MAILING	ADDRES	S (Street a	nd Numbe			inia King Number City or Town, State, Zip Code)				
10	196. INFORMANT'S NAME (Type/Print)  196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  P. O. Box 523, Kitzmiller, MD 21538													
	20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of complant, crematory or 20c. LOCATION — City or Town, State													
	1 Surial 2 Cremetion 3 Removal from State other place) 4 Donestion 5 Other (Specify) King Cemetery Loch Lynn										ynn,	MD		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY David A. Burdock Funeral Home													
	Witzmiller, MD 21538													
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line.									,		Between		
	IMMEDIATE CAUSE (Final disease or condition Condition complete them)									Sude	and Death			
	a. Cardiac arrhythmia  DUE TO (OR AS A CONSEQUENCE OF):										Suuc	ien		
z	Arteriosclerotic Cardio-Vascular Disease										Many	years		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate													
2	CAUSE (Disease or injury													
E	thet initiated avents  DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST													
CE		d												
SAL	PART II. Other algnificant condition	na contributing to	death but not	resulting	In the u	nderlyin	g cause	given in	Part I.	24s. WAS AN AI PERFORM		AN	AILABLE PR	
MEDICAL			<del></del>						-	1 TYES ZX	XNO		OMPLETION DEATH?	OF CAUSE
									-			1	YES 2	□ NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL				_	28. PL	ACE OF D	DEATH (Ch	eck only one	1				
SIC	EXAMINER?  XIX YES 2 NO	HOSPITAL:	ER/Outpatient :	DOA	OTHE	R:			6 🗆 Other					
РНУ	27. MANNER OF DEATH	28e. DATE OF (Month, E	INJURY	28b. Till		28c. INJ				RIBE HOW IN	URY OCCUR	NED		
ВУ	Natural 5 Pending Investigation	(11107-111)			M		YES 2 [	NO						
8	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE ( building,	OF INJURY — At he etc. (Specify)	ome, ferm,	n, street, factory, office 2af. LOC City				2ar. LOCA City or	at. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
PLET	290. CERTIFIER 1 CERTIFYING PHYS	BICIAN: To the heat of	my knowledge d	ath accur	red at the	time data	and stee	and de-	to the ear	a(a) and mar-	ar an abrece			
Check only  Check only  Check only  MEDICAL EXAMINER: On the beet of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and menner se state of the cause (s) and menner se state of the cause (s) and menner se state of the cause (s) and menner se state of the cause (s) and menner se state of the cause (s) and menner se state of the cause (s) and due to th											ause(s) a	nd manner	ns stated.	

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Frint) Leighton, M.D., Oak @ 5th Sts., Oakland, Maryland Herbert H.

29c. LICENSE NUMBER

D 05658

31. DATE FILED (Morith, Day, Year)

JUL 20 '90

TURE AND TITLE OF CERTIFIER

32. REGISTRAR'S SIGNATURE

29d, DATE SIGNED (Month, Day, Year)

▶ July 19, 1990

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burlar, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
---	---	--	--	--

									0 2 2 2 4 1
	FOR STATE REGISTRAR	STATE OF MARYLAI	ND / DEPAR				IENTAL HYGIEN REG. NO		
١.	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH		3. TIME OF DEATH
	41.00.	1 13 T	OHN B.	WILL	TAMS		MONTH D	1 199	
- 4	4. SOCIAL SECURITY NUMBER 5.		vrs. last birthday)	IF UNDER		IF UNDER 24 HRS.	7 DATE OF BIRTH	0.8	DIRTHPLACE (State or Foreign
		IXM 2 □ F 75	YRS.	MONTHS	DAYS	HOURS MIN.	(Month, Day, Year) 10 25	1914	MARYLAND
	9e. FACILITY NAME (If not institution, give street	t and number)		9b. CITY,	TOWN O	LOCATION OF DEA	ATH	9c. COUNTY	OF DEATH
0 E	ANNE ARUNDEL MEDICA	AL CENTER		ANN	APOL:	IS		ANN	E ARUNDEL
<u>입</u>	10a, STATE 10b, COUNTY		10c. CI	Y, TOWN C	R LOCATI	ON			10d. INSIDE CITY
DIRECTOR	MARYLAND ANNI	E ARUNDEL	A	NNAP	OLIS				1 YES 2 NO
7	10s. STREET AND NUMBER				101.	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	29 W. WASHINGTON S	STREET			- 1	21401		U.	S.A.
Ξ		2. WAS DECEDENT EVER IN U	J.S. ARMED	13.	WAS DECE	NDENT OF HISPANI	IC ORIGIN? (Specify Ye		RACE — American Indian.
	1 Never Married 2 Married	FORCES? 1 YES	2 NO	17.0		cify Cuban, Mexican	, Puerto Rican, etc.)		Black, White, etc.
B	3 X Widowed 4 Divorced	IF YES, GIVE WAR OR DAT	E9		I 📙 TES	2 KJ NO Specify:			Specify: BLACK
8	15. DECEDENT'S EDUCAT	ION	16a, OECEDENT'S	USUAL O	CCUPATIO	N	16b. KIND OF BU		
	(Specify only highest grade cor	mpleted)	(Give kind of life. Do NOT to	work done			NEVMA	}	
اچ	Elementary/Secondary (0-12)	College (1-4 or 5+)	MAINTAN	CE			1,2,1,,,,,	`	
COMPLET		\		-					
8	17. FATHER'S NAME (First, Middle, Last)						WE (First, Middle, Maider		
BE	JOHN WILLIAMS					MART			
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS	S (Street ar	nd Number or Rural R	loute Number, City or Tov	vn, State, Zip Coo	de)
2	JOHN WILLIAMS		1004	BAYA:	RD R	D. LOTHIA	AN, MD. 20	)711	
	20s. METHOD OF DISPOSITION		PLACE OF DISPO	SITION (Na	me of cem	etery, cremetory or	20c. LC	OCATION — City	or Town, Stata
-	1 NBuriel 2 Cremation 3 Remova	al from State	other place) MT'. TAB	OR U	м сн	URCH CEM	E. CHI	ESTERFI	ELD, MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LICEN						ALITY 821 WES		ANNAPOLIS, MD.
	1	$\sim$					OZI WE	21	401
_1	Larry D.	Keese_		W	ILLI	AM REESE	& SONS MO	ORTUARY	, P.A.
	23. PART I. Enter the disquises, or cor shock, or heart fallure. Lis			not enter	the mo	de of dying, suct	h aa cardiac or resp	oiratory arrest	, Approximate Interval Between
	iMMEDIATE CAUSE (Finel	st brilly blie cause on each	CIT HING.						Onset and Death
- 1	disease or condition	CTI	1000		1	APPIRA	-		
- 1	resulting in death) a.	DUE TO (OR AS A	CONSEQUENCE	DE:	1	A lot ICAL	7000		
1				0	7				j
8	Sequentially list conditions, b.	DUE TO (OR AS A	CONSEQUENCE	né.					
5	if any, leading to immediate cause. Enter UNDERLYING			,. ,.					
일	CAUSE (Disease or Injury C.	DUE TO (OR AS A	ACITY CONSEQUENCE	<del>}</del>					
CERTIFICATION	that initiated events resulting in death) LAST	DOE TO (ON AS A	CONSCOULACE	Je j.					
E	d.								
- 1	PART II. Other aignificant conditions	contributing to death bu	t not resulting	In the u	ndertvino	cause given in	Part I. 24s, WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL							PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
ă	1 TEPIBLE	FALLE					1 YES	2 NO	DF DEATH?
2	0000470	2 HART	TAIL	rel			_		1 TYES 2 NO
Ë	l								
<u>₹</u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			1		ACE OF DEATH (Ch	eck only one)		
S	A CONTRACTOR OF THE PROPERTY O	HOSPITAL:      Inpatient 2   ER/Outpa	itlent 3 DOA	OTHE		e 5 🗆 Residence	6 Other (Specify)		
主	27. MANNER OF DEATH	28a, DATE OF INJURY	26b. T	ME OF	26c. INJ		28d. DESCRIBE HOW	INJURY OCCUR	RED
	1 Natural 5 Pending	(Month, Day, Year)		JURY M		PRK? YES 2 NO			
BY	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJURY	— At home, farm	street, fac	tory, offici		261, LOCATION (Stree	and Number or	Rural Route Number,
E	4 Homicide 6 Could not be	building, etc. (Special			,		City or Town, Stat		
ET	10.000								
P	(Critick Only	AN: To the best of my knowle	edge, death occu	rred at the	time, date	end place, and due	to the cause(s) and m	enner sa stated.	
COMPLETED	2 MEDICAL EXAMINER:	On the basis of examination	end/or investige	llon, in my	opinion, d	eath occured at the	time, data end place,	and due to the c	suse(s) and manner as stated.
	29b. SIGNATURE AND TITLE OF CHIMILER					29c. LICENSE NUI	WBER	29d. DATE S	IGNED (Month, Day, Year)
BE	Att	1				7.2		1 7	11-60
	/ / /								

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year)

JUL 1 7 1990

15.11

Designation of the Indiana

AN: The law requires that the death certificate be executed within 2. Just after death. Page 6 may be retained by the hospital or	RECTOR; After this certaincate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	urs after death with the State Dept. of Health and Memtal Hyglene prior to burial, cremation, or removal.	im 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
to the Hospital or attending physici	THE FUNERAL DIRECTOR: After this of	be filed within 72 hours after death with	IMPORTANT: If item 28 is marked,

FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	ID / DEPARTM			ENTAL HYGIEN REG. NO.					
1. DECEDENT'S NAME (First, Middle, La.	st) ROLAND L. V	WHITE			2. DATE OF DEATH		3. TIME OF DEATH			
WHITE	ROLAND	1			07 1	1 90				
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (in )			IF UNDER 24 HRS. 7	Month, Day, Year)		IRTHPLACE (State or Foreign ountry)			
219-16-0956 9a. FACILITY NAME (If not institution, given	1 M 2 F 67	YRS.		LOCATION OF DEAT	Nov. 26	1922 9c. COUNTY	MARYLAND			
NORTH ARUNDE	I HOSPITAL		GLEN BU	RNIE		ANNE	ARUNDEL			
10e. STATE 10b. COU		10c. CITY, TO	WN OR LOCATIO	N			10d. INSIDE CITY LIMITS?			
MARYLAND AN	NE ARUNDEL	SEV	ERNA PA	.RK			1 YES 2 NO			
10e. STREET AND NUMBER			101. 7	IP CODE		10g. CITIZEN	OF WHAT COUNTRY?			
402 McBRIDE AAN	NE		21	146		U.S	. A .			
11. MARITAL STATUS	12. WAS DECEDENT EVER IN U FORCES? 1/2 YES	S. ARMED		IDENT OF HISPANIC	ORIGIN? (Specify Yes Puarto Rican, atc.)	or No 14.	RACE — American Indian, Black, Whita, etc.			
1 Never Married 2 X Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE			NO Specify:	and the second second		Specify:			
15. DECEDENT'S E	W.W.II	8a. DECEDENT'S USL	AL OCCUPATION		18b. KIND OF BU	CINECO (INDUST	BLACK			
(Specify only highest gr	rade completed)	(Give kind of work life. Do NOT use rei	done during most		16B. KIND OF BU	SINESS/INDUST	nt .			
Elementary/Secondary (0-12)	College (1-4 or 5+)									
17. FATHER'S NAME (First, Middle, Last)		FARM		IS. MOTHER'S NAME	(First, Middle, Maiden	Sumame)				
	re			ESTELL	` '	· ·				
GEORGE WHIT	l E.	19b. MAILING ADI	ORESS (Street and		ute Number, City or Tow					
MARY E. WHITE							AND 21146			
20. METHOD OF DISPOSITION	20h F	PLACE OF DISPOSITION	N (Name of ceme	tery, crematory or	20c. LO	CATION — City				
1 Donation 5 Other (Specify)	amoval from State	URY TOEN	NECK CI	IURCH CEM	ETERY		PARK, MARYLA			
21. SIGNATURE OF FUNERAL SERVICE		UNI TODA			лту 821 WES		ET ANNAPOLIS,			
1	10									
Larry	1. Beese				SONS MOR					
23. PART I. Enter the diseases, shock, or heart fellu IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	re. List only one cause on eac	th lina.	rren 1	۷.			Interval Between Onset end Death			
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated svents	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury									
resulting in death) LAST	d									
	Til. Other significant conditions contributing to death but not resulting in the underlying cause given in Par  Previous Mysesseled for bus  And we help along the contributions are the contributions and the contributions are the contributions					AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
	·	0								
25. WAS CASE REFERRED TO MEDICA EXAMINER?				CE OF DEATH (Chec	k only one)					
1 TYES 2 THO	HOSPITAL: 1   Inpetiant 2   ER/Outpet	lent 3 DOA 4	THER:  Nursing Home	5 - Realdance 8	Other (Specify)					
27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O			28d. DESCRIBE HOW	INJURY OCCUR	ED			
1 Netural 5 Pending 2 Accident Investigati				S 2 NO						
3 Suicide 8 Could not	8 Could not be determined  28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)  28f. LOCATION (Street and Number or Rural Route No City or Town, State)					tural Route Number,				
29a. CERTIFIER	HYSICIAN: To the best of my knowled	dge, death conversed o	t the time date	nd place, and due to	the causa(s) and me	nner se stete				
anal anal	WINER: On the basis of examination						use(a) and manner as stated			
			y opanon; oe	Legist Let V			<u> </u>			
296. SIGNATURE AND TITLE OF CERT	an M			290-LICENSE NUME	-	29d. DATE SI	GNED (Month, Day, Year)  7 - 16 - 90			
Julym				Dale	284	0	1-10-10			
30. NAME AND ADDRESS OF PERSON			•		B115115=		UD 04001			
	CYRIAC 1600 CR	<u>AIN HIGHW</u>	AY,SW /	308 GLEN	BURNIE,	MARYLA	ND 21061			
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT									

. 1

reference and the second

## CTATE OF MADVI AND / DEDADTMENT OF HEALTH AND MENTAL HYCIENE

FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL HYGIENI REG. NO.	E	
1. DECEDENT'S NAME (First, Middle, Last) Charles	Frazier Whe	atley Jr.			2. DATE OF DEATH MONTH July 20,	1990 YE	3. TIME OF DEATN 12:20a M
4. SOCIAL SECURITY NUMBER	5. SEX Male 6. AGE (		F UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIRTH	I e e	NRTHPLACE (State or Foreign country)
219 03 0141	1 M 2 F /Z	YRS.	ONTHS DAYS	HOURS MIN.	Feb. 9, 19		nt Co. Md.
9a. FACILITY NAME (If not institution, give str	·			OR LOCATION OF DE	ATH	% COUNTY C	OF DEATN
Kent and Queen	Annes nospi	tar, Inq.	Chest	errown		Kent	
Maryland Kent	-		TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?
Tally Land		Bett	erton				1 TYES 2 THO
P.O. Box # 2			10	21610		USA	of what country? A
11. MARITAL STATUS Widowed 1 Never Merried 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	U.S. ARMED 2 NO NTES WW 2	If yes, s		IIC ORIGIN? (Specify Yea n, Puerto Ricen, etc.) ''.'		RACE — American Indian, Black, White, atc. Specify: White
15, DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S US (Give kind of work	k done during m	net of working	16b. KIND OF BUS		RY
Elamentary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use r	etired.)	urity Sta	of Md	(Mana	office ger Kent Co.)
17, FATNER'S NAME (First, Middle, Last)	2	Етртоуше	nt sec		ME (First, Middle, Maiden		ger kene cov,
	cles F. Wheat	tlev		Avis	Dodd	sumeme)	
19s. INFORMANT'S NAME (Type/Print)	THE WILLIAM	19b. MAILING AI		and Number or Rural I	Route Number, City or Town	n, State, Zip Cod	(a)
W. G. Wheatley		Rte #	1 Box	# 313 7	Worton, Md	. 21678	}
20s. METNOD OF DISPOSITION CTC 1 □ Burlel 3√√ Cremetion 3 □ Remo 4 □ Donation 5 □ Other (Specify)	mation 20b oval from State Ca	place of disposit other place) pioti Cre	non (Name of co	(7/23/	1990) Dove	er, Del	
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	^ ^	22. NAME A	AND ADDRESS OF FA	CILITY	P O B	ox # 264
* Hill	lis We	DV2	J. Wi	illis Wel			Md. 21620
23. PART Enter the diseases, prochock, prheert fallure. I	Liet only one couse on e		enter the m		h ae cerdiec or reepi		Approximate Interval Between Onset and Death Munutos
Sequentially liet conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events		CONSEQUENCE OF):	0	ander			2 42 = -
resulting in death) LAST	. Jocks	ne	U	erous	doline	aca	7 / 10
PART II. Other significent condition	e contributing to death b		the underlying		Pert I. PERFOR	RMED?	1 db. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. I	PLACE OF DEATH (Ch	eck only one)		
1 TYES 2 THO	1 Inpatient 2 ER/Outs	patient 3 DOA 4	☐ Nursing Ho	me 5 Residence			
27. MANNER OF DEATH  1 Patural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	26b. TIME	SA M	JURY AT ORK? YES 2 NO	28d. DEŞCRIBE NOW I	NJURY OCCUR	iD
3 Suicide 8 Could not be 4 Homicide datarmined	28s. PLACE OF INJURY building, atc. (Spec	— At home, farm, atri city)	eet, factory, off	ica	281. LOCATION (Street City or Town, State)	and Number or F	tural Route Number,
CORDER DRIFY	CIAN: To the best of my know R: On the basis of examination						use(s) and manner sa stated.
29b. SIGNATURE AND TITLE OF CERTIFIER	81		m = 1	29c. LICENSE NU		29d. DATE SI	GNED (Month, Day Year)
July 1	n for	-1/	(1/1	D-3197		P //	120/90
GEORGE M.	VOUNG	KEN	CH	ESTE	RTOWN	MI	5P.1 21620
31. DATE FILED (Morith, Day, Year)	32. REGISTRAR'S SICH				1000		

TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DNMH-18 Ray 1/89

90

3. TIME OF DEATH

4:45

a

REG. NO

2. DATE OF DEATH

Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146

FOR STATE REGISTRAR

1. DECEOENT'S NAME (First, Middle, Last)

Mary M. Williams

C ۵

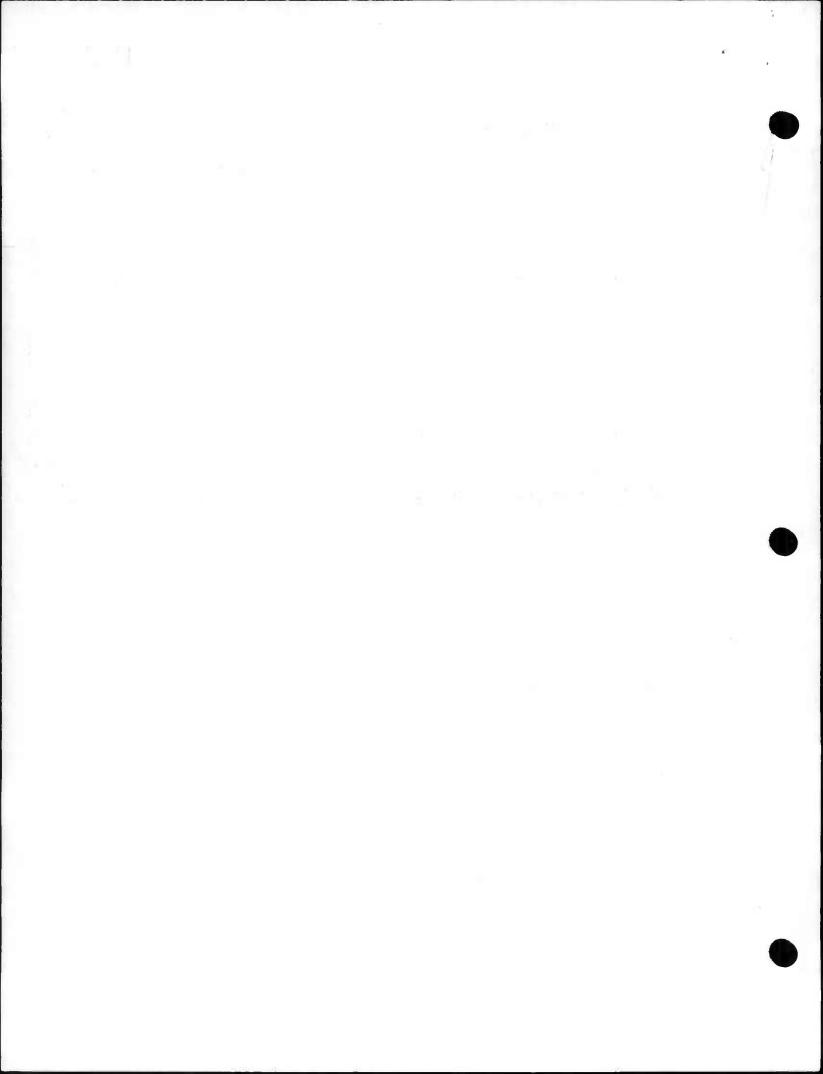
1	death
Ó	after
	SHOWS
Ś	within
2	pecuted
	90
	certificate t
Ė	death
2	the the
2	hat
2	requires 1
	aw
1	The
2	PHYSICIAN:
DIVISION OF VITAL RECORDS, F.O. BOA 13149,	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mouns after death
=	80
_	HOSPITAL

7. DATE OF BIRTH (Month, Day, Year 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS 1 M 2 RF YRS. 191-36-4694 3-20-1899 **PENNA** permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Memorial Hospital Talbot Easton RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a STATE 10h, COUNTY 10d. INSIDE CITY LIMITS? TALBOT MARYLAND EASTON 1 YES 2 1 NO 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE burial-transit R.D. #3, BOX 247 21601 U.S. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify if yes, specify Cuben, Mexican, Puerto Rican, stc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 TO NO 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specific-BY 3 NIdowed 4 Divorced 5 should be detached for use as the WHITE ETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp College (1-4 or 5+) COMPL 8 0 HOUSEWIFE 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname) notified at JOHN GAUGHAN BRIDGET KANE ш 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. INFORMANT'S NAME (Type/Print) 0 MARIE W. FAVINGER #3, BOX 247 EASTON, MARYLAND 21601 page pe 20e. METHOD OF DISPOSITION 7-11-1990

1 Description 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State must director, 4 Donation 5 Other (Specify) ST CHARLES CEMETERY SUGAR NOTCH, PENNA examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY NEWNAM FUNERAL HOME funeral M.E. Newya 200 S. HARRISON ST. MD. 21601 EASTON. filled in by the fillen, or removal, medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory arrest, Approximata shock, or heart fellure. List only one cause on each line. interval Betwe Onset end Death IMMEDIATE CAUSE (Final the cremation, disesse or condition completely resulting in deeth) traumatic event, DUE TO (OR AS A CONSEQUENCE OF): hysician and com prior to burial, o demen CERTIFICATION Sequentially list conditions, if eny, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING DUE TO JOR AS A CONSEQUENCE OF: CAUSE (Disesse or injury other attending phy ntal Hygiene p that initiated events resulting in death) LAST ò signed by the atter Health and Mental amy Injury, PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 | NO OF DEATH? Shows 1 YES 2 NO been t. of has be Dept. PHYSICIAN: g 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) certificate h Tem HOSPITAL: OTHER: 1 TES 2 NO atlant 2 - ER/Outpatient 3 - DOA me 5 - Residence 8 - Other (Specify) 9 27. MANNER QE OEATH 28a, DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d DESCRIBE HOW INJURY OCCURED marked, this ( Natural 5 Pending 1 YES 2 NO BY After 1 Investigation 2 Accident 28s. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be determined .00 COMPLETED DIRECTOR: hours after 4 Homicide 28 item \*\*\* CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, data and place, and due to the cause(e) and manner so stated. FUNERAL within 72 ! investigation, in my opinion, death occured at the time, date end place, end due to the cause(a) and manner as stated. IMPORTANT: 29b. SIGNATURE AND TITLE-OF CERTIF 29c. LICENSE NUMBER 29d. DATE SIGNED (Month. Day. Year) 8 五五章 2575 223 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type K.B 508 -· JANCHET M.D. 32. REGISTRAR'S SIGNATURE Lati. JUI 10'90

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 



BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24700ns after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunat-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL			F HEALTH AND I	MEN	TAL HYGIENE REG. NO.			to The TO
	1. OECEOENT'S NAME (First, Middle, Last)						ATE OF DEATH			3. TIME OF DEATH
	Hallie B Wi	llis				M	7-8-90		RABY	6:53 AM
ļ	4. SOCIAL SECURITY NUMBER 5.		n yrs. lasi birthday)	IF UNDER 1 Y		7. D	ATE OF BIRTH fonth, Day, Year)		8. BIRTH Countr	PLACE (State or Foreign
	216-10-5372	□ M 2 🗓 F 8	3 YRS.	MONTHS D	NYS HOURS MIN.		08 28 0	6		land
	9e. FACILITY NAME (If not institution, give street	end number)		9b. CITY, TO	WN OR LOCATION OF DE	ATH		9c. COU	NTY OF D	EATH
5	Memorial Ho	spital			Easton			Ta	1bo	
<u> </u>	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR L	OCATION					10d, INSIDE CITY
DIRECTOR	Maryland Talbo	ot		East	on					LIMITS?
	10e. STREET AND NUMBER				10f. ZIP CODE			10g. CIT	IZEN OF V	WHAT COUNTRY?
BY FUNERAL	Route 6, Box 40				21601			USA	1	
5		WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED		DECENDENT OF HISPAN			or No —	14. RACE	E — American Indian, k, While, etc.
<u>_</u>	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA			s, specify Cuben, Mexica YES 2 X NO Specifi		rto Hicen, atc.)		Speci	
		au 1				_				ite
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade com	pleted)	(Give kind of	Work done duri	PATION ng most of working		16b. KIND OF BUS	INESS/IN	DUSTRY	
٦	Elementary/Secondary (0-12) C	ollege (1-4 or 5+) 4			d nurse		medica	a 1		
8	17. FATHER'S NAME (First, Middle, Last)	-1	1091	, cor o		ME (FI	rat. Middle. Maiden S			
Ö	William Alonza	Willis			Marc	ıar	et Boo	+h		L H. BUL -
BE	19e. INFORMANT'S NAME (Type/Print)	***************************************	195. MAILING	ADDRESS (S	treet end Number or Rural			The second second		
이	Anne M. Willis		Rt.	6 Вох	40, Eas	to1	n MD 2	160	1	
	20e. METHOD OF DISPOSITION 7	11/90 20b	PLACE OF DISPO	SITION (Name	of cemetery, crematory or		20c. LOC	ATION —	City or To	own, Slate
	4 Donallon 5 Other (Specify)		pring		Cemetery		Ea	sto	n, l	Maryland
	21, SIGNATURE OF FUNERAL SERVICE LICENS	SEE		- 1	Wnam Fun					
	JOHN R.	MERCI	ER=N)		ston, Ma					
	23. PART I. Enter the disease, or com shock, or heart fellure. List							atory ar	rest,	Approximate Interval Between
	IMMEDIATE CAUSE (Finel	0		r	1 0		4			Onset and Death
	disease or condition resulting in deeth)	Carde	N ICE	1pir	you in	re	1			Search
		DUE TO (OR AS A	CONSEQUENCE	FD/	11/1	1	1			701
CERTIFICATION	Sequentially list conditions, b	DUE TO (OR AS A	CONSEGUENCE	PE:	in cong	4	rapin	*		01005
X	If any, leading to immediate cause. Enter UNDERLYING	HUDE	leur	und la	Anterioskleroli Hear Year				Years	
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO OR AS A	CONSEQUENCE	F):	Q + 1	1	1 ^ 1	11	1	1/4
	resulting in death) LAST		Ksery	with	Remole 12	40	cardiale	ME	rohi	(188)
	PART II. Other significent conditions of	antributing to deeth b	ut not resulting	In the unde	riying ceuse/given in	Part	I. 24s. WAS AN		248	o. WERE AUTOPSY FINDINGS
SAL		nactur		Ru	M his		PERFOR	/		MAILABLE PRIOR TO COMPLETION OF CAUSE
입	with a	1 Doseans	w/2/1/	June	en 7/4/	60	1 TYES 2	<b>A</b>		OF DEATH?
<u> </u>		7		0	1 11	-				
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. PLACE OF OEATH (C/	heck or	nly one)			
ह्र ।		OSPITAL:	oatlent 3 🗆 DOA	OTHER:	Home 5 Residence	6 🗆	Other (Specify)			
둞	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	26b. TII	JURY) 28	c. INJURY AT WORK?	28d	DESCRIBE HOW IN	JURY OC	CURED	1
ΒY	1 Natural 5 Pending 2 Accident Investigation	7 03	190 7		1 TYES 2 NO	_	1-ell i	n 9	aro	(
	3 Suicide 5 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe-	ony		, office	281.	City of Town, State)	nd Numbe	or Aurel	Route Number,
<u> </u>	20a CENTIFIED		1-arm				nar	ac !	100	ron
COMPLETED	(Check only									
ଥି	2 MEDICAL EXAMINER: (	or the basia of examinatio	n end/or investigati	on, in my opir			date end place, en			
8	296. SIGNATURE AND TITLE OF CERTIFIER	11/0-1	h		29c. LICENSE NU	MBER	1-	29d. DA	TE SIGNE	(Month: Day, Year)
ဥ	30. NAME AND ADDRESS OF PERSON WHO C	OMPCETED CAUSE OF BE	ATH (ITEM 27) (Turn	e. Print)	1000	1	2		2	1170
	WMAU	VOOD 3	IV	,	EASTO	N	Mar	yl	uf	· ·
	31. DATE FILED (Month, Day, Year)  JUL 10 '90	32. REDISTRAR'S SIGN	ATURE OFFICE	施				1		

ijS.

## . Page 6 may be retained by the hospital or attending physician. ral director, page 5 should be detached for use as the burlat-transit permit. Pages **IMORE, MARYLAND 21203-3146**

BALTIMORE, MARYLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a few safer death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache he filed within 72 hours after death with the State Debt, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	vithin nours after deal	pletely filled in by the fun remation, or removal.	ent, the medical exa-
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	sertificate be executed w	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the liber within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	other traumatic eve
ECORDS, P.(	equires that the death c	in signed by the attend if Health and Mental Hy	nows any injury, or
OF VITAL RI	PHYSICIAN: The law re	this certificate has been with the State Dept. o	arked, or Item 23 st
DIVISION	STAL OR ATTENDING	RAL DIRECTOR: After 72 hours after death	: If Item 28 is ma
	TO THE HOSP!	TO THE FUNE) be filed within	IMPORTANT: If Item 28

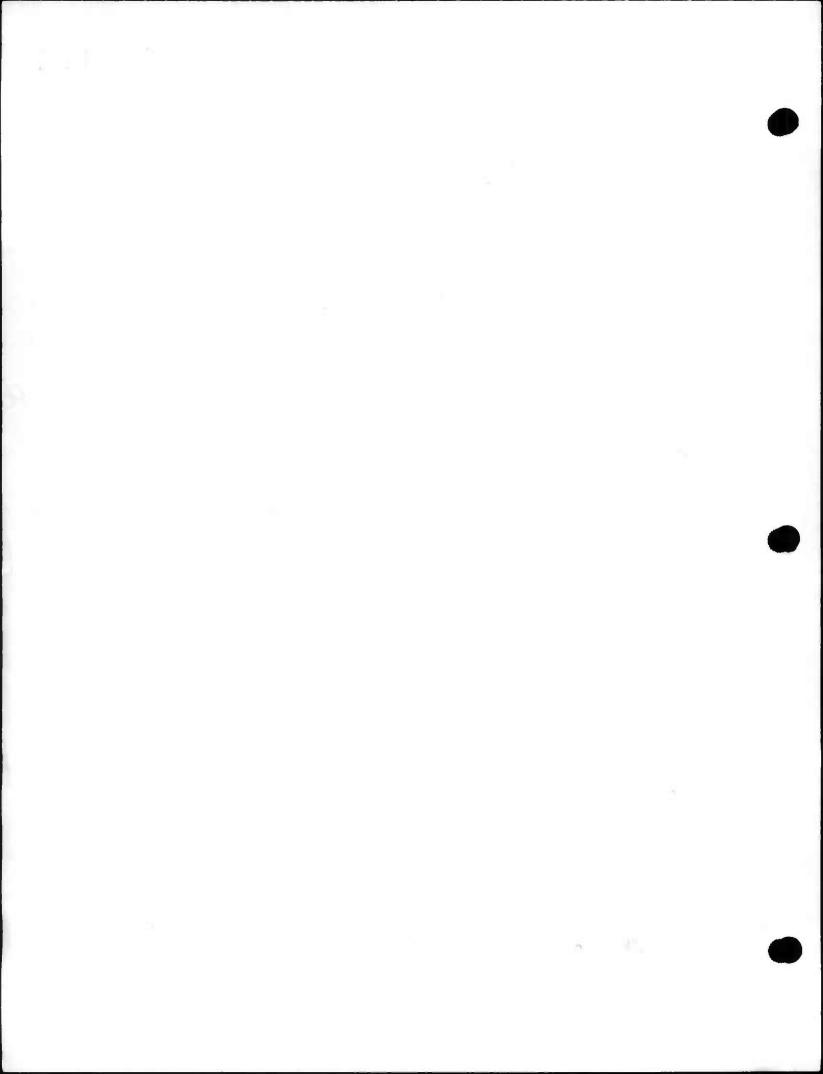
OR TATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
GISTRAR	CERTIFICATE OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYLA		ENT OF HEALTH		AL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) HTLDA B	RUFF W	ILKIN	SON	2. DAT MON	TE OF DEATH DAY	90	3. TIME OF DEATH		
		1 □ M 2 🔀 F	86 YRS. MONT	NDER 1 YEAR FUNDER THE DAYS HOURS CITY, TOWN OR LOCATION	MIN. (Mo	E OF BIRTH nth, Day, Year)  16 1903  9c. COI	Count	yland		
TEOLOGIC I	212 Park Avenue	e	10c. CITY, 10	Ridgely		Cai	roli	10d. INSIDE CITY		
	Maryland 100. STREET AND NUMBER	Caroline		Rido		10g. Cr	TIZEN OF V	LIMITS?  1 YES 2 NO WHAT COUNTRY?		
	212 Park Avenue  11. Marital status 1  Never Married 2 X Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO		n, Maxican, Puert	DIN? (Specify Yes or No— o Rican, etc.)	14. RACI	S . A .  E — American Indian, k, White, etc.		
1110	3 Wildowed 4 Divorced  15. DECEDENT'S EDUC. (Specify only highest grade of the content of the co	ATION ompleted)	16a. DECEDENT'S USUA	- 25	11	6b. KIND OF BUSINESS/IN	Cau	casian		
	7th gr.  17. FATHER'S NAME (First, Middle, Last)	none	Clerk	18. MOTI	IER'S NAME (Firs	Posta		1		
9 9	Capt. Samuel  19a. INFORMANT'S NAME (Type/Print)	Lewis	19b. MAILING ADD	RESS (Street and Number		Hubbard imber, City or Town, State, 2	Ip Code)			
	Burton M. Wilk:  20a. METHOD OF DISPOSITION 1 S Burlel 2 Cremetion 3 Remore 4 Donation 6 Other (Specify)	val from State	PLACE OF DISPOSITION other piece)	N (Name of cometery, cren		20c. LOCATION -	- City or To	wn, State		
	21. SIGNATURE OF FUNERAL SERVICE LICE		Denton Co	Moore F	uneral	Home, P.	. A .	aryland		
	23. PART I. Enfor the disease, or co shock, or heart failure. L IMMEDIATE CAUSE (Final disease or condition resulting in death)	me to s	tatic	breast			rrest,	Approximate Interval Between Onset and Death 3		
	Sequentielly list conditions, if sny, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST									
	PART II. Other significant conditions		at not resulting in th	a undariying cause	given in Part i.	24e. WAS AN AUTOPS' PERFORMED? 1 YES 2 NO	Y 24t	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
TI GIOLDIN	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1   YES 2   NO   1   Inperiant 2   ER/Outpetlant 3   DOA   4   Nursing Home 5   K Residence 6   Other (Specify)									
	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF		28d. 0	DESCRIBE HOW INJURY O	CCURED			
- 10	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, farm, street	, factory, office	26f. Li	OCATION (Street and Numb ity or Town, State)	er or Rural	Route Number,		
	enel	EIAN: To the best of my knowlers on the basis of examination						a) and manner as stated.		
1	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	MO.	THE STATE OF THE PARTY	03	3768	29d. D/	5/2	(Month, Pay, Year)		
	31. DATE FILED (Moriti, Day, Year)	32. REGISTRAR'S SIGNA	PU B	0 x 660	0	MION	MI	21629		
	MAY 29 '90	Julia D	evidson-Rand	02						

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be elected within 2-mouts after death. Page to may be treatined by the inception of attending physician and completely filled in the function, page 5 should be detached for use as the buriat-th effect within 12 bours after death with the State Dept. of Health and Mental Hygher prior to burial, crientation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
---

FOR 1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMENT		MENTAL HYGIENE REG. NO.						
1. DECEDENT'S NAME (First, Middle, Las				2. DATE OF DEATH		3. TIME OF DEATH				
IRENE		WALKER		7 14	90	5:10 P M				
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs.			7. DATE OF BIRTH	8. Bit	RTHPLACE (State or Foreign				
220-96-1512	1 - M 2 PF 9	YRS.	DAYS HOURS MIN.	(Month, Day, Year) 11-28-80		Maryland				
9a. FACILITY NAME (If not institution, give			OWN OR LOCATION OF DE	ATH	9c. COUNTY O					
Easton Memoria RESIDENCE OF DECEDENT 100. STATE 100. COUNTY	I Heepital	E	aston		Caro]	ine				
10a. STATE 10b. COUR	VTY ,	10c. CITY, TOWN OR	LOCATION			10d. INSIDE CITY LIMITS?				
Maryland Car	coline	Greens	boro			1 Pres 2 NO				
	_		101. ZIP CODE		10g. CITIZEN C	F WHAT COUNTRY?				
10e. STRIET AND NUMBER  11. MARITAL STATUS  1 Never Married 2 Married	563		21639		451	$\Delta$				
11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S.	ABMED 13. W	S DECENDENT OF HISPAN		or No- 14. R	ACE — American Indien, lack, White, atc.				
	FORCES? 1 YES 2		yes, specify Cuban, Mexica YES 2 NO Specify		100	pecify:				
						Black				
15. DECEOENT'S EI (Specify only highest grate Elamontary/Secondary (0-12)  ELEMON 17. FATHER'S NAME (First, Middle, Last)	DUCATION 16a.	Give kind of work done du	UPATION ring most of working	16b. KIND OF BUS	INESS/INDUSTR	γ				
Elamentary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use retired.)								
E/em.										
17. FATHER'S NAME (First, Middle, Lest)	11 11 1.		16. MOTHER'S NA	ME (First, Middle, Maiden S	Surname)					
Lloyd Agytie	ld Hox ter		Patricis	a Walker	Bell					
19a. INFORMANT'S NAME (Type/Print)	12 11	19b. MAILING ADDRESS (	Street and Number or Rural	Route Number, City or Town	, State, Zip Code,	)				
19 Tricia walle	r Dell	Kt. I PO Box		ensboro						
20a. METHOD OF DISPOSITION 1 Description 2 Cremation 3 Recognition		CE OF DISPOSITION (Name place)	e of cemetery, crematory or	20c. LOC	ATION — City o	r Town, Stata				
4 Donation 5 Other (Specify)		Sandto	wn Cemete	ry ///!	boro,	1 gry land				
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	22 N	AME AND ADDRESS OF FA	Services	,	,				
Bennie Z.	Smith	RO	Rux 928 +	turbak Me	1216	43				
IMMEDIATE CAUSE (Final disease or condition reaulting in death)	a. Drowming oue to (on as a con					Interval Between Onset and Daath				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa reaulting in death) LAST	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa Due To (OR AS A CONSEQUENCE OF):									
	_ d									
	er significent conditione contributing to deeth but not resulting in the underlying cause given in Part I.  24s. WAS AN AUTO PERFORMED  1 [X] YES 2 [N]									
				—		X□ YES 2 □ NO				
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C)	neck only one)						
EXAMINER? 1 X YES 2 NO	HOSPITAL:	OTHER:								
27. MANNER OF GEATH	1 ☐ Inpatient 2 🂢 ER/Outpatien  28a. DATE OF INJURY	28b. TIME OF 2	ng Home 5 - Rasidence	8 U Other (Specify)  28d. DE\$CRIBE HOW II	JURY OCCUPE	D				
1 Natural 5 Pending	(Month, Day, Year)	INJURY	WORK?	Subject						
2 Accident Investigation 3 Suicide & Could not	28a PLACE OF INJURY - A	3:30p M		281, LOCATION (Street a						
4 Homicide 6 Could not determined	building, atc. (Specify)	water	,,,	City or Town, State)						
29a. CERTIFIER						ge, Greensbor				
(Check only	IYSICIAN: To the best of my knowledge IINER: On the basis of examination end	/				Md.				
III bandsionature and title of reets	FIGH OF	1/4	294, LICENSE NU	MBER	20d, DATE SIN	NED (Month, Day, War)				
1 Days Fr	dalla A	- / FOK		THE PROPERTY OF THE PARTY OF TH						
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF BEATH	(ITEM 27) (Type, Print)		OCME	/-	15-90				
V	olan, M.D.	111 Penn S	treet I	Baltimore,	MD 2120	)1				
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATUR	on-Aandell								



MD

OHMH-15 Rev 1/89

1 - FOR STATE REGISTRAR

OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	and the second s
artificate be executed	man after metalline and annual
artificate be execu	Man and and and and
artificate be	Mary and and and and and and
artificate	A
	2
3	1
death	- 44
a a	
that	4 4
ires	
9	
- Ag	
Ę	
AN.	
SICI	
5 €	
DING	
EN	
- E	-
8	
SPITAL	-

										2. OATE OF OEATH 3. TIME OF OEATH						
		CARR			WILLE						MON'	TH	20	90 6	:00	Р. м
		4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yr:	s. last birthday)	IF UNDER t		IF UNDER			OF BIRTH		8. BIRTHPL		or Foreign
		219-56-1574		1 M 2 X F	84	YRS.	MONTHS	DAYS	HOURS	MIN.		6, 1		CHARL	FS CO	IINTY.
should	1	9e. FACILITY NAME (If not in	stitution, give str	reet and number)			9b. CITY,	rown (	OR LOCATION	ON OF O		-, -		NTY OF OEA		OIII I
2, 3	СТОВ	St. Mary's Hospital					Leonardtown St. Mary					Mary	S			
Pages 1,	E C	10e. STATE		10c, CIT	Y, TOWN OF	LOCA	TION					10	d. INSIDE			
	DIRE	MARYLAND	CHA	ARLES		ACC	OKEEK							1	YES 2	
burial-transit permit.	BY FUNERAL	10e. STREET AND NUMBER			10f. ZIP COOE 10g.						10g. CI1	IZEN OF WH	T COUNTR	Y7		
ansit		15701 JOHN I		20607								USA				
rial-tr		11. MARITAL STATUS	T EVER IN U.S	ARMEO					PANIC ORIGIN? (Specify Yes or No— 14. RACE — Black, 1			American Vhite, etc.	Indian,			
use as the		1 Never Merried 2 3 Widowed 4 Divo			IF YES, GIVE WAR OR DATES 1 ☐ YES 2 X NO S										WHIT	Έ
as	8	15. OEC (Specify only	EOENT'S EOUC y higheat grade o	ATION completed)	164	. OECEOENT'S (Give kind of	work done di			ng	16	b. KINO OI	BUSINESS/IN	OUSTRY		
ğ	LET	Elementary/Secondary (0		College (1-4 or 5 +	•)	ille. Do NOT us										
be detached at once.	COMPL	1ST GRADE				HUME	MAKER				N/A					
e detach	8	17. FATHER'S NAME (First, M EDGAR ATCHII							18. MOTI				iden Sumeme)			
5 should notified	TO BE	19a. INFORMANT'S NAME (				105 11 11 1010	1000500	(Charact	and Mumba			PADGE	r Town, State, Z	in Condal		
		LOUISE ARNOI											EEK, M		507	
		200 METHOD OF DISPOSITION 1 LA Burlai 2 Cremetton 3 Removal from State 4 Donatton S Other (Specify)				ACE OF OISPOS or place) IST CH	SITION (Nan			,				N — City or Town, State EEK, MARYLAND		
ner n		21. SIGNATURE OF FUNERA		PNSEB /	_ T OTTIC	131 611					CILITY -	THE P	IUNTT F	TINEDA	HOM	E INC
e funeral dir al. examiner		►WILL	KUSK	de	P								, MARY			
this certificate has been signed by the attending physician and completely filled in by the funeral directior, page with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.  Indeed, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be	PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentielly list condit if any, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS  PART II. Other significations of the condition of the condi	ions, diete ling in ant condition:	DUE TO OUE TO OUE TO	GOR AS A CO GOR AS A CO GOR AS A CO GOR AS A CO GOR AS A CO	NSEQUENCE O	OTHER	26. F:	PLACE OF C	given in	Part i.	24a. Will PE 1 V. one)	S AN AUTOPSY RFORMEO? ES 2 NO	2 24b. W	Intervi	OF CAUSE
After this leath with marked	ВУ	2 Accident	Investigation	200 BLACE O	E IN ILIOV	At home, ferm,			YES 2	NO	201.10	CATION (	treet end Numb	as as Brigal Bar	to Atumbus	
after of 28 Is	ETED	3 Suicide 6 4 Homicide	Could not be determined	building,	etc. (Specify)	st none, term,	street, facto	ry, on				ty or Town,		er or nurell not	ne numoer,	
Hours Hom	MPLE	290. CERTIFIER (Check only	TIFYINO PHYSIC	CIAN: To the best of	my knowledg	e, death occur	red at the ti	ne, dat	le end place	, and du	e to the c	ause(e) en	d menner ee st	ated.		
2 N 5=	COM	one) —	ICAL EXAMINE	R: On the basic of e	xamination en	d/or Investigati	on, in my o	oinion,	death occu	red at the	time, da	ite end pla	ce, end due to	the cause(e)	nd manner	ee stated.
TO THE FUNERAL be filed within 72 h IMPORTANT: If I	BE C	29b. SIGNATURE AND THE	or CERTIFIER	7. 1	9			-	29c. LIC	ENSE NU			29d. O/	TE SIGNEO	tonth, Day,	Ybar)
2 8 2	٩	30. NAME AND ADDRESS O	E DEBSUN Apri	O COMPLETED CALL	SE OF DEATH	OTEM 27 (To	a Printl		11/2	5 2	250			1/2	1/7	
	ľ	David C			OL OF VEATR	(++ Cm Zr) (1)/pi	m, r:nn()		Tier	onar	dtow	m. M	arylan	d 206	550	
		31. DATE FILED (Month, Day,		32. REGISTRA	AR'S SIGNATU	RE		_	ne c	OTTOM!	a 50 h	4	J		,,,	
		JUL 2		Sel	. Saint	- Band	. 00									
							-									

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

3. TIME OF DEATN

4:48

PM

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Darlene Louise Wisner

1 -

ģ	within
, P.O. BOX 13146	DUTAL OF ATTENDIAG BLACKHIAN. The faw requires that the death certificate he executed within
K	2
). BC	artificate
٠.	0
7	deat
Ž.	the
DIVISION OF VITAL RECORDS,	that
5	282
ı L	ing
r	3
_	5
⋖	É
_	AN.
	5
<u> </u>	S
	ä
Z	MIC
$\subseteq$	1
S	Ě
2	0
	0
	DITA

7. DATE OF BIRTN (Month, Day, Year A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 8. BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. PLACE (State or Foreign DAYS 1 🗌 M 2 💢 F 219-42-4937 June 23, 1944 Maryland Pages 1, 2, 3 should 9b. CITY, TOWN OR LOCATION OF DEATN 9a. FACILITY NAME (If not institution, give street and number 9c. COUNTY OF DEATH Frederick Memorial Hospital Frederick DIRECTO Frederick RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY LIMITS? Washington Hagerstown 1 X YES 2 NO Maryland permit. 10e. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE burial-transit 1878 Abbey Lane 21740 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-14. RACE - American Indian, Black, White, atc. If yea, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 YES 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: BY 3 Widowed 4 X Divorced use as the White 15. DECEDENT'S EDUCATION 16a, DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp during most of working (Give kind of work done life. Do NOT use retired.) COMPLET for Retanded Assistant Ď Elamentary/Secondary (0-12) College (1-4 or 5+) Direct Care detached Care for Retarded 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 8 듇 Robert Osborne Ida Belle Vetter (Beard) notified funeral director, page 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 c/o 1878 Abbey Lane, Hagerstown, Md. 21740 Wendy DeSimone pe 20a, METNOD OF DISPOSITION
1 M Burial 2 Cremation 3 Removal from State 20c. LOCATION -- City or Town, State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or must 4 Donation 5 Other (Specify) Paul Lutheran Church Cem. Uniontown, Maryland 22. NAME AND ADDRESS OF FACILITY Stauffer Funeral Homes, P.A examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 1 1621 Opossumtown Pike, Frederick, MD 21701 Than muler the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, **Approximata** filled in by ahock, or haart fallure. List only one cause on each line. interval Batween 6 **Onset and Death IMMEDIATE CAUSE (Final** hepatic failure the cremation, disease or condition DUE TO (OR AS A CONSEQUENCE OF): completely forclore reaulting in death) traumatic event, extensive Hodgkin's disease and com o burial, x6-201916 9 6 CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF) Hygiene prior to if any, leading to immediate physician cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF) that initiated events the attending p resulting in death) LAST ò Injury, PART II. Other aignificant conditions contributing to death but not requiting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL signed by the shows any COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 | YES 2 | NO has been : Dept. of P PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL: Item certificate h OTHER: 1 YES 2 NAO nt 2 - ER/Outpetlant 3 - DOA ne 6 - Residence 6 - Other (Specify) IMPORTANT: It item 28 is marked, or 27. MANNER OF DEATH 28a, DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED this c 1 Natural 2 Accident 5 Pending 1 YES 2 NO BY death Investigation After 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 26a. PLACE OF INJURY — At home, farm, street, tectory, office building, atc. (Specify) 3 Suicide 6 Could not be FUNERAL DIRECTOR: within 72 hours after 4 Nomicide COMPLET 29a CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE THE 46 20 90 23 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) 18 1990 DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2. DATE OF DEATH

July

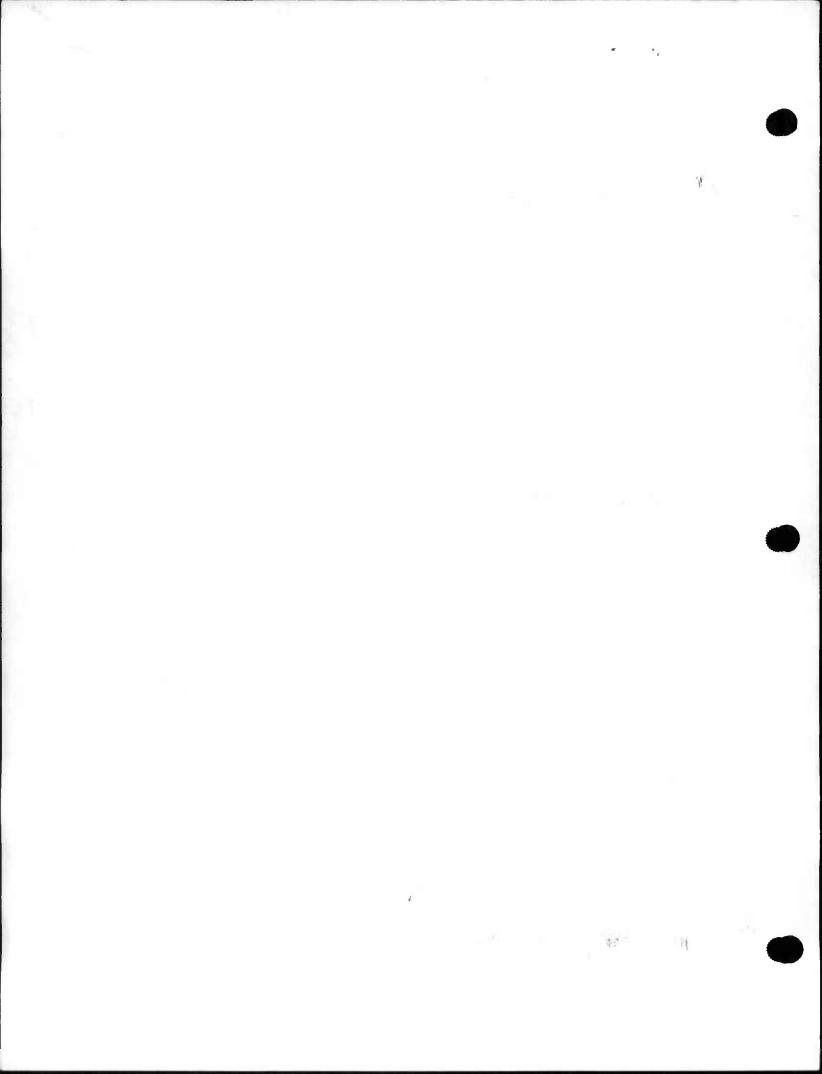
16

1990

at at	nse	
0 R	ĮQ.	
Spit	<u>B</u>	1
e ho	etac	nce
y th	oe d	31.0
2	펄	pe
rtain	sho	-
96	9	00
lay.	pag	t b
9	ctor,	nus
age	dire	70
P. P.	eral	E
deat	fun.	Bran
fter	the	100
50	P P	palic
ē	pe o	Ē
2	y fill	the
Tig.	letel	J.
Pa	omo:	ě
ecut	bud	atic
9	an a	E
de b	prior	E
tifica	and C	her
8	Hyding	0 1
eath	afte	2
he d	the	-
hat t	and and	2
es t	gne	60
qui	I He	30
₩.	bee	8
le la	has	2
Ë	cate	4
CIA	ertifi the	2
ĘŞ.	is c	-
6 2	er th	and
NO	Aft	
E	TOR.	80
RA	REC	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24mours after death. Page 6 may be retained by the hospital or at	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use the within 22 hours after death with the State Dent, of Health and Mental Hydiene prior to burfal, cremation, or removal.	ADDITIONAL How 28 is marked or lies 23 shows any injury or other traumatic event, the medical examiner must be notified at once.
PITA	ERA	i i
ջ	FUN	TAN
뽀	H	200
0	2 5	1

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAI	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - STATE OF MA	RYLAND / DEPARTM CERTIFICA			MENTAL HYGIENI REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH	
	RUTH O. 1	TASCHENBERGER 1	WILSON		July 18,		1:16 a M	
-		. AGE (In yrs. last birthday)	UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIRTH	a PIDT	HPLACE (State or Foreign	
i	214-07-6408 1	73 YRS. MON		HOURS MIN.	DEC. 14,19	16 MAF	RYLAND	
5	Memorial Hospital			nberland		Allegany		
<u>.</u>	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY	10c, CITY, TO	WN OR LOCATI	ON		10d. INSIDE CITY		
DIRECTOR	MARYLAND ALLEGANY		BERLAN			LIMITS?  t ☐ YES 2 ☐ NO  10g. CITIZEN OF WHAT COUNTRY?		
LONERAL		10e. STREET AND NUMBER 10f. ZIP CODE						
	537 WINIFRED ROAD			21502		USA		
פז דט	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced  12. WAS DECEDENT, FORCES? 1 [2]  IF YES, GIVE WAR  W. W. J.	OR DATES	if yes, spe	elfy Cuban, Maxican 2 NO Specify	Blec	14. RACE — American Indian, Black, White, atc. Specify: WHITE		
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a, DECEDENT'S USU	AL OCCUPATIO	N .	16b. KIND OF BUS	INESS/INDUSTRY	222247704	
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind of work life. Do NOT use ret CLERK	ired.)	t or working	,	ANESE CO TO LABOR	RPORATION	
2	17. FATHER'S NAME (First, Middle, Last)	OLLINI		16. MOTHER'S NAI	ME (First, Middle, Melden		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
SE C	THOMAS F. TINGLER			ESSIE N	MAY CHANEY	3397 (27)		
2	190. INFORMANT'S NAME (Type/Print) CARL A. WILSON				CUMBERLAN		1502	
	20s. METHOD OF DISPOSITION	20b. PLACE OF DISPOSITIO				CATION — City or 1		
	1 🕅 Burial 2 🗆 Cremation 3 🗆 Removal from State 4 🗆 Donation 6 🗆 Other (Specify)	DAVIS MEMO					MARYLAND	
i	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1 0/11/20 11/21/0	22. NAME AN	D ADDRESS OF FA	CH FUNERAL	HOME D	^	
l	Mender D. Uxhurch				., CUMBERL			
	23. PART I. Enter the diseases, of complications that a shock, pr heart fellure. List only one cause	coused the deeth. Do not	enter the mo	de of dying, suci	h ss cerdlec or respi	ratory srrest,	Approximate interval Between	
	IMMEDIATE CAUSE (Final	^	11	- 1			Onset and Death	
	disesse or condition s.	erebyal	_ 140	emorrh	age		11 days	
,	DUE 10 (C	H AS A CONSEQUENCE OF):			0			
HIFICALION	If any, leading to immediate	R AS A CONSEQUENCE OF):						
5	CAUSE (Disease or injury	OR AS A CONSEQUENCE OF):						
	that initiated events resulting in death) LAST	HAS A CONSEQUENCE OF):						
5	d.				5 I			
3	PART II. Other significant conditions contributing to d	eath but not resulting in t	he underlying	j ceuse given in	PERFOR	MED?	b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE	
EDIC	- Hypertensin	<del></del>			1 _ YES 2	RO	OF DEATH? 1 YES 2 NO	
Σ					_		1 1 1 2 2 1 1 10	
Ž	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			ACE OF DEATN (Ch	eck only one)			
HYSICIAN:	1 YES 2 NO 1 Inpatient 2		THER:  Nursing Nom	e 5 🗆 Residence	6 Other (Specify)			
o∟ I	27. MANNER OF DEATN 26e. DATE OF # (Month, Day) 1 Netural 6 Pending		WO	RK?	28d. DEŞCRIBE HOW I	NJURY OCCUREO		
2	2 Accident Investigation 28e, PLACE OF	INJURY — At home, farm, stree	M 1 1		281, LOCATION (Street	and Number or Rura	I Route Number	
	3 Suicide 6 Could not be determined 286. PLACE OF building, et	tc. (Specify)	n, radioly, and		City or Town, State)		, roota ramoo,	
MPLET	29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER On the basis of axa						r(a) and manner as stated.	
3	29b. SIGNATURE AND TITLE OF CERTIFIED			29c, LICENSE NUI			ED (Minth, Day, Year)	
BE		nus		D 33		D 7/1	8/96	
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE							
	Dr. Sunil Gupta, Memor		Medica	al Build:	ing, Cumbe	rland, M	D 21502	
	JUL 2 0 1990 georie Duridson Ad	'S SIGNATURE						



Pages 1, 2, 3 should

permit.

use as the burial-transit

for

filled in by the funeral director, page 5 should be detached

notified

medical

ŏ

cremation,

hospital or attending physician.

FOR

ó	HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	F FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely is within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremative.
4	onted	d corr
-	exec	and o
<	pe	cian ior 1
ם	cate	physi ne pri
ċ	certif	ding
	leath	atten ntal F
ń	he d	the Me
5	nat t	a de
5	as th	alth
2	quire	n sig
ř	V ret	beel t. of
	API 6	Dep
₹	E	ate
>	AN	rific e Si
L	SIC	th th
0	F	this
S	DING	After
20	TTEN	TOR:
DIVISION OF VITAL RECORDS, P.O. BOA 13146,	DR A	DIREC
	TAL	RAL 72
	HOSP	FUNE
		111.00

로 보를

8

23

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR 90 07 24 04:37 amm LUTHER JAMES WITT 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. OATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 M 2 | F MONTHS DAYS HOURS MIN. 75 YRS. 09-10-1914 West Virginia 232030801 9c. COUNTY OF DEATH 9e. FACILITY NAME (If not institution, give street and number, 9b. CITY. TOWN OR LOCATION OF GEATH DIRECTOR SACRED HEART HOSPITAL CUMBERLAND ALLEGANY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD ALLEGANY CORRIGANVILLE 1 TYES XX NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? P O BOX 962, CUMBERLAND, MD 21502 USA 12. WAS DECEDENT EVER IN U.S. ARMED 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO If yes, specify Cuben, Mexicen, Puerto Ricen, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 Merried Specify: BY 3 Widowed 4 Divorced WHITE ETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EQUICATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compi (Give kind of work done life. Do NOT use retired.) Elementery/Secondary (0-12) College (1-4 or 5+) LABORER RAILROAD COMPL 8 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) NOAH BENJAMIN WITT Ħ LUCY VIRGINIA ZETTY BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 ANNA V. WITT P O BOX 962, CUMBERLAND. 21502 MD pe 20s, METHOD OF DISPOSITION

Comparison of Disposition and Removal from State

4 Donation 5 Other (Specify) 20c. LOCATION — City or Town, State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or must COOKS MILLS CEMETERY HYNDMAN, PA 15545 21, SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY HARVEY H. ZEIGLER FUNERAL HOME HYNDMAN, PA 15545-0636 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such se cerdiec or respiratory errest, Approximete shock, or heart fallure/List only one cause on each line. Interval Between Onsat and Death IMMEDIATE CAUSE (Final the disease or condition HF ح 2 des event, 1 resulting in death) DUE TO (OR AS A CONSEQUENCE OF): ted Ischemic traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST shows any injury, PART II. Other significant conditions contributing to death but not requiting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO DE DEATH? 1 TES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) Item HOSPITAL: OTHER: 1 YES & NO itlant 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) ŏ 27. MANNER OF DEATH 28s DATE OF INJURY 26b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED marked, 1 Netural 5 Pending 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 261. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 69 6 Could not be COMPLETED Item 28 4 Homicide determined 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner se stated. MPORTANT: If 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(e) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER BE 0 very 0 83 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) URIEL VELANDIA, M.D. 924 SETON DRIVE CUMBERLAND, MD 21502 31. DATE FILED (Month, Day, Year 1111 2 6 1990

32. REGISTRAR'S SIGNATURE

.

5	within
12140	executed
<	8
HECORDS, P.O. BOX	JAN: The law requires that the death certificate be executed within
	death
0	岛
-	that
	requires
	AM.
ζ.	The
70	PHYSICIAN:
DIVISION OF VITAL	OSPITAL OR ATTENDING PHYSICIAN
5	OR
	OSPITAL

TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY FUNERAL DIRECTOR

STATE	0F	MARYLAND	/ DEPARTMENT	OF HEALTH	AND	<b>MENTAL</b>	HYGIENE
		C	CERTIFICATE	OF DEAT	ГН		REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	ND / DEPARTM				HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lyst)  Charlotte 4. SOCIAL SECURITY NUMBER	Marie 5. SEX 8. AGE (In)	Yania		IF UNDER 24 HRS.	2. DATE OF MONTH  7. DATE OF	7 /7	YEAR 8. BIRTHI	3. TIME OF DEATH	
	123-22-3430 9e. FACILITY NAME (If not institution, give st	1 DM 2 DF	YRS. MOH	THE DAYS	HOURS MIN. (Month, Der Veer)			9 Country) New York  9c. COUNTY OF DEATH		
TOR	Anne Arundel Medical Center Annapolis Anne Arundel									
DIRECTOR		ne Arundel		own or locat				10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
FUNERAL	104. STREET AND NUMBER  6 First Street	-		10t	27407			U.S.A	HAT COUNTRY?	
B	11. MARITAL STATUS  1 Never Merried 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 X YES IF YES, GIVE WAR OR DATE 1951-19.	2 NO ES	13. WAS DEC If yes, spi 1 — YES	ENDENT OF HISPAN city Cuban, Mexice 2 2 300 Specify	n, Puerlo Ric	Black Specif	14. RACE — American Indian, Black, White, atc. Specify: White		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	completed)	6a. DECEDENT'S USL (Give kind of work life. Do NOT use re	done during mo.		16b. K	IND OF BUSINESS/I	NDUSTRY		
APLE	Elementary/Secondary (0-12)	College (1-4 or 5+) 5 +	Nurse	,			Health	Care	9	
	17. FATHER'S NAME (First, Middle, Lust)						dde, Malden Surname Swain	)		
BE	Andrew Logue  19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a			City or Town, State,	n. Zip Code)		
임	Edwin A. Yani	iga	6 Firs	st Sti	reet, A	nnapo	olis, M	D 214	101	
	20a, METHOD OF DISPOSITION 1.bi Burlai 2 Cremetton 3 Ramo 4 Donetton 5 Other (Specify) 21. SIGNATURE OF FURERAL SERVICE LIC	A Mai	PLACE OF DISPOSITION (Control of the place)	Vetera 22. NAME AN Taylo	ins Cem do Address of FA	ral (		nsvi]	lle, MD 21401	
NC	23. PART I. Enter the diseases, or complicatione the ceused the death. Do not enter the mode of dying, such as cardiac or respiratory street, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUÊNCE OF):									
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  A. A. A. C.								3 days	
PHYSICIAN: MEDICAL C	PART II. Other significant condition	e contributing to deeth but	t not resulting in t	PE			PERFORMED?	3Y 24b.	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO	
AN:	25. WAS CASE REFERRED TO MEDICAL			28. PI	ACE OF DEATH (C)	neck only one)				
SICI	EXAMINER? 1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outpet		THER:	e 5 Residence					
РНУ	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	Y WO	URY AT	28d. DESC	RIBE NOW INJURY	OCCURED		
TED BY	1 Netural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be determined 2 Suicide 6 Homicide 1 Netural 2 No 2 No 2 No 2 No 2 No 2 No 2 No 2 N							iber or Rural I	Route Number,	
COMPLET	construction of the constr	ICIAN: To the best of my knowle ER: On the basis of axamination							a) and manner as stated.	
TO BE C	SIGNATURE AND TITLE OF CERTIFIES	Haul	TH (ITEM 21) (Type, Pr	MA	D27	33 T	3 29d. I	ATE SIGNED	(Month, Day, Year)	
	HENRY H.	ANTON,	M.D.	4	ANKLIK	St	+410	Anna	ndis 2140	
	JUL 2 0 199	O Frelia Davidson	-gandell					7		

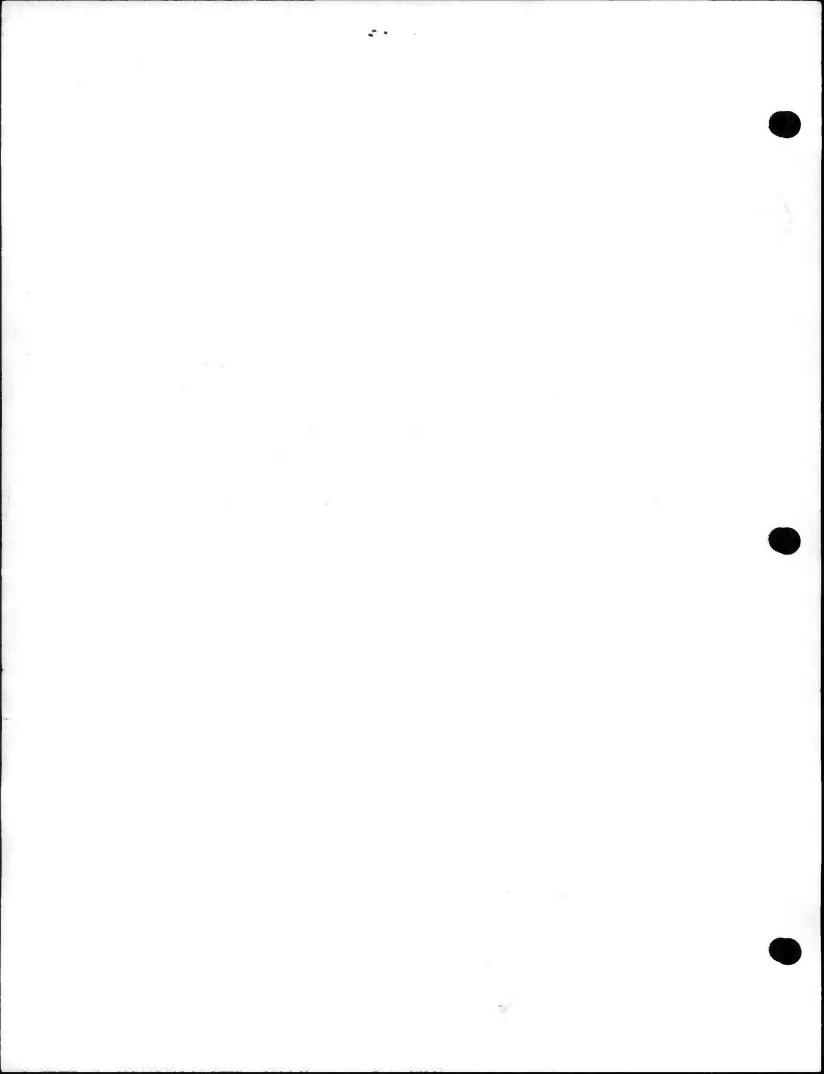
(	ST Y	L. Paris T. 2. J Should		)
BALTIMORE, MARYLAND 21203-3146	fter death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit perm. Page 7.2 should		al examiner must be notified at once.
m	fter	#	OVA	100

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burit be fled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	HEGISTHAH		- CE	-nin	ICAI	E OF	DEA	111	HE	a. NU.			
1	1. OECEDENT'S NAME (First, Middle, Lest) Will	iam	R.	Y	ianr	nakis	5		2. DATE OF DE MONTH 7-15-	DAY		YEAR	3. TIME OF DEATH  3:45PM M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIR	ETH		8. BIRTN Countr	IPLACE (State or Foreign
	212-50-4326	1∑ M 2 □ F	41	YRS.	AS. MONTHS DAYS HOURS MIN. Jan 29, 1949					9		" MD	
Ì	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF								
S S	Harford Memorial	Hospita	1		Havre de Grace Harfor					ford	County		
5	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY					22							
DIRECTOR	MD Ker					or loca rtowi	r location town					10d. INSIDE CITY LIMITS? 1 YES 2 NO	
	10e. STREET AND NUMBER					10	. ZIP COD	E			10g, CIT	IZEN OF V	VHAT COUNTRY?
FUNERAL	Rt #1, Box 119						21620			- 1		USA	
3	11. MARITAL STATUS	12. WAS OECEDEN	T EVER IN U.S. AR	MED	13	. WAS DEC	ENOENT (	OF NISPAN	IIC ORIGIN? (Spe	cify Yea	or No-	14. RACI	E — American Indian, k. White, etc.
BY F	1 Never Married	IF YES, GIVE V	K yes 2 □ N WAR OR OATES tnam	TES 1				sn, Maxica Specify	n, Puerto Ricen,	etc.)		Spec	
9	16. DECEDENT'S EDU (Specify only highest grade		(G	CEDENT'S	work done	during me		ing	16b. KIND	OF BUS	INESS/INI	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	+) lifu.	. Do NOT use retired.)					orroa	mamay	·+		
NO.	17. FATHER'S NAME (First, Middle, Last)		Al	rtll.	illary tester U.S. Govern					mmer	16		
ŏ	James Theodore Yi	annakic					Thu -		ce Jean			s	
BE	19a. INFORMANT'S NAME (Type/Print)	Latinak 15	198	b. MAILING	AOORES	SS (Street			Route Number, City				
임	Virginia Yiannakis								stertow			21620	)
	20a, METNOD OF DISPOSITION	- 30	20b. PLACE	OF DISPO								City or To	
	1X Burial 2 Cremation 3 Removal from State other place) Still Pond Cemetery Still Pond, MD												
	21. SIGNATURE OF FUHERAL SERVICE LI	CENSEE						SS OF FA	ciuty ral Hom	0			
	* Lang B.								ing	ton.	D 21651		
EDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease Dr condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  Onset and Das  Onset and Das  Onset and Das									Onset and Dastn			
E		d											
Σ	PART II. Other algnificant condition	ns contributing to	death but not i	resuiting	in the	underlyir	ig csuse	given in		PERFOR			D. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? YES 2 \( \sum \) NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. F	LACE OF	DEATH (C)	neck only one)				
25	EXAMINER?	HOSPITAL:	XER/Outpatient 3	L [] DOA	OTH		ne 5 □ 6	Pasidence	S Cother (Spe	offe)			
¥	27. MANNER OF DEATH	28a. DATE O	FINJURY	29b. TII	WE OF	29c. IN	JURY AT	testorice	2Sd. DESCRIB		JURY O	CCURED	
	Natural 5 Pending	(Month, I	Day, Year)	II.	JURY		ORK? YES 2	□ NO					
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide determined		OF INJURY — At he, etc. (Specify)	ome, farm,	street, fo	ictory, offi	ca		28f. LOCATION City or Tow		nd Numbe	er or Rural	Route Number,
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYS	ER: On the beals of											a) and menner as stated.
B	29b. SIGNATURE AND TITLE OF CERTIFIE	DV						CME	MBER		29d. DA		7–16–90
2	Ann M. Dixon,		ISE OF DEATN (ITE			enn	Stre	et,B	altimor	e,MI	212	201	VC
	31. OATE (LED (Moath, Gen Year)	A. REGISTA	AR'S SIGNATURE	dell									



BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-motives after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burla-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlat, cremation, or removal.

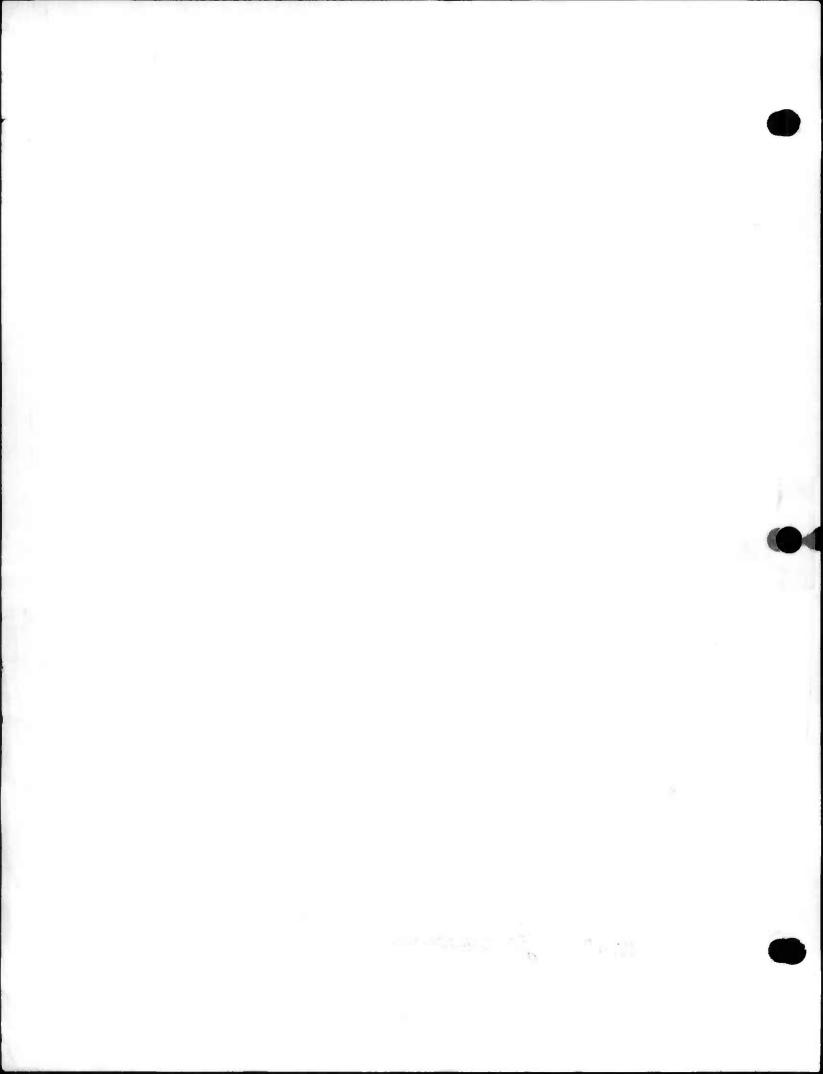
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

(Unk. #90-121)

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	CI	<b>ERTIF</b>	ICATE C	F DEATH		REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATH			3. TIME OF	DEATH	
	RONALD FREDER	ICK		ZUKNT	CK	монтн 7	15		90	3:25	Α	M
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. la:	st birthday)	IF UNDER 1 YE		7. DATE DE	BIRTH		8. BIRTH	PLACE (State		in.
	216-60-5115 12M 2 🗆 F	25	YRS.	MONTHS DAY	'S HOURS MIN.	(Month, D	ey, 16er) 7–196	5	Mar	» yland		
	9e. FACILITY NAME (If not institution, give street and number)			9b, CITY, TOWN OR LOCATION OF DEATH 9c, COUNTY OF DEATH								
DIRECTOR	Rt. 313			D	Denton				Caro	line		
<u>n</u>	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LO	CATION					10d. INSIDE	CITY	
8	MD Anne Arundel	Co.	Cro	wnsvi1	le					LIMITS		
ا دِ	10e. STREET AND NUMBER				10f. ZIP CODE			10g. CIT	IZEN OF V	OF WHAT COUNTRY?		
FUNERAL	1153 St. Stephens Church				21032				S.A.			
BY	1X Never Married 2 Merried FORCES?	NT EVER IN U.S. AI 1 YES 2 X WAR OR DATES		13. WAS DECENDENT OF HISPANIC ORIGIN? (Specififf yes, specify Cuben, Mexican, Puerto Rican, etc. 1 ☐ YES 2 ☑ NO Specify:				or No—		- America k, White, atc.		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16e. Di	ECEDENT'S	USUAL OCCUP	ATION	16b, Ki	ND OF BUS	SINESS/INI	DUSTRY			
	Elementary/Secondary (0-12) College (1-4 or 5	+)		,	most of working		_					
린	12	Equ	uipme	nt Ope	rator	Re	oad C	const	ruct	ion		
Š	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	AME (First, Mide	tle, Maiden	Sumame)				
Frederick David Zuknick Grace Ann Denver												
	19a. INFORMANT'S NAME (Type/Print)	19	D. MAILING	ADDRESS (Str	eet and Number or Rural	Route Number,	City or Tow	n, State, Zij	o Code)			
임	Grace Ann Zuknick	:	1153	St. St	ephens Chu	arch Ro	d. Cr	owns	ownsville MD 21032			
20e. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cametery, cramatory or 20c.								20c. LOCATION — City or Town, State				
ŀ	1 Buriel 2 X Cremation 3 Removal from State 4 Donation 5 Other (Specify)	other p	Me Me	tro Cr	ematory		Cat	onsv	ille	, Md		
	as a second of the design as a second of the											
Barranco Funeral Home Severna Park, MD										•		
	23. PART I./Enter the diseases, or complications th		>	_							MD 2	_
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury bot leithed annul process of the conditions).  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):											
	that initiated evants resulting in death) LAST	U (OR AS A CONSE	OUENCE C	r;						į		
B	d									1		
DICAL	PART II. Other significent conditions contributing t	o daeth but not	resulting	in the under	lying causa given ir		PERFOR	RMED?	248	AMILABLE COMPLETIO DF DEATH?	PRIOR TO IN DF CAL	
BY PHYSICIAN: ME						—				1 K YES	2 NO	
A N	25. WAS CASE REFERRED TO MEDICAL								$\perp$			
힐	EXAMINER? HOSPITAL:			OTHER:	6. PLACE DF OEATH (C			COOT				_
₹	1 ☑ YES 2 ☐ ND	☐ ER/Outpatient			Home 6 Residence			scer				_
ᅕ	(Month,	Day, Year)	28b. TH		WORK?	26d. DEŞCI				, -		
B	2 Accident Investigation /-1.	5-90	12:00	74	YES 2 K ND	Passe	enger	in:	auto	/fixed	lob	jec
	3 Suicide 6 Could not be 4 Homicide determined	OF INJURY — At h g, etc. (Spec/ly) St	reet	street, factory,	office		Town, State)			Md.	bact	
COMPLETED	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best MEDICAL EXAMINER: On the base of									e) and mann	or as stat	od.
	POLISIONATURE AND TITLE OF CERTIFIER	A	-	1	29c. LICENSE NU	MADEO		Land Da	TE DIONE	(Month, Day	Monet	
BE	WOLLEN FE (NU)	1 h	11	/		MDER		D DA			, rear)	
2	30. NAME AND ADDRESS DE PERSON WHO COMPLETED CA	ISE DE MATULAT	EM OTO C	a Print1	OCME				/-1	5-90		
	Mario F. Golle, Jr., M	I. D.	1	11 Pen	n Street	]	Balti	more	, Md	. 212	01_	
	31. DATE FILED (Month, Day, Year)  JUL 19 1990  Julian  32. EGISTI	Davids A	andall									



DHMH-18 Rev 1/89

(0	ysician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be uncorned to use the burial-transit permit. Pages 1, 2, 3 should		
BALTIMORE, MARYLAND 2103-314	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2+mours after death. Page 6 may be retained by the modern at all of physician.	ruse is the b		
NA NA	The said	discher to	1	3000
MARYL	e retained by	5 should be		notified at
MORE,	age 6 may b	director, page		er must be
BALTI	after death. P	y the funeral	noval.	cal examin
	hin 24 mours	ntely filled in b	ith the State Dept. of Health and Mental Hygiene prior to burlal. cremation, or removal.	ted, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	e executed wit	in and comple	to burial, cre	umatic ever
.O. BO	h certificate by	inding physicis	Hygiene prior	or other tra
RDS, P	that the deat	ed by the atte	in and Mental	amy injury,
L RECO	law requires	as been sign	Dept. of Healt	23 shows
F VITA	YSICIAN: The	s certificate h	ith the State [	ed, or item
SIONO	TTENOING PH	TOR: After thi	after death wi	28 Is marke
	SPITAL OR A	NERAL DIREC	be filed within 72 hours after death with 1	MPORTANT: If item 28 is marked,
	TO THE HO	TO THE FU	be filed wit	IMPORTA

10	TEGIOTIVAL							-				
	1. DECEDENT'S NAME (First, Middle, Last)  Ida ALLEN	IDED							2. DATE OF DEATH	AY 1 0 0 0	VEAD	ME OF DEATH
	4. SOCIAL SECURITY NUMBER		8. AGE (in yrs. last	historia de la					August 1,	1990		(State or Foreign
	0 1 - 11 1 1 - 1	5. SEX	6. AGE (IN YES. 1815)	YRS.	MONTHS	DAYS	IF UNDER	MIN,	7. DATE OF BIRTH (Month, Day, Year)	i ii	Country)	D.
- 1	9a. FACILITY NAME (If not institution, give s		66	11101	ab CITY	TOWN (	OR LOCATI	ON OF DE	2 .1	-	NTY OF DEATH	
œ	FRANKIN S	i Line	Harrist	1	30. 011	, 101111	JII EUUNII	ON OF DE	ALT.		imore	- 1
읽	RESIDENCE OF DECEDENT	LINE	MOSPITI	14/						Dar	TINOTE	
DIRECTOR	10a. STATE 10b. COUNT	4/10.		10c. CIT	Y, TOWN	OR LOCA	TION					INSIDE CITY LIMITS? YES 2 1 NO
	10e. STREET AND NUMBER					10	. ZIP COD	E		10g. CIT	IZEN OF WHAT	COUNTRY?
FUNERAL	100 Albera	Ct					210	22	7		USA	
2	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDED FORCES?	T EVER IN U.S. AR		13.				IIC ORIGIN? (Specify Ye n, Puarto Rican, etc.)	n or No-	14. RACE — Ar Black, Whit	nerican Indian, ia, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE	MAR OR DATES			1 TYES	2 NO	Specify	r:		Specify:	B
	15, DECEDENT'S EDU				USUAL C			_	16b. KIND OF BU	SINESS/IN	DUSTRY	
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Malden Surname)												
ទ្ឆី	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First, Middle, Malder	Surname)		
WILLIAM Allender SUSIE COEFFEE												
10	19a. INFORMANT'S NAME (Type/Print)	1/- 1	196	MAILIN	ADDRES	S (Street	and Numbe	r or Rural I	Route Number, City or Tol	vn, State, Z	io Code) 2	1027
	Gladys H	llender	-  /:	2/3	2	<u></u>	A5	err	1 Auc 1		se , 14	D, -
	20a. METHOD OF DISPOSITION  1	noval from State	20b. PLACE other pla	OF DISPO	SITION (N	ame of ce	metery, crei	matory or	tery BA	Ito	Courty	MD.
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	•		22	. NAME A	ND ADDRE	SS OF FA	CILITY 206	W. A	lorth	AUR
	· Un C	. (3r	own.			dn	0	Rec	nun Co	Mal	with F	=. H.
	23. PART I. Enter the disesses, or				not ente	r the m	ode of dy	ing, suc	h ss cardlec or resp	iratory s	rrest,	Approximate
	shock, or heart fellure. IMMEDIATE CAUSE (Finel	List Only ons ce	Use On esch lins	•							į	Onset and Desth
	disesse or condition resulting in death)	Anoxic	Encepha	lopa	thy	seco	ondar	y to	Cardiac	Arres	st	
		DUE TO	OR AS A CONSEC	DUENCE C	OF):		_					
Z	Sequentially list conditions,	b	(OR 40 4 CONST	WIENOF O		_					-	
AŢ	If sny, isading to immediate cause. Enter UNDERLYING	DOE II	OR AS A CONSEC	DENCE (	orj:						į	
은	CAUSE (Disease or Injury that initiated events	c. DUE TO	O (OR AS A CONSEC	UENCE (	DF):						+	
CERTIFICATION	resulting in death) LAST	d										
	PART II. Other significant condition	ne contribution t	a death but not r	e eultloo	In the o	odortule		alven In	Part I. 24a. WAS A	N AUTODES	245 WED	E AUTOPSY FINDINGS
MEDICAL	Diabetes	ins contributing t	J GOSKII DOL HOL I	eauting	III tile t	indentyn	ig couse	given in	PERFO	RMED?	AVAI	LABLE PRIOR TO PLETION OF CAUSE
Ď	Uvnovtoncion								1 _ YES	2 X NO	OF E	EATH?
Σ	Hypertension								_		1 1	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	1				28. I	PLACE OF	DEATH (C)	neck only one)			
Sic	EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3	□ DOA	OTHE	R:			8 Other (Specify)			
HXS	27. MANNER OF DEATH	28a. DATE C	FINJURY	28b. TI	ME OF	28c. IN	JURY AT	a alconica	28d. DESCRIBE HOW	INJURY O	CCURED	
	1 Natural 5 Pending	(Month,	Day, Year)	10	M		YES 2	□ NO				
Э ВУ	2 Accident investigation 3 Suicide 8 Could not be	28a. PLACE	OF INJURY — At ho	me, ferm	street, fa	ctory, off	ce		28f. LOCATION (Stree City or Town, State	and Numb	er or Rural Route	Number,
COMPLETED	4 Homicide datarmined	bollany	, are (openly)						Only of Town, oran	-/		
PLE	29a. CERTIFIER 1 CERTIFYINO PHYS	SICIAN: To Iha best	of my knowledge, de	ath occur	rred at the	Ilme, de	and plac	e, and du	e lo lhe cause(a) and m	anner aa si	tated,	- 1
20	ana)	ER: On the basia of	examination and/or	Investigat	ion, in my	opinion,	death occ	ured at the	time, data and placa,	and dua to	the cause(a) and	menner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFI	ER					29c. LIG	CENSE NU	MBER		ATE SIGNED (Mor	ith, Day, Year)
38 0	CH Story Do	1 des									8/1/90	
2	30. NAME AND ADDRESS OF PERSON W											
	Vonda Goslee,	M.D.	9	000	Fran	ık] i r	ı Sq.	Dr.	, Balto.	21237		
	31. DATE FILED (Month, Day, Year)	Lina David	AR'S SINGSTULE	L								1

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

1 - STATE REGISTRAR	0	CI	ERTIF	ICATE (	F DE	ATH	***************************************	REG. NO			
1. DECEDENT'S NAME (First, Middle, Last)							2. DATE O				3. TIME OF DEATH
MILDRED CON	ISTANCE B	ROWN					AUGUS		1990	YEAR	12:50 P.M.M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	l birthday)	IF UNDER 1 YE	AR IF UNI	DER 24 HRS.	7. DATE OF	BIRTH		0. BIRTI	HPLACE (State or Foreign
214 20 0369	1 🗆 M 2 💢 F	71	YRS.	MONTHS DA			NOV.	9, 1	918	Count	MARYLAND
2037 CHADWICK TE				96. CITY, TO			eath MARYLA	AND		RINCE	E GEORGE
10e. STATE 10b. COUNTY	CE GEORG	E		Y, TOWN OR LO							10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER	CL GLORG	La .	ILE	AL PE III	10f. ZIP C	205					1 TYES 2 X NO
2037 CHADWICK TE	RRACE					748					OF A.
11. MARITAL STATUS  1 Never Merried 2 Merried  3XXWidowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 XI		If yes	DECENDEN s, specify Co YES 2	ben, Mexic	NIC ORIGIN? an, Puerto Ric fy:	(Specify Years, etc.)	e or No		E — American Indian, ick, White, etc.
15. DECEDENT'S EDUI				USUAL OCCUI		rkina	16b. K	UND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondery (0-12) 0 - 9	College (1-4 or 6 +	ilfe	. Do NOT u	se retired.)		rung	DEP	T O	F HIIN	MAN F	RESOURSES
17. FATHER'S NAME (First, Middle, Last)					-	OTHER'S N	AME (First, Mic			201 -	00001020
BENTON WEST							HUMPHE				
19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (Sh	reet and Num	ber or Rural	Route Number	r, City or Tow	vn, State, Zi	ip Code)	
MRS. DOROTHY F	loss			CHADWIC							RYLAND 20748
20a. METHOD OF DISPOSITION		20b. PLACE	OF DISPO	SITION (Name					CATION -		
1 Donation 5 Other (Specify)	over from State	ARBUT	JS ME	EMORIAI	PARE	( 8/	6/90	BAL	TIMOR	RE, MI	D. BALTO CO.
21. SIGNATURE OF FUHILLIAL SERVICE LIC	ENSE	11.			S T			RAT. I	HOME	213	215-6393
Lewis		Tever	in								RE MARYLAND
23. PART I. Enter the disease, or ahock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition reaulting in death)		R ceuse de de de de de de de de de de de de de				dylng, su	ch as cerdia	ec or reep	iratory a	rreat,	Approximata Interval Between Onset and Death
Sequentieily list conditione, if sny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Dissess or injury	b. DUE TO	(OR AS A CONSE	OUENCE O	DF):							
that initiated events resulting in death) LAST	d.	(OR AS A CONSE	OUENCE O	OF):							
PART II. Other algolificant condition	e contributing to	death but not	resulting	In the under	lying caus	e given ir	n Part I.	24a. WAS AP		24	b. WERE AUTOPSY FINDINGS
								PERFO			ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL					6. PLACE O	F DEATH (C	heck only one	)			
EXAMINER?  1 YES 2 NO	HOSPITAL:	ER/Outpatient	DOA	OTHER:	Home 5	Residence	6 🗆 Other	(Specify)			
27. MANNER OF DEATH  1 Netural 5 Pending Investigation	28e. DATE OF (Month, D		28b. TIN	JURY	WORK?	2 NO	28d. DE\$0	RIBE HOW	INJURY O	CCURED	
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE O building,	OF INJURY At he etc. (Specify)	ome, ferm,	street, factory,	office			TION (Street Town, State		er or Rural	Route Number,
one) 2 MEDICAL EXAMINE	ICIAN: To the best of ER: On the beals of e										(a) and menner as stated.
296. SIGNATURE AND STREET OF CERTIFIE	uns	mi			29c.	LICENSE N	JMBER		29d. DA	TE SIGNE	O (Month, Day, Year)
V 14. 11	O COMPLETEO CAU	SE OF DEATH (TE	EM 27) (Type	e, Print)	Λ\	Rol	line	R	10	1	
31. DATE FILED (Month, Day, Year)	32, REGISTRA	AR'S SIGNATURE		, +.	. 0			)	(	1	
Alig 3 1990	] Julia De	vidson-18	della								

ned by the hospital or attending physician. DRE MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

mould be detached for use as the burial-transit permit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22-Thours after death. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the artending physician and completely filled in by the funeral din be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25.

Se			١
for			Į
4	-		ü
Į,		١	É
Ŀ		3	ŧ
Sec.	L	A	9
un		1	6
Dane	) ))	1	8
Jor		4	2
direc		1	
ara!	1	1	
ory e	-		CXB
4	more		2
9	N. Cal	9	
filled	00		2
Metaly	mati	4	-
humo	0		2
o pu	hinia	1	
200	2	1	Ě
Neic	orio	1	2
do no	- dudir	4	
andir	H		5
a att	lenta		١
th.	M		Ē
Por	th a	3	all
Sing	Hea	3	28
heed	4	5	2
hae	Pan	3	22
Cato	Chato	orale or	Tel
nartif	the	2	6
hie	digital	in .	g a
ftar	Total Park	1192	E
V -00	The of	5	60
COL	200	0	N 28
TO THE DISCONDING WAS the partificate has been clined by the attendion physician and completely filled in by the timeral director name 5	to Int. CONEMY, DIRECTOR, hind this continues has contragated by the amount of proposal and company of the contract of the con	3	IMPORTANT: If them 28 is marked, of Item 23 snows any injury, or other traumant event, the medical examiner must be neutronement.
DAI	Z F	7/ 1	=
CHAIC	TON O	TI A	M
1 2	The state of	Pall	DA.
2 6	2 3	3	Ē

	FOR 1 STATE	STATE OF I						MENTAL HYGIEN	ΙE	20	21201
	1 - STATE REGISTRAR		С	ERTIF	ICATE C	)F DI	EATH	REG. NO	).		
	1. DECEDENT'S NAME (First, Middle, Lest) Mari	ζ	E.		Bond			2. DATE OF DEATH MONTH 31-9	)AV	YEAR	3. TIME OF DEATH M 11:40PM M
	4. SOCIAL SECURITY NUMBER 212-70-5157	5. SEX	6. AGE (In yrs. In	yrs.	MONTHS DAY	-	UNDER 24 HRS. URS MIN.	JUNE 3, 1	971	Country	PLACE (State or Foreign
	9a. FACILITY NAME (If not Institution, give st	reet and number)		9b. CITY, TOWN OR LOCATION OF DEATH					9c. COUNTY OF DEATH		
OR	University Hospi	ital			Balt	timo	re City	Y	N/A	A	
5	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY	,		I soo CIT	V TOWN OR I	CATION				1	10d. INSIDE CITY
DIRECTOR	MARYLAND BALTI			10c. CITY, TOWN OR LOCATION BALTIMORE				,		LIMITS?	
FUNERAL	10s. STREET AND NUMBER	Danz				10f. ZIP					HAT COUNTRY?
ÿ	10 GLASS HOUSE GA					212			U.S.		
B⊀	11. MARITAL STATUS 1. Never Married 2  Married 3  Widowed 4 Divorced		NT EVER IN U.S. A I YES 2 X MAR OR DATES		<ol> <li>WAS DECENDENT OF HISPANIC ORIGIN? (Specify if yea, specify Cuban, Maxican, Puerlo Rican, etc.</li> <li>YES 2 (25 NO Specify:</li> </ol>				a or No—	— American Indian, , White, etc. by: E	
					USUAL OCCUP		working	16b. KIND OF BI	JSINESS/IN	DUSTRY	
COMPLETED	(Specify only highest grade completed)  Elementary/Secondary (0-12)  N/A  N/A  (Give kind of work done during most of working life. Do NOT use retired.)  FULL TIME STUDENT										
							MOTHER'S NAI	ME (First, Middle, Meide	n Sumame)		
19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route											
	20e. METHOD OF DISPOSITION 1X Buriel 2 Cremetion 3 Remo		20b. PLACE	E OF DISPO	SITION (Name o	of cemeter	y, crematory or	20c. L	OCATION -	City or To	wn, Steta
	4 Donation 5 Other (Specify) BEL AIR MEMORIAL GARDENS BEL AIR, MAR									YLAND	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY SCHIMUNEK FUNERAL HOME, INC. 9705 BELAIR ROAD, BALTIMORE, MARYLAN							YLAND 21236			
	23. PART i. Enter the diseases, or o				not anter the	moda	of dying, aucl	h as cardiac or rea	piretory a	rest,	Approximate
	IMMEDIATE CAUSE (Final									intarvai Betwean Onset and Death	
	disease or condition resulting in death)	Exsa	nguinati	ìon							
	DUE TO (OR AS A CONSEQUENCE OF):										
N	Sequentially list conditions, Laceration of thoracic aorta										
CERTIFICATION	Sequentially list conditions,  If any, leading to immediate  cause. Enter UNDERLYING										
15	CAUSE (Disease or injury	c. DUE TO	OR AS A CONSI	EOUENCE C	IFI:						
Ē	that initiated events resulting in dasth) LAST		,		,						
CEI		d		-00							
AL	PART ii. Other significant condition	s contributing to	daath but not	resulting	in the under	iying ca	ause given in		N AUTOPSY	24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
PHYSICIAN: MEDICAL							<u>.</u>	HOMES	2 🗌 NO		OF DEATH?
ME								_			XYES 2 NO
ä											
CE	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	6. PLACE	E OF OEATH (Ch	eck only one)			
YSI	<u>₽</u> CX <b>Y</b> €S 2 □ NO	1 - inpatient 2		-	4 - Nursing			8 Other (Specify)			
표	27. MANNER OF DEATH  1 Netural 5 Pending	2Sa. DATE O	FINJURY Day, Year) —90	28b. TII	JURY	WORK?		28d. DESCRIBE HOW			aggidont
B	Accident Investigation						2 XXND				accident
TED	3 Suicide 4 Homicide  8 Could not be determined  28a. PLACE OF INJURY — A1 home, farm, street, factory, office building, stc. (Specify)  Road  28a. PLACE OF INJURY — A1 home, farm, street, factory, office building, stc. (Specify)  Road  28a. PLACE OF INJURY — A1 home, farm, street, factory, office building, stc. (Specify)  Road  28a. PLACE OF INJURY — A1 home, farm, street, factory, office building, stc. (Specify)  Road  Annual Route Number or Rural Route Number.  City or Town, State)  Markoe & Monkton Road, Balto.										
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI							to the cause(a) and if			n) and manner as stated.
	29b. MOMANUME AND TITLE OF CERTIFIE						c. LICENSE NUI				) (Month, Day, Year)
BE	Din						OCM		1 .	8-1-	
임	30. NAME AND ADDRESS OF PERSON VI	O COMPLETED CA	USE OF DEATH (IT	TEM 27) (Typ	e, Print)						
	JAMES KAPLAN,MD 111 Penn Street,Baltimore,MD 21201 vc										

2. REGISTRAR'S SIGNATURE

3 1990

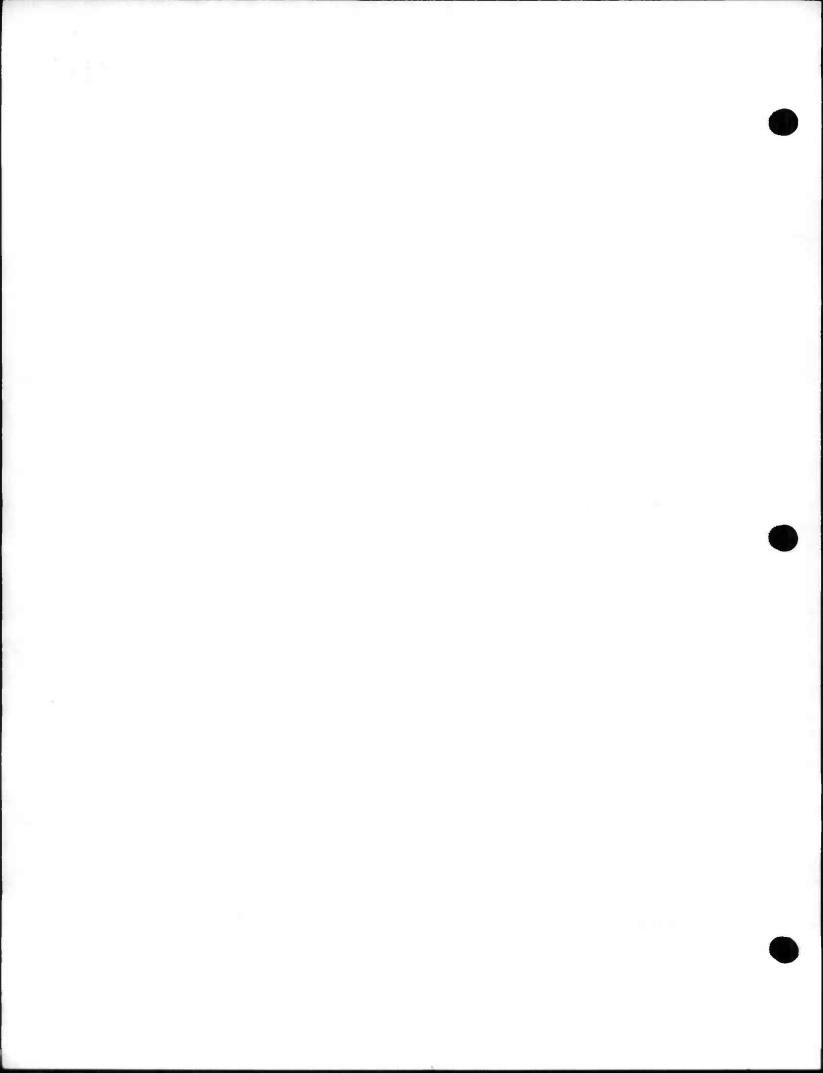
¥

	e	3		X
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fu	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exa
	3	d L	190	9
	3	9	6	Ē
	9	/ fill	tion,	the
_	E I	steh	E	4
	×	Apple	5	Ver
	Je J	8	na,	2
	Xec	pur	3	TE
	83	5	2	5
	e p	Sici	Dirio	2
	lical	E	9	e
	ertil	B	Die	5
	h C	ig	Î	6
	leat	HE HE	mtal	څ
•	96	the	ž	흗
	#	3	Pue	~
	#	per	€	9
	ires	Sigr	tea	2
	nbe	nee.	0	tho
	×	S De	pr.	63
	9	ha	å	2
	0.3	cate	State	le
	SIA	MILL	he	6
	Sic	5 06	40	Ď,
	품	E	×	4
	NG	Wher	eath	E
	8	H.	9 79	- 69
	E	8	aff	28
	JR A	III III	SUL	E
	7	7	2 5	Ξ
	PH	ER	07	=
	HOS	FUN	with	TAN
	포	里	Pel	OR
	0	0	e f	E
	-	-	44	_

	1 - STATE REGISTRAR	STATE OF MARYLAND	DEPARTICE				REG. NO.	E		
	The second secon	M. Buckley				A		1990'	SAR 3. TIME OF DEATH	4"
	4. SOCIAL SECURITY NUMBER 213-12-3904	5. SEX 6. AGE (In yrs		F UNDER 1 YEAR	HOURE N	HRS. 7.°C	ATE OF BIRTH	399   6.	BIRTHPLACE (State or Foreign Control Paryland	
	Se. FACILITY NAME (If not Institution, give etre	end number)	9	b. CITY, TOWN O		OF DEATH		Dc. COUNTY		
TOR	Hamilton Merid	ian N.H.		Bal	timo	re	Dr.	/		
DIRECTOR	10s. STATE 10b. COUNTY	ltimore		TOWN OR LOCAT		a free some			10d. INSIDE CITY	
	Md Ba	TITMATE		altimo	ZIP CODE	112.6	4	10a. CITIZEN	1 € 2 € NO	$\dashv$
FUNERAL	3400 E. Jopp	a Rd.			212	34			S.A.	
FU	11. MARITAL STATUS  1 Never Married 2 Merried	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES	ARMED	If yes, spi	cify Cuben,	Mexicen, Pu	RIGIN? (Specify Yes erto Rican, etc.)	or No- 14.	RACE — American Indien, Black, White, etc.	
BY	. Widowed 4 Divorced	IF YES, GIVE WAR OR DATES			2 190	Specify:			White	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or	ompleted)	(Give kind of wor life. Do NOT use	rk done durina ma	N st of working		16b. KIND OF BUS	INESS/INDUS	TRY	
MPLE	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Home	maker		_IL.	I	lome		
	17. FATHER'S NAME (First, Middle, Last)	Down; stold					a Nelso			
) BE	Charles H.  19e. INFORMANT'S NAME (Type/Print)	Berrigiora	19b. MAILING A	ODRESS (Street e			Number, City or Town		de)	
10	Mrs. June E. B						alto.,			
1	20a. METHOD OF DISPOSITION  1  Burlel 2  Cremetion 3  Remove  4  Donation 5  Other (Specify)	20b. PL/	cedar	Hill (	cemet	erv			rnie Md.	
	21. SIGNATURE OF FUNERAL SERVICE LICE			22, NAME AN	D ADDRESS	OF FACILIT				
	testley	lheer		7527	Har	ford	Rd. Ba	alto.	, Md. 21234	+
	23. PART I. Enter the discess, or co shock, or heart fellure. Li iMMEDIATE CAUSE (Final discess or condition reaulting in deeth)	mplicetions that caused the st only one cause on each out to out	11ne.			, auch aa	cerdiac or reapi	ratory arree	Approximate interval Between Onset and Deat	
z		DOE TO TON AS A CON	VSECUENCE OF).							
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A COM	SEQUENCE OF):							
TIFIC	CAUSE (Disease or injury that initiated events reaulting in deeth) LAST	DUE TO (OR AS A COR	SEQUENCE OF):							
CER	d.									
SAL	PART ii. Other aignificent conditions	contributing to death but n	ot reaulting in	the underlying	g cause give	en in Part	i. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE	is
MEDI		- 6					1 TYES 2	7440	OF DEATH?	
SICIAN:		HOSPITAL:		26, PL OTHER: O'Nursing Hom	ACE OF DEAT					=
РНУ	27. MANNER OF DEATH	26e. DATE OF INJURY (Month, Day, Year)	26b, TIME	OF 26c. INJ			DESCRIBE HOW I	NJURY OCCUP	RED	$\exists$
BY	1 Natural 5 Pending 2 Accident Investigation	25e. PLACE OF INJURY — A	it home form etc		res 2 N	_	LOCATION (Street	and Number or	Dural Bouts Mumber	4
ETED	3 Suicide 6 Could not be determined	building, etc. (Specify)	it rooms, furth, sit	evi, ractory, offic		201	City or Town, State)		north House Mulliper,	
COMPLET	000)	AN: To the best of my knowledge On the beste of examination en								
TO BE	290 Signature and title of certifier NOOL W	Muls n	10,		DO O	72	96	29d. DATE S	1GNED (Morith, Day, Year) 4 2-1990	,
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH  32. REGISTRAR'S SIGNATURE  32. REGISTRAR'S SIGNATURE	30	09 E	VER	62	EENI	ME	BAZTO ME	1
	1. DATE PICED JANONIN, Day, 1887)	Le K								
	AUG 3 1990	The state of	Andrew .						DHMH-16 Rev	1/89

0	ij		ij
٤	ŝ	d	ě
CHEED	funer		exami
s arrer	by the	еточа	dical
Tround	lled in	n. or r	е ше
Z UIU	etely f	ematio	nt. th
Ted Wi	сошр	ial, cre	eve
execu	and n	to bur	matic
are be	ysiciar	prior	r trau
Serunc	ing pl	удівпе	othe
Jeam (	attend	mtal H	N. 0F
t the	by the	nd Me	Inlu
es tha	gned	eafth a	VAR 2
requir	een si	of H	show
he law	has t	e Dept	m 23
AN: I	tificate	e State	r ite
HYSICI	his cer	With th	ced.
ING P	After th	leath y	mari
LEND	TOR:	after c	28 ls
OR A	DIREC	hours	Hem
PITAL	ERAL	72 ui	III-III
E HOS	E FUN	d with	BTAN
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after earth, page 6 in	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the transfer of the tra	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examined

	REGISTRAR		CERTIF	ICALE	OF	DEATH	RE	G. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	lenrietta		BYRNI	ES		2. DATE OF DE	P) 43V	199	OYEAR	3. TIME OF DEATH 12:05 a M
	4. SOCIAL SECURITY NUMBER 214-16-8320	5. SEX 6. AGE	(in yrs. lest birthday) 96 YRS.	IF UNDER 1	YEAR DAYS	IF UNDER 24 HRS. HOURE MIN.	7. DATE OF BI (Month, Day,	Year)		6. BIRTHE Country	
	9a. FACILITY NAME (If not institution, give str		90	Sept. 11,1893					MA NTY OF DE	ryland	
OR	Franklin Square			90. GIT, I		Rossville					e County
Б	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY		10c CIT	Y. TOWN OR	LOCATI	ON					10d. INSIDE CITY
FUNERAL DIRECTOR		Altimore	100.011	Dundalk							LIMITS?
AL.	10e. STREET AND NUMBER		•		101.	ZIP CODE		10g. CITIZEN OF WHAT C			HAT COUNTRY?
IER	3169 Baybri	ar Road		21222						USA	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES				ENDENT OF HISPAN cify Cuben, Mexican			or No-	14, RACE Black	American Indian,     White, atc.
В	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR				2 NO Specify				Specif	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	16a. DECEDENT'S (Give kind of life. Do NOT u	USUAL OCC	CUPATION	N it of working	18b. KINC	OF BUS	INESS/IN	DUSTRY		
9	Elementary/Secondary (0-12) 8th										
MP	17. FATHER'S NAME (First, Middle, Last)		Hous	ewife		40 140011111111111111111111111111111111					
S	George Michael	Buck				18. MOTHER'S NAI					
TO BE	19a. INFORMANT'S NAME (Type/Print)	Duck	Amelia Bowers  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)								
<sup>2</sup>	Henrietta Carde	er				ar Road					4 21222
	20g METHOD OF DISPOSITION 1 LABuriel 2 Cremation 3 Remo	2	Ob. PLACE OF DISPO				Darti	20c. LOC	ATION -	City or To	wn, State
	4 Donation 5 Other (Specify)	val from State	Oak Lawn	Ceme	ter	У		Ba	ltin	ore l	Md.
	21. 9 QNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
	Connelly Funeral Home 300MaceAve. 21221										e. 21221
										Approximata interval Between	
	IMMEDIATE CAUSE (Fine)										Onset and Death
	disease or condition ————————————————————————————————————										
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate	Hyperpyre	S A CONSEQUENCE O	F):							
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	Cardiopul	lmonary A	rrest							
	that initiated events	DUE TO (OR AS	A CONSEQUENCE C	F):							
區	raculting in death) LAST	l									
	PART II. Other aignificent conditions	contributing to death	but not resulting	in the und	lerlying	ceuse given in	Part I. 24a	WAS AN		24b.	WERE AUTOPSY FINDINGS
EDICAL	Upper gastr	ointesti <b>n</b> a	I/Lower g	astro	inte	estinal		PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MED	Bleed.						_   '		- E		1 YES 2 NO
							_				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:		ACE OF DEATH (Ch	eck only one)				
YSI	1 ☐ YES 2XXNO	1 X Inpatient 2 - ER/O		4 🗆 Nursi	ng Home	e 5 🗌 Residence					
	27. MANNER OF DEATH  1 X Natural 5 Pending	28e. DATE OF INJUR (Month, Day, Year		AE OF 2		RK?	28d. DESCRIE	BE HOW IF	NJURY O	CCURED	
B	2 Accident Investigation	28a BLACE OF IN III	RY — At home, ferm,	eterat frate		rES 2 NO	28f. LOCATIO	N /Street o	and Alumb	es os Prival S	Inute Atumber
E	3 Suicide 6 Could not be 4 Homicide determined	building, atc. (S	pecify)	street, tacto	ry, orne			wn, State)		or or rioral r	toute realization,
<u>"</u>	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my kn	owledge, death occur	red at the tin	ne, date	end piece, and due	to the cause(a	) and man	ner ea st	sted.	
COMPLET	(Check only —	R: On the beels of examina									) end manner se stated.
E C	29b. SIGNATURE AND TITUE OF CERTIFIER		_			29c. LICENSE NUI	MBER		29d. DA	TE SIGNED	(Month, Day, Year)
m	Mark De	iner al	2 rd	No.		N/A			<b>&gt;</b>	81	90
5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF				-11 -		01.0	07		, , -
	Mark Blumentha 31. Date FileD (Month, Dey, Year)	I, M.D. 90	00 Frankl	ın Sq	uar	e Dr., B	alto.,	212	3/		
	AIR 3 1990 Sul	32 REGISTRAR'S SI	delle								



ON

Approximate Interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

hour

1:35 Au

deached for use as the burial-transit permit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within

MPORTANT: if flem 28 is marked, or flem 23 shows any injury, or other traumatic event, the medical examiner must in

BY PHYSICIAN: MEDICAL CERTIFICATION

BE COMPLETED

9 3

	1 - FOR STATE OF MARY		MENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Lest)	B (In yrs. lest birthday) MO  R YRS. MO  CENTER	UNDER 1 YEAR PUNDER 24 HRS. NTHS DAYS HOURS MIN. D. CITY, TOWN OR LOCATION OF E BALTIN OWN OR LOCATION BALTIN OWN OR LOCATION 101. ZIP COOE 2./	2. DATE OF DEATH MONTH DAY AUGUST 1, 1994  2. DATE OF DEATH MONTH DAY AUGUST 1, 1994  2. DATE OF DEATH MONTH DAY AUGUST 1, 1994  2. DATE OF DEATH MONTH DAY AUGUST 1, 1994  2. DATE OF DEATH AUGUST 1, 1994  2. DATE OF DEATH AUGUST 1, 1994  2. DATE OF DEATH AUGUST 1, 1994  2. DATE OF DEATH AUGUST 1, 1994  2. DATE OF DEATH AUGUST 1, 1994  2. DATE OF DEATH AUGUST 1, 1994  2. DATE OF DEATH AUGUST 1, 1994  2. DATE OF DEATH AUGUST 1, 1994  2. DATE OF DEATH AUGUST 1, 1994  2. DATE OF DEATH AUGUST 1, 1994  2. DATE OF DEATH AUGUST 1, 1994  2. DATE OF DEATH AUGUST 1, 1994  2. DATE OF DEATH AUGUST 1, 1994  2. DATE OF DEATH AUGUST 1, 1994  2. DATE OF DEATH AUGUST 1, 1994  2. DATE OF DEATH AUGUST 1, 1994  2. DATE OF DEATH AUGUST 1, 1994  2. DATE OF DEATH AUGUST 1, 1994  3. DATE OF DEATH AUGUST 1, 1994  4. DATE OF DEATH AUGUST 1, 1994  4. DATE OF DEATH AUGUST 1, 1994  4. DATE OF DEATH AUGUST 1, 1994  4. DATE OF DEATH AUGUST 1, 1994  4. DATE OF DEATH AUGUST 1, 1994  4. DATE OF DEATH AUGUST 1, 1994  4. DATE OF DEATH AUGUST 1, 1994  4. DATE OF DEATH AUGUST 1,	3. TIME OF CEATH  3. TIME OF CEATH  3. TIME OF CEATH  3. TIME OF CEATH  10. INSIDE CITY  IMITS?  1 VES 2 NO  NOT WHAT COUNTRY?			
	11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced  12. WAS OCCEDENT EVER FORCES? 1 YES, GIVE WAR OR	ean, Puerto Rican, etc.)	ACE — American Indian, lack, White, etc.					
	15. DECEOENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. D. Tuse n	done during most of working	16b. KIND OF BUSINESS/INDUSTR	Y			
V	JOHN W. JOHNS	ON	18. MOTHER'S N	AME (First, Middle, Maiden Surneme)	REStor			
1	BESSIE MOORE	19b. MAILING AD	OBRESS (Street end Number or Rure OBWOOD	Route Number, City or Town, State, Zip Code,	(21215)			
	20s. METHOD OF OISPOSITION  1.2 Suriel 2 Cremation 3 Removal from State  4 Donation 5 Other (Specify)	Ob. PLACE OF DISPOSITI	ON (Name of cometen), crematory or	RK ARbu	tus, mol			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND ADDRESS OF F	21. 0 Er	+ 21217			
	23. PART 1. Enter the disesses, pr complicatione that ceuced the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arreat, shock, or heart feliure. Liet only one cause on each line.  IMMEDIATE CAUSE (Finel disesse or condition resulting in death)  DUE TO (OR AE A CONSEQUENCE OF):							
	If any, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or Injury	A CONSEQUENCE OF3:		or ma	1 - 7 - 6 - 6			
PART II. Other significant conditions contributing to death but not resulting in the unserlying cause given in Part I. 24s. WIS AN AUTOPSY 24b. WERE ALL								

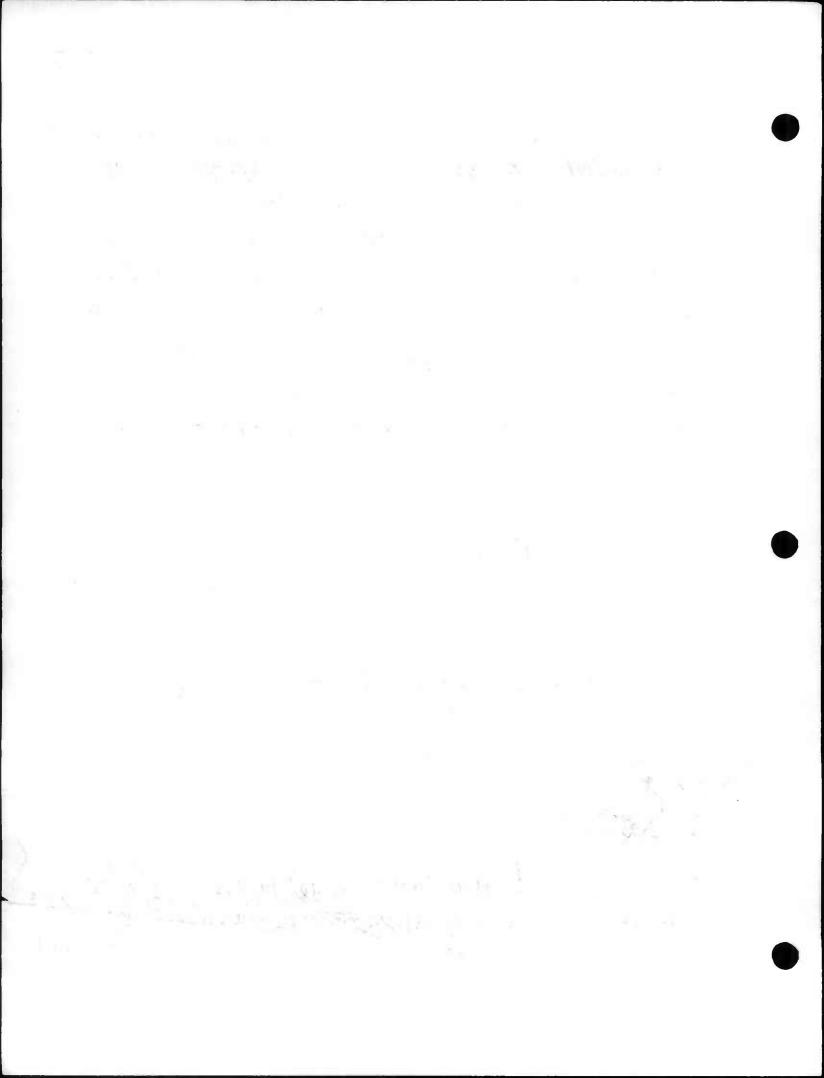
25. WAS CASE REFERRED TO MEDICAL EXAMINER? W. PLACE OF DEATH (Cho HOSPITAL: OTHER: 1 YES 2 NO g Home 5 🖂 Residence 8 🖂 Other (Specify) 27, MANNER OF DEATH 28s. DATE OF INJUST (Month, Day, War) 20c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY 1 X Natural t YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Plural Pouts Number 3 🔲 Suicide 6 Could not be 4 Homicide

29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner ee stated. (Check only one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and

96. SIGNATURE IND. TITLE OF CERTIFIER	M.D. Catte	29c. LICENSE NUI	MBER 510790	294. DATE SHEED	190 Day Har
0. NAME AND ADDRESS OF PERSON WHO COMPLETE  OF STERMINE S		2300	Garris	ion I	3lvd

VV PE MEDISTRATESTONA ALIR 3 1990

2 DHMH-18 Rev 1/89



DHMH-16 Rev 1/89

(LAND 21203-3146

ъ.	-30	30	=
Ē,	9	×	吾
3	10	6	1
E	0	=	-
5	Ta	700	2
_	6	e	E
7	eat	5	8
BALLIMOH	-5	92 mi	6
ш	fle	the state	6
	60	E 5	- F
_	5	= =	9
		po o	=
		A NO	2
•	44	at is	-
	=	let en	E
0	*	20	2
1	9	8 7	-
2	3	P E	=======================================
-	90	an	6
-	9	2 2	5
3	0	당은	E
ก	at .	Ed	No.
_	ě	ene ene	9
5	95	E . E	0
	9	SE	6
7	eat	ta le	*
-	q	e de	5
D	음	6≥	E
5	75	3 5	-
Ī	5	Z f	E.
)	83	E TE	80
2	·	공	3
U	9	9 6	-
L	*	2 %	60
	16	Se Se	2
4	Je Je	e p	8
=	-	E E	5
>	A	tife S	-
	2	the Ce	,
DIVISION OF VITAL RECORDS, P.O. BOA 13149,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directors he fied within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must
	F	臣 >	E
7	9	ath ath	19
5	N	Af	-
<u> </u>	Z	من م	-50
S	E	5 g	28
>	A	S EE	=
=	8	SHO NO	9
	-	14	=
	E	SK	-2.5
	S	무등	5
	5	25	3
	4	E A	E
	王	王章	2
	0	2 9	E
	-		-

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI				YGIENE EG. NO.			
	DECEDENT'S NAME (First, Middle, Last)		02.11111			2. DATE OF I		YEAR	3. TIME OF DEATH	
	THOMAS ABRAHAM						8- 01-		2:13 A M	
	212-76-7822	M 2 □ F	₩ 2 F 33 YRS. MONTHS DAYS HOURS MIN.					Country)	Md	
TOR	9a. FACILITY NAME (If not institution, give stree  GREATER BALTIMORE RESIDENCE OF DECEDENT			TOWSO!	LOCATION OF DE	ATN		IMOR		
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, TOWN OR LOCATION Baltimore						10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
ERAL	100. STREET AND NUMBER 5109 Woolverton A	venue		101.	21215			S A	HAT COUNTRY?	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN FORCES? 1 TYES IF YES, GIVE WAR OR DO	2 NO	If yes, spe	NDENT OF NISPAN city Cuban, Maxica 2 NO Specify	n, Puerto Ricar	pecify Yea or No— n, etc.)	14. RACE Black, Specify	American Indian, White, etc.	
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co		(Give kind of work done during most of working					ystry rance	e Company	
BE COM	17. FATHER'S NAME (First, Middle, Last) Thomas A. Brown				16. MOTNER'S NA The Ima Ro		e, Melden Surname)			
TO B	19a. INFORMANT'S NAME (Type/Print)  Betty Brown	Poute Number City or Town, State, Zip Code) enue Baltimore, Md 21215								
	20a. METNOD OF DISPOSITION 1X Buriel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	1X Burlel 2 Cremetton 3 Removal from State 4 Donatton 5 Other (Specify) Kfing Memorial Park						ISTO	wn, Stirle Md	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FUNERAL SERVICE LICENSEE  4300 Wabash						e			
	23. PART i. Enter the diseases, or conshock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	PNEUMONIA	ach lina.	t entar tha mod	de of dying, suc	h aa cerdlac	or respiretory an	eat,	Approximata interval Between Onset and Death	
MOIL	DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	•								
MEDICAL	PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given						e. WAS AN AUTOPSY PERFORMED? YES 2 NO		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 X YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF OEATH (Ch	eck only one)				
YSI	1 TYES 2 NO	☐ Inpatient 2 ☐ ER/Out	petient 3 DOA 4		6 - Residenca					
ву Рн	27. MANNER OF DEATN  1 Netural 6 Pending 1 Accident Investigation  28a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY WORK?  1 YES 2 NO						BE NOW INJURY OC			
	3 Suicide 6 Could not be determined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State)								oute Number,	
COMPLETED	29a, CERTIFIER (Check only one)  1 CERTIFYING PNYSICI. 2 MEDICAL EXAMINER:	AN: To the best of my know On the basis of axamination							and manner as stated.	
296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 297. LICENSE NUMBER 298. DATE SIGNED (Morath, Day, Year)										
2	30. NAME AND ADDRESS OF PERSON WHO HOWARD L. SIEGEL,				rles Str	eet: T	owson M	D 21	.204	

	FOR
١.	STATE
-	REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

1. OECEDENT'S NAME (First, David L		Braybo	у					2	DATE OF OE	ATH DAY	8	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 251-26-76		5. SEX	8. AGE (In yrs. lest t	vrs.	IF UNDER	1 YEAR DAYS	IF UNDER 24 HF		DATE OF BIR (Month, Day, 1	rbar)	0.4	Count	
9a. FACILITY NAME (If not ins	251-26-7663   1 M 2   F 86   YRS.						19		JNTY OF D	Carolina			
RESIDENCE OF DEC 100. STATE Maryland	10b. COUNTY		10c. CITY, TOWN OR LOCATION Baltimore								10d. INSIDE CITY LIMITS?		
100. STREET AND NUMBER	exing	ton Str	eet			101.	zip cooε 2 1 2 2 3				10g. Cl	TIZEN OF	1 X YES 2 NO
11, MARITAL STATUS 1 Never Merried 2 3. 3 Wildowed 4 Divor	Merried	12, WAS DECEDENT EVER IN U.S. ARMEI			1	f yes, spe	ENOENT OF HIS city Cuban, Ma 2 X NO S	xicen, I			or No—	14. RAC Blac Spec	E — American Indian, k, White, atc.
15. OECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  Cab Drive													
17. FATHER'S NAME (First, MI	odie, Last) ~ B1	ayko	4				18. MOTHER'S	OV/	(First, Middle,	Maiden :	Surnamo)	yk	ory
19a. INFORMANT'S NAME (Type/Print)  Narie E. Smith  19b. MAILINO ADDRESS (Street and Number or Fural Route Number, City or Town, State, Zip Code)  1209 Ashburton St. Baltimore, MD.								21216					
20a, METHOD OF DISPOSITION  1 © Burtel 2 © Cremation 3 © Removal from State  4 © Donation 5 © Other (Specify)  1 Burneture of Funeral Service Ucerses  20b. PLACE OF DISPOSITION (Name of cometery, cremetery or MT. Auburn Cemetery  Baltimore, M  22c. NAME AND ADDRESS OF FACILITY  Brown-Thompson Funeral Home								, Marylan					
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  Onset and Death  Onset and Death  Onset and Death  Onset and Death  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):													
PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.  PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.  PERFORMED?  1 VES 2 XNO  OF						b. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO							
25. WAS CASE REFERRED TO EXAMINER?		HOSPITAL:			QTHE	₹:	ACE OF DEATH						
	Pending Investigation	1 Inpatient 2 ER/Outpatient 3 I			4 Num IE OF JURY M	28c. INJ WO	URY AT RK?	2	Other (Spec		NJURY O	CCURED	
2 Accident 3 Suicide 6 4 Homicide	OF INJURY — At horr atc. (Specify)	ome, farm, street, factory, offica			2	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
onel -			I my knowledge, dea examination end/or in										(a) and manner as stated.
296. SIGNATURE AND TITLE	OF CERTIFIER	Gra	y, in				D2	NUMB	ER //		29d. D/	ATE SIONE	D (Month, Day, Year)
3 Suicide 4 Homicide 29e. CERTIFIER (Check only One) 2 MEDI 29b. SIGNAPULE AND TITLE 20b. SIGNAPULE AND TITLE 20b. SIGNAPULE AND TITLE 20b. SIGNAPULE AND ADDRESS OF	em.	COMPLETED CAU	y W SERF BEATH (ITEM W.D. 2	27) (Type 3 2	o, Print)	lvu	D2	17	11	aH	•		

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mous after death. Page 6 may be retained by the burnel of the attending physician and completely filled in by the funeral directs; page 5 should be described for one as the burnel-train be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

OHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

KAPLAN, MD

**JAMES** 

31. DATE FILED (Month, Day, Year)

3 1990

2

•	A .							0 0	2120	J
	1 - FOR STATE REGISTRAR	TATE OF MARYLAI		RTMENT OF FICATE O		MENTAL HYGIEN REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH						
	Bryon Tyler B			es		July 31	1990	i Lan	8:10PM	M
	4. SOCIAL SECURITY NUMBER 5. S					7. DATE OF BIRTH (Month, Day, Year)	8.	. BIRTHP	LACE (State or Foreign	1
- 1	infant 10	X M 2 □ F	YRS.	MONTHS DAYS	HOURS MIN.		1990		vland	
- 1	9e. FACILITY NAME (If not Institution, give street and number)				OR LOCATION OF D		9c. COUNT			
۳ ا	Tohne Monkins Woo	eni+al		Ba1+	imore Cit	3.7	N/A			
DIRECTOR	Johns Hopkins Hos	pricar		_		- У	1 N/.8		_	
H	10e. STATE 10b. COUNTY		10c. C	ITY, TOWN OR LO	ATION				10d. INSIDE CITY LIMITS?	
	Maryland Anne	(	Glen Bur	nie		1		1 - YES 2 1 NO		
A	10e. STREET AND NUMBER				IOF. ZIP CODE		10g. CITIZE	N OF W	HAT COUNTRY?	
8	283 Scotts Glen				21061		II.	SA		
FUNERAL	11. MARITAL STATUS 12.	WAS DECEDENT EVER IN U		13. WAS D	ECENDENT OF HISPA	NIC ORIGIN? (Specify Ye		4. RACE	- American Indian,	
	1 (2) Never merried 2   married	FORCES? 1 YES		I1 yes,	specify Cuben, Mexico	en, Puerto Ricen, etc.) fy:		Specify	White, atc.	
B	3 Wildowed 4 Divorced								White	
	15. OECEDENT'S EDUCATIO (Specify only highest grade comp	ON (stated)		'S USUAL OCCUPA of work done during		18b. KIND OF BU	JSINESS/INDUS	STRY		
ᇤ		ollege (1-4 or 5+)	Ille. Do NOT	use retired.)	nost of working					
립	0	0	Inf	Eant		In	nfant			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Maider	n Surname)			_
	Robert	Boeh, Jr.			Deanna	Lee	1	Barn	nes	
8	19e. INFORMANT'S NAME (Type/Print)	2001., 021	19b, MAILIN	NG ADDRESS (Street		Route Number, City or Tox		-	100	
임	Robert Boeh, Sr.		810	05 C C1	on Wollow	Drive G1				
	20e. METHOD OF DISPOSITION	206	DI ACE OF DISP	OSITION (Name of	cemetery, crematory or	DIIVE G	CATION - CI	nie	Md 211	Ь
	1 X Buriel 2 Cremetion 3 Removal 4 Donetion 5 Other (Specify)	1rom State	other place)							
	21. SIGNATURE OF UNERAL SERVICE LICENS		en nave		ial Park		n_Burn	1e,	Maryland	_
	10/10 and A	1//	. /			VERAL HOME				
	Harole K	Umor	X	1 SE	COND AVE.	S.W., GLI	EN BURI	NIE.	MD 210	51
	23. PART i. Enter the disease, or com								Approximate	
	shock, or heart feliure. List only one cause on each line.								Interval Betw Onset and De	
	diseasa or condition	Head injur	ios							
	resulting in death) a	DUE TO (OR AS A		OF):					+	
_										
CERTIFICATION	Sequentially list conditions,	DUE TO (OR AS A	CONSEQUENCE	OF):					†	_
Ϋ́	cause. Enter UNDERLYING								ļ	
F	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE	OF):						
E	resulting in death) LAST									
B										
AL	PART II. Other significent conditions co	entributing to deeth bu	t not reaultin	g in the underly	Ing ceuse given in	Part I. 24s. WAS A	N AUTOPSY PRMED?	24b.	WERE AUTOPSY FINDII	4GS
0						1 _ YES			COMPLETION OF CAUS	Æ
MEDICAL						TNISDI	ECTION		1 - YES 2 X NO	
≥						1115F1	XII I OIN		- Agg	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26	PLACE OF DEATH (C	heck only one)				_
[]	EXAMINER?	OSPITAL:		OTHER:						
IYS	1√√√2S 2 □ NO X	Vinpatient 2 ☐ ER/Outpa 28e. DATE OF INJURY			ome 5 - Reeldence	8 U Other (Specify)	IN HIEW COOK	1050		
PH	1 Netural 5 Pending	7(Mo3/10 Day (0ar)	286.	INTEX DIVI	WORK?				auto impa	ac
ВУ	XXXAccident Investigation									
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, etc. (Specif	— At home, fern (y)	n, atreet, factory, o road	TICe	281. LOCATION (Street			Rd.Anne	
ETE	4 - House describined			_ Cau		h 7 7 0	_		yland	
PLI	29e. CERTIFIER 1 CERTIFYING PHYSICIAN	: To the best of my knowle	dge, death occ	urred at the time, o	ate end plece, end du	to the cause(e) end m	enner ee stated	d.	yrana	
COMPLETED	(INN) PEDICAL EXAMINER: O	n the basic of examination	end/or Investige	ntion, in my opinio	, death occured at th	e time, date end place,	end due to the	cause(e)	) and menner ee state	d.
	29b, SIGNATURE AND TITLE OF CENTIFIER				29c. LICENSE NU	JMBER	29d. DATF	SIGNED	(Month, Day, Year)	_
BE					OCME.			8-1-		

111 Penn Street, Baltimore, MD 21201

OCME

Davidson-Rangastine

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DHMH-18 Rev 1/89

8-1-90

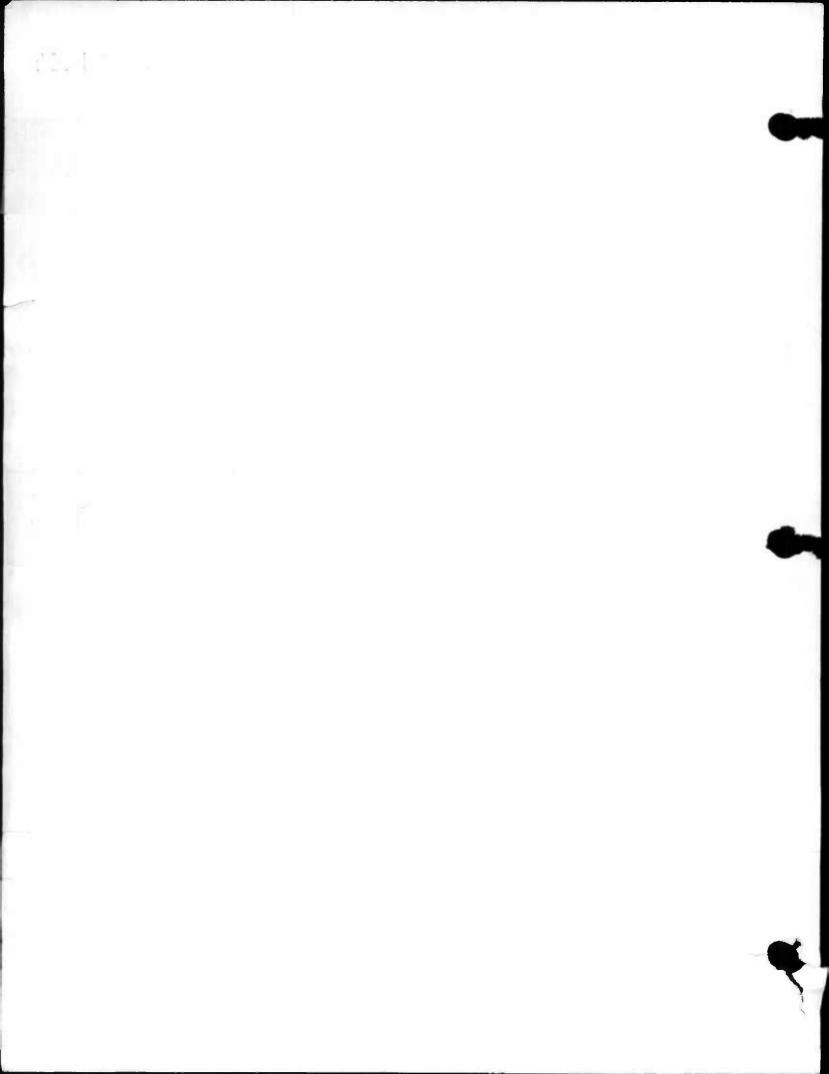
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the current sher death. Page 6 may be retained TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shaped be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified.

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATN
LUMUS LUMAS	COOPER	07-29-

_	REGISTRAN		- 01		OAIL	- 01	DEA		ned. N	<i>)</i> .		
	1. DECEDENT'S NAME (First, Middle, Last) LUMUS LUMAS COOF								2. DATE OF DEATN DAY Y		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5, SEX	6. AGE (In yrs. last		IF UNDER 1 YEAR IF UNDER 24 HRS.			7. DATE OF BIRTH		Ге вирти	HPLACE (State or Foreign	
	229-48-1076	1 🛛 M 2 🗆 F	5 5	YRS.	MONTHS	DAYS	HOURS	MIN.	(Mopth 3 ay Mary	- 35	Count	
1	9e. FACILITY NAME (if not institution, give street and number)				9b. CITY	. TOWN (	OR LOCATI	ION OF DI	EATH	9c, COI	UNTY OF E	DEATH
œ I	2310 E. OLIVER ST.								CITY			
DIRECTOR	RESIDENCE OF DECEDENT	, 51.						, ,				
Si I	10e. STATE 10b. COUNTY	,		10c. CITY	r, TOWN C	OR LOCAT	TION					10d. INSIDE CITY
<b>E</b> I								·				10d. INSIDE CITY LIMITS?
	MD			RA	LIII		Ε, (					1 YES 2 NO
4 1	10e. STREET AND NUMBER					101	, ZIP COD			10g. Cl		WHAT COUNTRY?
<b>E</b>	2310 E. OLI	VER STR	EET				2	2121	3		USA	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN		MED	13.	WAS DEC	ENDENT	OF NISPAI	NIC ORIGIN? (Specify Y	ee or No-	14. RAC	E — American Indian,
	1 Never Merried 2 Merried		YES 2 N	10	- 0	If yee, ap	acify Cub	en, Mexico	n, Puerto Rican, etc.)		Bled	k, White, etc.
≱	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES			1   YES	2 X NO	Specif	y:		Spec	BLACK
									1			
핃Ⅱ	15. OECEDENT'S EDUC (Specify only highest grade	completed)	16a. DE	CEDENT'S ive kind of w Do NOT us	vork done	during me	on ost of work	ing	16b. KIND OF B	USINESS/IN	OUSTRY	
w I	Elementary/Secondary (0-12)	College (1-4 or 8	-)									
₫	8th		ME	CHAI	VIC							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOT	NER'S NA	ME (First, Middle, Maide	n Surneme)		
	WILLIAM PEOPLES						1	ALL	IE COOP	FR		
BE					AB25	0.00	1				VI- C ::	
2									Route Number, City or To			01010
- 1	MYRTLE COOPER		2	310	Ŀ.	U L	IVE	K 2	IBALII	MUKE	. ا۱۱۱	D. 21213
	20e. METHOD OF DISPOSITION		20b. PLACE	OF DISPOS	OSITION (Name of cemetery, crematory or 29c. LOCATION — City or Town, State						own, State	
	1 Buriel 2 Cremation 3 Rem	oval from State	HATE	- R 0 \	YSTE	RF	TMA	1 Y	CEM. BR	UNSW	ICK	CO, VA.
	21. SIGNATURE OF FUNERAL SERVICE LIG	ENSEE						ESS OF FA				, , , , , , ,
	1 / A	Linger	()								_	W00711 0115
	1/4/1/2/2		and			WM.	C. 1	MARC	CH F.H.	1101	Ŀ.	NORTH AVE
	23. PART i. Enter tha diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest,  Approximeta											
- 1	ahock, or heart fellure. List only one cause on each line.											
- 1	IMMEDIATE CAUSE (Final											
- 1	resulting in death)  a. My O CA r C A L / O farctupr  DUE TO (OR AS A CONSCOUENCE OF):											
	DUE TO (OR AS A CONSEQUENCE OF):											
_												
CERTIFICATION	Sequentially list conditions, If any, leeding to immediate											
E	if any, leeding to immediata cause. Enter UNDERLYING											
3	CAUSE (Disease or Injury	c										i
는 I	thet initiated events	DOE 10	(OR AS A CONSE	OUENCE O	<del>-</del> ):							i
#	resulting in death) LAST	d										
									2		. 1.	
EDICAL	PART II. Other significent condition	e contributing to	death but not	rasuiting	in tha u	ndarlyir	ng cause	givan ir		ORMEO?	Y 24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
일									1   YES	2   NO		COMPLETION OF CAUSE OF DEATH?
											- 1	1 YES 2 NO
Σ												1 123 2 10
PHYSICIAN:												
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE	_	LACE OF	OEATH (C	heck only one)		_	
S	1 TYES 2 NO		☐ ER/Outpatient 3	3 🗆 DOA			me 8 00	Reeldence	8 Other (Specify)			
ΞI	27. MANNER OF DEATN	28e. DATE O		28b, TIN			JURY AT		28d. OEŞCRIBE NO	W INJURY C	CCURED	
	1 Naturat 8 Pending	(Month, I	Day, Year)	114	JURY M		YES 2	□ NO				
BY	2 Accident Investigation	28a PLACE	OF INJURY — At he	ome form	etrant for	ntony offi			261, LOCATION (Stre	et and Numi	her or Rura	I Boute Number
8	3 Suicide 6 Could not be 4 Nomicide determined		, atc. (Specify)	onre, rairii,	stiest, ist	ctory, orn	-		City or Town, Str		Der Or Fibre	House Humber,
E	4 Nonicide determined											
ا ت	29e. CERTIFIER 1 X CERTIFYING PNYS	ICIAN: To the best o	f my knowledge, d	eath occum	red at the	time, dat	e and place	ce, end du	e to the cause(e) end i	nenner ee s	stated.	
7	(Check only											e(e) end menner ee stated.
COMPLET	MEDIONE EXAMINE	Ent. On the been by	exemination endog	irrounigatio	on, in my	opanion,	death occ	area at th	e time, date end piece,	end dbe to	Tile Code	(e) end merker ee suited.
w	29b. SKINATURE AND TITLE OF CERTIFIE	R	7 . /	1	, ,		29c. LI	CENSE NU	JMBER	29d. D	ATE SIGNE	ED (Month, Day, Year)
00	1 1300	_ /	. /	Ke	-	co	D	05	555	•	53	12/90
2	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAL	ISE OF DEATH /ITE	EM 271 /75~	Print	1.0	K)	00	220		0	
	- 11	/	A	*		2			111	10	00	7. / 2/2/
	Vesse I to	Ime's	M.D.	230	6 C	17/	RIS	000	Olling,	Back	le	ma 01 4/6
	31. DATE FILEO (Month, Day, Year)	2	AR'S SIGNATURE									
AUG 7 1000 Alli Miller Budge.												





	ă
	must
	m 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be
us after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	redical
0	=
ation	ŧ.
Crem	yent
bunial	atte (
2	E
prior	Ta
iene	the
H	1
Mental	lury, c
9	=
ith a	am
Hee	3
0	Sho
Dept.	23
State	Item
the	0
with	ked,
urs after death with 1	mar
10	- 50
aft	28
55	E

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

(Month, Day, Year) 3 1990

TO BE COMPLETED BY FUNERAL DIRECTOR

notified at once.

SOCIAL SECURITY NUMBER		CARROLL		2. DATE OF DEATH	YEAR	3. TIME OF DEATH
I. FACULTY NAME (If not institution,	n, give atreet and number)	YRS. MONTH	ER 1 YEAR F UNDER 24 HRS. DAYS HOURS MIN. TY TOWN OR LOCATION OF	7. DATE OF BIRTH (Month, Day, Year) 0 2 -23 - /		TTHPLACE (State or Foreign intry)  I RG IN I A  T DEATH
	COUNTY	AATT			10g. CITIZEN O	10d. INSIDE CITY LIMITS?  1 YES 2 NO F WHAT COUNTRY?
MARITAL STATUS Never Married 2 Married Wildowed 4 Divorced	IF YES, GIVE WAR OF	ES 2 SUNO R DATES	3. WAS DECENDENT OF HISP If yes, specify cyban, Maxi 1   YES 2   NO Specific	cen, Puerto Ricen, etc.)	Sp	ACE—American Indian, ack, White, etc.
15. DECEDENT: (Specify only highes Elementary/Secondary (0-12)	st grade completed)  Cotlege (1-4 or 8 +)	16e. DECEDENT'S USUAL (Give kind of work do life. Do NOT use retired	e during most of working	16b, KIND OF BUS		
a. INFORMANT'S NAME (Type/Prin	Moe E	19b. MAILING ADDRI	SS (Street and Numberfor Rum	AME (First, Middle, Meiden	Sumame) SuM  , State, Zip Code)	MONS 21219
AETHOD OF DISPOSITION Burlel 2 Cremation 3 Donation 5 Other (Speech	(y)		METERY	136	CATION — City or	Jown, State
SOUTH OF FUNERAL SERV	es, or complications that cau	1	2. NAME AND ADDRESS OF	RALBERUT	1721	54
MMEDIATE CAUSE (Finel Isease or condition soulting in death)	silure. List only ona cause Di	sed the death. Do not an an aech lina.  Ueles Muss A CONSEQUENCE OF):		cn as cardiac or respi	ratory srreat,	Approximate Interval Betwee Onset and Dec
equentially list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disesse or injury nat initiated events sesuiting in death) LAST	DUE TO (OR A	S A CONSEQUENCE OF:	lar			
ART II. Other algnificant cor	nditiona contributing to deet	h but not resulting in the	underlying cause given	n Part I. 24e. WAS AN PERFOR	MED?	1 Adb. WERE AUTOPSY FINDIN AMILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?  1 YES 2 NO
. WAS CASE REFERRED TO MEDI			26. PLACE OF DEATH	Check only one)		
1 YES 2 NO	HOSPITAL:	Outpatient 3 DOA 4 D	ER: luraing Homa 5 🗌 Residenc	6 Other (Specify)		
27. MANNER OF DEATH  1 Natural 5 Pending Investigation  2 Accident Resident Resident Resident Resident Residence Res						
3 Suicide 4 Homicide 6 Could I determi	building, etc. (3	specify)		City or Town, State)		er mutte Nutriber,
anal	XAMINER: On the beals of examina			na time, data and place, an	d dua to the caus	NED (Month, Day, Year)
NAME AND ADDRÉSS OF PERS	SON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Print)	0185- 60 Wilken	2 )	7/1	9/90

In the control of the state of

x a transfer of the first of the second seco

	FOR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MEN'	TAL HYGIENE
-	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR	SIAIE UF	MAKTLAND /	ERTIF	ICATE OF				ILNE I. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						1	2. DATE OF DEA		YEAR	3. TIME OF D	EATH
	ROBERT	M. (	DULB	our	RN			AUG.	3	1990	6:30	AM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER 1 YEAR	IF UNDER 24 I	HRS.	7. DATE OF BIRT (Month, Day, Y	her) a	8. BIRT Coun	HPLACE (State o	r Foreign
	215-03-4786	1 1 2   F	96	YRS.	WONTHS DAYS	HOURS I	and.	10-3	5-93		MD.	
	9e. FACILITY NAME (If not institution, give	street and number)			96. CITY, TOWN		OF DEA	ATH 1	9c. C	OUNTY OF I	DEATH	
5	RESIDENCE OF DECEDENT	CORP.			DILTIN	MORE	017	4				
DIRECTOR	10e. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN OR LOCA	TION		-			10d. INSIDE C	HTY
in in	M).			Bi	ALTIMORI	E					1 VES 2	□ NO
AL	10e. STREET AND NUMBER				10	f. ZIP CODE	4- 1		10g. (	CITIZEN OF	WHAT COUNTRY	r
FUNERAL	101 N. BOND S	$\mathcal{T}$				2123	31			451	4.	
E	11. MARITAL STATUS  1 Never Merried 2 Married	12. WAS DECEDED FORCES?	NT EVED IN U.S. AP					C ORIGIN? (Spec , Puerto Ricen, et		- 14. RAC Blan	CE — American i	ndlan,
BY	3 Widowed 4 Divorced	IF YES, GIVE	WAR OR DATES		1 TYES	2 NO	Specify:			Spec	olly:whit	2
8	16. DECEDENT'S EDU				USUAL OCCUPATI				OF BUSINESS			
<u> </u>	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	Mo	. Do NOT u		ost of working		1.00	BAR	BIDO	5 mate	=RIAL
AP I	11		S	ALES	SMAN			1000	1.0///			
COMPL	17. FATHER'S NAME (First, Middle, Last)	TILLA.	1 10			18. MOTHER	S NAM	NE (First, Middle, A	Asiden Surnam	0)		
BE	ROBERI MAI	#145	OULB	DUR	か	IEK	ES	A PI	PLAG	ANG	)	
2	190. INFORMANT'S NAME (Type/Print)	10	19	6. MAILING	ADDRESS (Street	and Number or	Rural Ro	oute Number, City	or Town, State,	Zip Code)	un n	101-
	20a, METHOD OF DISPOSITION	LBOURN	20h BLACE	OF DISPO	SITION (Name of ce	TWIV !	Ka.	12/1/2	Oc. LOCATION	(5)		1210
	1 Donation 6 Other (Specify)	noval from State	other pi	(ace)	DINGE	A = na	-	EPIL	RALTA	- Carl	ntil	mn.
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	- 1 244			ND ADDRESS			311210		1119	1110.
	10/100 in	Q Pain	SII		HEN	DV W	10	NKINS	15,00	-3, BA	LOUNT	0
	23. PART I. Enter the diseasee, or			ath Do							Approx	
	ahock, or heart failure.	List only one ca	use On each line	3.	THE STREET WITH THE	, o o o o o o o o o o o o o o o o o o o	,	44 0014120 01	roupirotory	arroat,	Interve	l Between and Death
	iMMEDIATE CAUSE (Finel disease or condition	11	W.GOT!	-	HEART	FAIL	1117	<b>,</b>			Onset	and Death
	resulting in death)	DUE TO	O (OR AS A CONSE	OUENCE C	0F):	1776	uic				1	
Z		b										
E	Sequentially list conditions, if any, leading to immediate	DUE TO	O (OR AS A CONSE	OUENCE C	PF):							
2	CAUSE (Disease or Injury	C. DUE TO	O (OR AS A CONSE	OUENCE O	10.				·			
CERTIFICATION	that initiated events resulting in deeth) LAST	DOE IV	J (ON AS A CONSE	OUENCE (	/r);							
Ü		d										
CAL	PART II. Other algnificent condition		o death but not	reculting	In the underlyin	g cause give	en In F	Part I. 24s. W	AS AN AUTOP	SY 24	b. WERE AUTOPS	IOR TO
	GE BLEEPI							_ 10	YES 2 NO		OF DEATH?	OF CAUSE
MEC	RENAL FX	MRE									1 _ YES 2	□ NO
AN	25 WHO CASE DEEDDED TO MEDICAL											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	D 5000 1-11 11 11		OTHER:	LACE OF DEAT						
H	27, MANNER OF DEATH	28e. DATE O	ER/Outpatient 3	26b. TII	4 Nursing Hor	JURY AT	lence (	28d, DESCRIBE		OCCURED		
	1 Natural 5 Pending	(Month,	Day, Year)	IN		ORK? YES 2 N	10					
) BY	2 Accident Investigation 3 Suicide 6 Could not be	26e. PLACE	OF INJURY — At he	ome, farm,	street, factory, offic	De .		26f. LOCATION (	Street end Nur	nber or Rural	Route Number,	
COMPLETED	4 Homicide determined	punding	j, atc. (Specify)					City or Town	, Stere)			
7.	290. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of	of my knowledge, de	eath occur	red at the time, date	end place, er	nd due 1	to the cause(e) e	nd manner ee	stated.		
WC	one) 2 MEDICAL EXAMIN	The second secon									e(s) end manner	es atated.
	296. SIGNATURE AND TITLE OF CERTIFIE	ER				29c. LICENS	SE NUM	BER	29d.	DATE SIGNE	ED (Month, Day, Y	bar)
) BE	annewarson	er u	0			216	-61	9	•	8/3,	190	
2	30. NAME AND ADDRESS OF PERSON W						- "					
		40WAY		40.	21231	Co	RAZ	ON VE	EGARA	-501	HES	
	31. DATE FILED-(Month, Day, Year)	32. REGISTR	AR'S SIGNATURE	MP.								
	AUG 3 1990	guha David	Jan-North									

3. TIME OF DEATH

YEAR

2. DATE OF DEATH

CO.		
or use as the surface of	)	
should be detached for		e notified at once.
page 5 s		it be not
letely filled in by the funeral director, page 5 s		xaminer mus
ed in by the	or removal.	medical e
d completely fills	urial, cremation,	is marked, or item 23 shows any injury, or other traumatic event, the medical examine
physician an	ne prior to b	her traumal
rtificate has been signed by the attending physician	Mental Hygie	lury, or of
signed by t	ter death with the State Dept. of Health and Menta	ws any in
has been	e Dept. of	m 23 she
fter this certificate	ith the Stat	ad or ite
R. After thi	er death w.	is mark
0	2	- 60

ANNA HAMMOND COE AUG. 01 1990 12:01 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. DAYS 1 M 2 XF YRS. 92 Mar. 17 1898 015-22-0342 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 252 Hammerlee Road Glen Burnie Anne Arundel RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY LIMITS? 1 - YES 2 X NO Maryland Baltimore Reisterstown 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10f. ZIP CODE Butler Road 21136 USA 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Maxican, Puarto Rican, atc.) 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 TYES 2 NO Specify: BY 3 🕅 Widowed 4 🗌 Divorced White COMPLETED 16a. DECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12th 3 years Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Herbert Hammond Ritta Mewshaw 띪 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 252 Hammarlee Road, Glen Burnie, Md. 21061 Joann Coe Stoll 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION -- City or Town, State Burlal 2 Cremation 3 Ramoval from State Saints Donation 5 - Other (Specify) A11 Cemetery Reisterstown, Maryland 21 SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME Ven SECOND AVE. S.W., GLEN BURNIE, MD. 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or haert fellure. List Dnly one ceuse on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition\_ mattive resulting in death) OUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, jeading to immediate e. Enter UNDERLYING CAUSE (Disease or injury QUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) HOSPITAL OTHER 1 YES 2 NO 1 | Inpetient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 Residence 6 Other (Specify) 26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 27. MANNEB OF OEATH 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED 4 Homicide THE FUNERAL DIRECTO The The 1 ERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. MPORTANT: IL 2 MEDICAL EXAMINER: On the igation, in my opinion, death occured at the time, data and piace, and dua to the cause(a) and menner as stated, 29c. LICENSE NUMBER 29b. SIGNATURE AND TITLE OF CORT BE 23 2 30. NAME AND ADDRESS OF PERSO DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21203 Page 6 may be retained by the hospital or attent

> DIVISION OF VITAL RECORDS, P.O. BOX 13146, executed HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

1 /2 Name (Will And Park)

1	Se		
5	lor L		
-	B		
2	tach		Ce.
2	de de		10
5	Q p		70
-	non		fle
3	5 5		HOL
	30e		96
-	f, p		15
)	ecto		Ē
-	di		3er
	Dera		Ē
3	和		exa
	y th	NOVA	ie3
	n b	Je J	edi
	po	0	E
	y fil	ntion	ŧ
	letel	E E	int,
	ОПО	, 0	eve
	o p	unia	tic
3	n an	2	EWI
3	icia	rior	120
	Ships	e p	er i
3	0	gie	등
	end	Ę	9
3	att	enta	JLY,
2	the the	N P	Ī
C real	P P	T an	lu y
3	igne	eatt	50
2000	en s	P F	hov
	e pe	10	53
2	ha	0	m 2
	cate	Stat	至
2	ertif	the	9
2	is c	ŧ	ed,
	A TO	中	art
	Afte	dea	E
1.514	DR:	fter	8
2	NECT.	IS a	m 2
IN THE MOST IN A LENDING THE DOLLAR. THE SAME SHOWEN THE SAME	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: if Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
7	RAL	2	=
2	JNE	thin	FI
E L	FF	M P	F
-	H	file	100
2	12	2	-

	1 - STATE REGISTRAR	STATE OF I	MARYLAND /		RTMENT O			MENTAL	HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)	. = = = = =						MONTH	OF DEATH	AV	YEAR	3. TIME OF DEATH
	HUBER	LESTER	(	COFIL	:LL			Augu	st 2,	1990	)	8:00 A
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER 1 YE		MIN.	7. DATE (	Dey, Year)		8. BIRTH Countr	IPLACE (State or Foreign
	217-07-1418	1 € M 2 □ F	82	YRS.	MONTHS DA	YS HOURS	MIN.	Aug.		907		Maryland
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TO	WN OR LOCAT	TION OF D			9c. COU	NTY OF D	
TOR	3224 Chesley Ave.				Balti	nore						
DIRECTOR	10a. STATE 10b. COUNT	Υ			ry, TOWN OR LI	OCATION			-			10d. INSIDE CITY LIMITS?  NX YES 2 NO
	10e, STREET AND NUMBER		-			101. ZIP CO	DE			I son CIT	IZEN OF Y	WHAT COUNTRY?
FUNERAL										log. Cit		
H	3224 Chesley Ave.	1					234				u.s.	
E	11. MARITAL STATUS  1 Never Married 2 W Married	FORCES?	T EVER IN U.S. AR			DECENDENT s, specify Cut				n or No—	14. RACE Black	E — American Indian, k, White, etc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE Y	MAR OR DATES		1 🗆	YES 2 X NO	Speci	thy:			Speci	
			1									White
Ē	15. DECEDENT'S EDU (Specify only highest grad	CATION completed)	(G	ilve kind of	work done durin	PATION g most of work	king	16b.	KIND OF BU	SINESS/INI	DUSTRY	
LE	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Do NOT u	se retired.)							
MP	6		M	echa	nic			Au	tomob	ile.		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MO	THER'S N.	AME (First, N	fiddle, Maiden	Surname)		
BEC	Huber R	eunolds	Cal	iell			Mar	111	Id	olla		Brooks
	19a, INFORMANT'S NAME (Type/Print)				ADDRESS (St	reet and Numb					Code)	D-100103
2	Helen M. Cofiell		2	221	Chesle	. Aug	12	2a D + iv	0040	MD.	01	734
	20a. METHOD OF DISPOSITION				SITION (Name					CATION		
	1X Buriel 2 Cremetion 3 Ren	noval from Stata	other pi	(ace)	e Ceme				100			aryland
	4 Donation 5 Other (Specify)	CENSEE	_   bacc	LINUTE		LE AND ADDR	ECC OF E	ACH ITY	buc	NUIIO!	LE MC	vigiana
	*Aluane	Ken	inel		Robe	ert C.	Alt	tenbur	g Fun	eral	Home	e, Inc.
	23. PART I. Enter the diseases for	complications the	nt caused the de	esth. Do	not enter the	Hank	ona. au	ch as card	lec or resp	iratory ar	rest.	Approximata
	23. PART I. Enter the diseases for ahock, or haert fatture.	List only one ce	use on each line	4)	-	A						Interval Between
	IMMEDIATE CAUSE (Final disease or condition	Pa	12000	tous	140	· Vu	10					Onset and Daat
	resulting in death)	· re	gue	ery	1 "		4					
		QUE TO	(OF AS A CONSE	DUENCE C	1/2	no of	I		and of			
Z	Sequentially list conditions,	a Cor	igesu	No	12/6	are	7 9	ueu	re			
5	if any, leading to immediate	DUE TO	TOR AS A CONSE	DENCE	of c							
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	. )	ofver	47	uma	1						
II.	that initiated events	DUE TO	(OF AS A CONSE	CHUENCE C	or):							
F	resulting in death) LAST	4.	-	/								
					212 772						_	
AL	PART II. Other significant condition	ns contributing to	death But not	<b>Brouiting</b>	in the under	fying cause	given i	n Part I.	24a. WAS AN PERFO		248	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
2	Jenke	But	procen	44					1 TYES	2 [] NO		COMPLETION OF CAUSE OF DEATH?
ij	Posse	ve 1	ung	la	cent	ma	/				- 1	T YES 2 NO
PHYSICIAN: MEDIC	7		1	and the state of t							- 1	
A	25. WAS CASE REPERRED 70 MEDICAL	T	1/		- 1	8. PLACE OF	DEATH /C	Sheck only on	no!			
2	EXAMINER?	HOSPITAL:			OTHER:		/					
Ι¥	27. MANNER OF DEATH	28a. DATE O	ENVOypetient			Home 5 M	Residence		CRIBE HOW	m name or	on many	
4	1 Return 5 Pending		Dept. Moser)	286, TH	MINN	WORK?	F71.00	and Des	CHIDE HOW	INJUNT OC	COMED	
BY	2 Accident Investigation					THE POPULATION	□ NO					
ED	3 Guicide 8 Could not be	28e. PLACE building	OF INJURY — At he L etc. (Specify)	ome, farm,	street, factory,	office		28f, LOC	ATION (Street or Town, State	and Numbe	e or Fluid	Route Numbec
ETE	4 Homicide determined											
LE	29a. CERTIFIER CERTIFYING PHY	SICIAN: To the beat of	f my knowledge. 4	eath occur	red at the time	date and nie	ca, and de	us to the ner	(se(a) and mi	inner se et	rted.	
COMPL	one)											a) and manner as stated.
00		// //	/	Jangar	, my vpmi				Tire Present in			
BE	29h. SIGNATURE AND TATLE OF CERTIFIE	1 di	b, x	.11	12	29c. Li	CENSE N	UMBER /1	5	29d. DA	TE SIGNET	(Mghth, Day, Year)
10	1 reache	1.110	NO	11/	1	10	66	64	)		1/6	170
	20 HAM AND ADDRESS OF DEMINING	NO COLUMN PTER CAL	SEE OF BEATH ATE	TRA 0.77 -	- Ph. F - + 1						, ,	

HOLABIRD

Gulia Javidan Ronda

The state of the state of

1111

1. DECEDENT'S NAME (First, Middle, Last)

213-05-8015

4. SOCIAL SECURITY NUMBER

DAVID A DANNENFELSER

9e. FACILITY NAME (If not institution, give street and number)

5. SEX

IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS

9b. CITY, TOWN OR LOCATION OF DEATH

6. AGE (In yrs. last birthday)

88

3. TIME OF DEATH

OHMH-16 Rev 1/89

BIRTHPLACE (State or Country)

U.S.A.

990

9c. COUNTY OF DEATH

REG. NO.

1902

August

7. DATE OF BIRTH (Month, Day, Year)

JULY 17

Pages 1, 2, 3 should

2, 3 s	DIRECTOR	STELLA MARIS	HOSPICE		TOWSON	, MARYLAN	ND 212	POL BA	LTIMORE
ages 1,	REC	10e. STATE 10b. COU	NTY	10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?
Ę	1 1		TIMORE	Т	OWSON, M			1	1 TES 2 NO
sit per	FUNERAL	100. STREET AND NUMBER 9415 DANA VIS	<b>ፕ</b> ል ጽኮ		10	1. ZIP CODE 21236	i i		U.S.A
II-trang	3	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DEC	CENDENT OF HISPANI			RACE — American Indian,
the burial-transit permit. Pages	B	1 Never Merried 2 Merried 3 Wildowed 4 Olvorced	FORCES? 1 TYES			ecify Cuban, Mexican 3 2 NO Specify:		etc.)	Black, White, atc. Specify WHITE
	PLETED	15. DECEDENT'S E (Specify only highest gr Elementary/Secondery (0-12) N/A	DUCATION ade completed)  College (1-4 or 5+) N/A	(Give kind of life. Do NOT u	S USUAL OCCUPATION work done during mose retired.)	ost of working		OCIATE U-1 P.	
1	COMPL	17. FATHER'S NAME (First, Middle, Last)		LGOMPANI	VIOR ED	18. MOTHER'S NAM	E (First, Middle,	Meiden Surname)	
d be	BE	DAVID DANNEN	FEISER SR.			MARO	GARET I	IEIBLE	
e 5 should notified	10	19a. INFORMANT'S NAME (Type/Print) DAVID A. DANNEN	FELSER, III (					ry or Town, State, Zip Co RVILLE, M.	•
rector, page		20e. METHOD OF DISPOSITION 1 Suriel 2 Cremetion 3 R 4 Donation 5 Other (Specify)		ob. PLACE OF DISPO other place) ARKWOOD		meterly, crematory or		20c. LOCATION — City BALTIMORE	or Town, State , MARYLAND
the funeral director, wal.		21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	=/	SCHI 9705	ND ADDRESS OF FAC MUNEK FUN BELAIR R	ERAL H	OME, INC. ALTIMORE,	MARYLAND 2123
attending physician and completely filled in by the mal Hygiene prior to burial, cremation, or removal y, or other traumatic event, the medical is	MEDICAL CERTIFICATION	iMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentially liet conditions, if eny, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated evente	e. Probable  DUE TO (OR AS  C. DUE TO (OR AS	each line.	cardio Legiosc/E			•	interval Between Onsat and Death
sen signed by the atte of Health and Mental shows any Injury,		PART II. Other eignificant conditions	ons contributing to death	but not resulting	in the underlyin	g cause given in i		WAS AN AUTOPSY PERFORMEO? YES 2 PANO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
has Dep	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		QTHER:	LACE OF DEATH (Che			
his certif with the ced, or	ву РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	/ 26h TH	ME OF 28c. IN.	JURY AT ORK? YES 2 NO		E HOW INJURY OCCUR	ED
L DIRECTOR: After the hours after death visitem 28 Is mark		3 Suicide 6 Could not 4 Homicide determined	28e. PLACE OF INJUING building, etc. (Single-	At home, farm,	street, factory, offic	te	26f. LOCATION City or Tox	(Street end Number or n, Stete)	Rural Route Number,
NERAL DIRI Nin 72 hour NT: If Item	COMPLETE	onal	YSICIAN: To the best of my line						euse(e) and menner ee stated.
TO THE FUNERAL ID THE FUNERAL ID THE FUNERAL IN THE FUNERAL IN THE FUNERAL ID THE FUNERAL IT IN THE FUNERAL IT IN THE FUNERAL IT IN THE FUNERAL IT IN THE FUNERAL IT IN THE FUNERAL IT IN THE FUNERAL ID	TO BE C	29b. SIGNATURE AND TITLE OF CERTI				29c. LICENSE NUM		. 0	IGNED (Month, Day, Year)  OUST 1, 1990
	ř	30. NAME AND ADDRESS OF PERSON  Eddie Nai	MING COMPLETED CAUSE OF D  A LA LA M  32. REGISTRAR'S SIG  ALLA SAURANA	D. Hel	o, Print)	is - 230	000	Towson Maney Va	18-21204 1104Road
		31. DATE FILED (Month_Day, Year)  AUG 3 1990	932. REGISTRAR'S SIG	And 12					

• • • • 

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA	L HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

DECEDENT'S NAME (First, Middle, Last)  Loise1	ette		D	ucket	t	2. DAT	uly 3	ĭ. 1	9 50	3. TIME OF DEATH  11:39AM
i. SOCIAL SECURITY NUMBER  18-03-5172	5. SEX	6. AGE (In yrs. 71		IF UNDER 1 YEAR	R IF UNDER 24 HRS.	7. DAT	E OF BIRTH	, -		LACE (State or Foreign
De. FACILITY NAME (If not institution, give s		/1	YHS.	9b. CITY, TOW	N OR LOCATION OF		23-10	9c. COU	NTY OF DE	
Maryland Gen	eral Ho	spita	1	В	altimor	e Ci	ty			
10a. STATE 10b. COUNT	A			ry, TOWN OR LO	CATION					10d. INSIDE CITY LIMITS?
140 E. Lafayette	Ave.				10f. ZIP CODE 21217			_		IAT COUNTRY?
II. MARITAL STATUS    Never Merried 2   Merried   Merrie	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2		If yes,	DECENDENT OF HISP specify Cuban, Mexi (ES 2 NO Spe	cen, Puerte		or No—	14. RACE Black, Spacify	American Indian, White, etc.
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) Unk •	CATION o completed) College (1-4 or 5 -	+)	DECEDENT'S (Give kind of life. Do NOT u		ATION most of working	16	Sb. KIND OF BUS	BINESS/IND	DUSTRY	
17. FATHER'S NAME (First, Middle, Lest) Unknown					18. MOTNER'S I		, Middle, Malden	Surname)		
9a. INFORMANT'S NAME (Type/Print) Legal Guardianshi	p				et and Number or Aun				,	
20a. METHOD OF DISPOSITION  Durial 2 Cremation 3 Rem  Donation 5 Other (Specify)	-	20b. PLA		-	cemetery, crematory o		20c. LO		City or Tow	n, State
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			2≱√NAME	AND ADDRESS OF	FACILITY				
23. PART I. Enter the disease, or shock, of heart fellure.  IMMEDIATE CAUSE (Final disease or condition	complications that List only one cau	use on each I	line.	3405		lin uch se ce	St. 212		rest,	
23. PART I. Enter the diseases, or shock, of heart fellure.	a	at coused the	OVAS(	3405 not enter the cular PF):	W. Feank	lin uch se ce	St. 212		rest,	Inferval Between
23. PART I. Enter the disease, or shock, or heart feliure.  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. C DUE TO  DUE TO  DUE TO	et coused the use on each I  Cerebr  O (OR AS A CON  O (OR AS A CON  O (OR AS A CON	OVAS( SEQUENCE C	3405 not enter the cular PF):	W. Frank	clin uch se ce nt	St. 212  rdiac or reapi	AUTOPSY MMED?	24b.	Unset and Dea
23. PART I. Enter the disease, or shock, of heart feliure.  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	a. C DUE TO  DUE TO  DUE TO	et coused the use on each I  Cerebr  O (OR AS A CON  O (OR AS A CON  O (OR AS A CON	OVAS( SEQUENCE C	3405 not enter the cular PF):	W. Frank	clin uch se ce nt	St. 212  ordiac or reapi	AUTOPSY MMED?	24b.	Inferval Betwee Onset and Dea
23. PART I. Enter the diseases, or shock, of heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST  PART II. Other algnificant conditions.	a. C  BUE TO  C. DUE TO  d. DUE TO  HOSPITAL:	at coused the use on each I Cerebr O (OR AS A CON O (OR AS A CON O (OR AS A CON	OVAS( SEQUENCE C SEQUENCE C SEQUENCE C	3405 not enter the cular PF):  DF):  In the underly	W. Frank mode of dying, se  Accide  ying ceuse given	nt In Part I.	St. 212  rdiac or reapi	AUTOPSY MMED?	24b.	WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?
23. PART I. Enter the diseases, or shock, of heart feliure.  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2X NO  27. MANNER OF DEATN  1 Natural 6 Pending	a	at coused the use on each I Cerebr O (OR AS A CON O) (OR AS A	OVAS ( SEQUENCE C SEQUENCE C SEQUENCE C	3405 not enter the cular cular  PF):  In the underly  OTHER: 4   Nursing   ME OF   28c. JURY	W. Frank mode of dying, se  Accide	In Part I.	St. 212  rdiac or reapi	AUTOPSY MED?	24b.	WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?
23. PART I. Enter the diseases, or shock, of heart feliure.  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inklated events resulting in death) LAST  PART II. Other algnificant conditions and the cause. Examiner?  1	a. C  B. DUE TO  C. DUE TO  d. DUE TO  HOSPITAL: 1 C Inpatient 2  28e. DATE OF (Month, L)  28e. PLACE OF	at coused the use on each I Cerebr Cerebr O (OR AS A CON)	SEQUENCE CONSEQUENCE 3405 not enter the cular cular  PF):  In the underly  OTHER: 4   Nursing   ME OF   28c. JURY	W. Frank mode of dying, so Accide  Accide  ying ceuse given  PLACE OF OEATH ( Home 5   Residence INJUST AT WORK?	In Part I.  Check only 25d. D	24a. WAS AN PERFOR 1 YES 2	AUTOPSY IMED?	24b.	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?	
23. PART I. Enter the diseases, or shock, of heart fellure.  IMMEDIATE CAUSE (Final disease or condition presulting in deeth)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other algnificant conditions and the cause. Examiner?  1  Yes 2X NO  27. MANNER OF DEATN  1 Natural 6 Pending investigation 3 Suicide 6 Could not be	DUE TO  DUE TO	at coused the use on each I Cerebr Cerebr O (OR AS A CON O (OR AS	OVAS ( SEQUENCE C SEQUENCE C SEQUENCE C SEQUENCE C SEQUENCE C SEQUENCE C SEQUENCE C SEQUENCE C	3405 not enter the cular cular  Fig.  Fig.  OF:  In the underly  OTHER: 4   Nursing   ME OF   28c. JURY   1   street, factory, or	W. Frank mode of dying, se  Accide  Accide  ying ceuse given  . PLACE OF OEATH ( tome 5   Residence work?  YES 2   NO  wiffice	In Part I.  Check only 28d. D 28f. LC	24a. WAS AN PERFOR 1 VES 2  One)  Ther (Specify)  DESCRIBE HOW III  DOCATION (Street a fly or Town, State)	AUTOPSY MED?  NO NJURY OC	24b.	WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF OCATI".  1 YES 2 NO
23. PART I. Enter the diseases, or shock, of heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2X NO  27. MANNER OF DEATN  1 Natural 6 Pending investigation  2 Accident investigation  3 Suicide 6 Could not be detarmined  29e. CERTIFIER 1 CERTIFYING PHYS	a	at coused the use on each I Cerebr Cerebr O (OR AS A CON O (OR AS	SEQUENCE CONSEQUENCE 3405 not enter the cular cular  OF):  OF):  In the underly  OTHER: 4   Nursing h  ME OF   28c.  UURY   1    street, fectory, of	W. Frank mode of dying, se  Accide  Accide  ying ceuse given  . PLACE OF OEATH ( tome 5   Residence work?  YES 2   NO  wiffice	In Part I.  Check only 28d. D 28d. D 28d. L 30d. D	24a. WAS AN PERFOR 1 VES 2  One)  Ther (Specify)  DESCRIBE HOW III  DOCATION (Street a fly or Town, State)	AUTOPSY IMED?  NJURY OC  and Number  and due to ti	24b. CUREO or or Rural Ru nted, he cause(e)	WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF OCATI".  1 YES 2 NO	

0.5318 67

in it

Lu. Selfine x 21217 Culture x x x Lite x Lit

In Chixin

x 71

210-03-51/2

AX Langue Langue, 111. Our est thest although 1.0. 21.01.

allace runeral rvice 3005 . reduklin st. 2122

1-05-

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach he find within 72 hours after death with the State Deut, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
be retained	e 5 shouk	e notified
де 6 тау	irector, pag	r must b
r death. Pa	e funeral d	examine
ours after	ed in by the	medical
within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune find within 72 hours after clearly with the State Dect. of Health and Mental Hopiene prior to burial, cremation, or removal,	vent, the
be executed	ian and con	sumatic e
certificate t	fing physicily voiene prio	other tra
the death	the attend	Injury, or
quires that	n signed by	lows any
The law re	ite has bee ate Deot. o	em 23 st
CIAN:	ertifica	or it
ING PHYSI	After this c	marked,
ATTEND	IRECTOR: /	ет 28 ів
OSPITAL O	JNERAL D	ANT: If Its
TO THE H	TO THE FI	IMPORT

1. DECEDENT'S NAME (First, Middle, Last)  Margaret Eaton								2. DAT	E OF DEATH	10	90	3. TIME OF DE	ATN
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is		IF UNDE	R 1 YEAR	IF UNDER	24 HRS. MIN.	7. DAT	E OF BIRTH		8. BIRTI	NPLACE (State or	Foreign
218-36-3117  9a. FACILITY NAME (If not institution, give stre		91	YRS.						121/9				
Canton Nursing		r				mor				9c. COU	INTY OF D	DEATN	
10e. STATE 10b. COUNTY			10c. Ci7	Y, TOWN	OR LOCAT	ION						10d. INSIDE CI	ΓY
Md.			Bal	Ltim		Cit						1 YES 2	NO
10e. STREET AND NUMBER						ZIP CODI						N OF WHAT COUNTRY?	
1300 S. Ellwood						2122		U .			.S.A.		
11. MARITAL STATUS  1 Never Merried 2 Merried  3 Wildowed 4 Divorced		NT EVER IN U.S. A I YES 2 MAR OR DATES	NO		If yes, spe		n, Mexica	n, Puerte	iiN? (Specify Yes o Ricen, atc.)	or No-	Blac	E — American Inc. ck, White, atc.	
15. DECEDENT'S EDUC. (Specify only highest grade of	ATION	16a. D	ECEDENT'S	UŞUAL C	CCUPATIO	N et et modrie		10	86. KIND OF BUS	SINESS/IN	DUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5	+)	Give kind of le. Do NOT u										
Unk.	Unk.	F	Pract	tica	1 N				Healt				
17. FATNER'S NAME (First, Middle, Last)									, Middle, Maiden				
George Bilz						_			Rieme				
19e. INFORMANT'S NAME (Type/Print)			96. MAILING 2302						mber, City or Tow			id. 210	1/. 7
Joseph Kidd			E OF DISPO					IIL				own, State	747
1 Buriel 2 Cremation 3 Remo	wal from State	other r	ninani					Ce	em. Ba				
21. SIGNATURE OF FUNERAL SERVICE LICE		_ Daci											
	ENSEE	-	0			ND ADDRE			281	8 E.	Bal	timore	St.
Ra No	P /	.0	2_	22	NAME AN	ADDRE	SS OF FA	CILITY	281	8 E.	Bal	timore Md. 212	
Beman 10	Elmou	elw)	J.	22 B	. Dal	Drows	ss of fa	CILITY & SC	281 on Bal	8 E. timo:	Bal re,	timore Md. 212	24
23. PART I. Enter the diseases, or coshock, or heart failure. L	omplications the		Jeath. Do	22 B	. Dal	Drows	ss of fa	CILITY & SC	281 on Bal	8 E. timo:	Bal re,	timore Md. 212 Approxi	24 mate Between
23. PART I. Enter the diseases, or co	omplications the		Jeath. Do	22 B	. Dal	Drows	ss of fa	CILITY & SC	281 on Bal	8 E. timo:	Bal re,	timore Md. 212 Approxi	24 mate
23. PART I. Enter the diseases, or conshock, or heart failure. L	omplications the	use on each lir	Jeath. Do	22 B	. Dal	Drows	ss of fa	CILITY & SC	281 on Bal	8 E. timo:	Bal re,	timore Md. 212 Approxi	24 mate Between
23. PART I. Entar tha diseases, or constant failure. L. IMMEDIATE CAUSE (Final disease or condition	omplications the	use on each lir	Jeath. Do	22 B	. Dal	Drows	ss of fa	CILITY & SC	281 on Bal	8 E. timo:	Bal re,	timore Md. 212 Approxi	24 mate Between
23. PART I. Enter the diseases, or constant shock, or heart failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions,	omplications the last only one ca	use on each lir	Jeath. Do ha.	22 B	. Dal	Drows	ss of fa	CILITY & SC	281 on Bal	8 E. timo:	Bal re,	timore Md. 212 Approxi	24 mate Between
23. PART I. Enter the diseases, or conshock, or heart failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	omplications the last only one ca	on each lings	Jeath. Do ha.	22 B	. Dal	Drows	ss of fa	CILITY & SC	281 on Bal	8 E. timo:	Bal re,	timore Md. 212 Approxi	24 mate Between
23. PART I. Enter the diseases, or conshock, or heart failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that inflitated events	omplications the last only one ca	on each lings	Jeath. Do ha.	22 B	. Dal	Drows	ss of fa	CILITY & SC	281 on Bal	8 E. timo:	Bal re,	timore Md. 212 Approxi	24 mate Between
23. PART I. Enter the diseases, or conshock, or heart failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	omplications the last only one ca	on each lings	Jeath. Do ha.	22 B	. Dal	Drows	ss of fa	CILITY & SC	281 on Bal	8 E. timo:	Bal re,	timore Md. 212 Approxi	24 mate Between
23. PART I. Enter the diseases, or conshock, or heart failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that inflitated events	DUE TO	O OR AS A CONSI	leath. Do na.	B PF:	Dal Property Care	or ADDRESS OF ADDRESS	ss of FA	Sility & School & Sch	281 Dn Ball Ball Ball Ball Ball Ball Ball Bal	8 E. timo:	BaI re, I	timore Md. 212 Approxi Interval Onset a	24 mate Between nd Daath
23. PART I. Enter the diseases, or conshock, or heart failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	O OR AS A CONSI	leath. Do na.	B PF:	Dal Property Care	or ADDRESS OF ADDRESS	ss of FA	Sility & School & Sch	281 Dn Ball Ball Ball Ball Ball Ball Ball Bal	8 E. timo: tratory si	BaI re, I	timore Md. 212  Approxi Interval Onset a	mate Between nd Daeth
23. PART I. Enter the diseases, or conshock, or heart failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	O OR AS A CONSI	leath. Do na.	B PF:	Dal Property Care	or ADDRESS OF ADDRESS	ss of FA	Sility & School & Sch	281 Dn Ball Ball Ball Ball Ball Ball Ball Bal	8 E. timo: tratory si	BaI re, I	Approxi Interval Onset a Data Market Autops)  AMALABLE PRIN COMPLETION COF DEATH?	mate Between nd Death  Findings From From From From From From From From
23. PART I. Enter the diseases, or conshock, or heart failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	O OR AS A CONSI	leath. Do na.	B PF:	Dal Property Care	or ADDRESS OF ADDRESS	ss of FA	Sility & School & Sch	281 Dn Ball Ball Ball Ball Ball Ball Ball Bal	8 E. timo: tratory si	BaI re, I	timore Md. 212  Approxi Interval Onset a	mate Between nd Death  Findings From From From From From From From From
23. PART I. Enter the diseases, or conshock, or heart failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERENCE TO MEDICAL	DUE TO	O OR AS A CONSI	leath. Do na.	B not anta	NAME AND DATE OF THE MORE AND AND AND AND AND AND AND AND AND AND	or ADDRESS OF ADDRESS	ss of FA	So So Part I.	281 on Ball ardiac or respiration pure pure pure pure pure pure pure pure	8 E. timo: tratory si	BaI re, I	Approxi Interval Onset a Data Market Autops)  AMALABLE PRIN COMPLETION COF DEATH?	mate Between nd Death  Findings From From From From From From From From
23. PART I. Enter the diseases, or conshock, or heart failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions	DUE TO	O (OR AS A CONSIDE DE CONSIDER	Seath. Do na.	B not anta	NAME AND DATE OF THE MODEL OF THE PROPERTY OF	or ADDRE	SS OF FA	Part I.	281 on Ball ardiac or respiration pure pure pure pure pure pure pure pure	8 E. timo: tratory si	BaI re, I	Approxi Interval Onset a Data Market Autops)  AMALABLE PRIN COMPLETION COF DEATH?	mate Between nd Death
23. PART I. Enter the diseases, or conshock, or heart failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERENCE TO MEDICAL EXAMINER?	DUE TO  DUE TO  A contributing to	OP AS A CONSIDER OF CONSIDER O	Sequence of the control of the contr	B not anta	name and the modern th	de of dy	SS OF FA	Part I.	281 Dn Ball ardiac or respiration by the pure state of the pure st	Earl	Ballre, I	Approxi Interval Onset a Data Market Autops)  AMALABLE PRIN COMPLETION COF DEATH?	mate Between nd Death  Findings From From From From From From From From
23. PART I. Enter the diseases, or conshock, or heart failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE RETERINED TO MEDICAL EXAMINER?  1 YES 21 10  27. MANNER OF DEATH  1 Netural 5 Pending	DUE TO  DUE TO  A contributing to  HOSPITAL:    Impatient 2   28e. DATE O	O (OR AS A CONSID D death but not	Sequence of the control of the contr	B not anta	name and the modern th	de of dy	SS OF FA	Part I.	281 Dn Ball Ball Ball Ball Ball Ball Ball Bal	Earl	Ballre, I	Approxi Interval Onset a Data Market Autops)  AMALABLE PRIN COMPLETION COF DEATH?	mate Between nd Death
23. PART I. Enter the diseases, or conshock, or heart failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERENCE OMEDICAL EXAMINER?  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 8 Could not be	DUE TO  DUE TO	OP AS A CONSIDER OF CONSIDER O	Jeath. Do na.  EQUENCE C  EQUENCE C  T resulting  3 DOA  28b. Till	DF):  OTHER  A STATE  OTHER  A STATE  ME OF	Dal r the mo	g cause	ss of FA  Ski  ing, suc  given in	Part I.	281 Dn Ball Ball Ball Ball Ball Ball Ball Bal	Eximo:  Inautops value of Numbury	BaIre, I	Approxi Interval Onset a Date of Death?	mate Between nd Death
23. PART I. Enter the diseases, or conshock, or heart failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERENCE OMEDICAL EXAMINER?  1 YES  27. MANNER OF DEATH  1 Natural 5 Pending investigation	DUE TO  DUE TO	O (OR AS A CONSIDER OF THE PRIVATE O	Jeath. Do na.  EQUENCE C  EQUENCE C  T resulting  3 DOA  28b. Till	DF):  OTHER  A STATE  OTHER  A STATE  ME OF	Dal r the mo	g cause	ss of FA  Ski  ing, suc  given in	Part I.	281 Dn Ball Ball Ball Ball Ball Ball Ball Bal	Eximo:  Inautops value of Numbury	BaIre, I	Approxi Interval Onset a Date of Death?	mate Between nd Death  Findings From From From From From From From From
23. PART I. Enter the diseases, or conshock, or heart failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERENCE OMEDICAL EXAMINER?  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 8 Could not be	DUE TO DU	D (OR AS A CONSIDER OF INJURY — At I., etc. (Specify)	Jeath. Do na.  EQUENCE C  C C C C C C C C C C C C C C C C C	DF):  OF):  OTHER 4 STALL  ME OF JURY M  street, fa	name and a part of the moon of	de of dy	ss of FA  Ski  ing, suc  given in  DEATN (Cr  esidenca	Part I.	281 Dn Ball ardiac or respiration of the purchase and perform one)  1	Eat Autopsystem No Number of Number	BaI re, I	Approxi Interval Onset a Date of Death?	mate Between nd Death  Findings From From From From From From From From

21224

TORRES
MESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
ELLWOOD AVENUE BALTIMORE, MD

S.

AUG 3 1990

BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL D

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

STATE	0F	MARYLAND / DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE	E
		CERTIFICATE	O	F DEAT	Ή		REG. NO.	

	REGISTRAR	CERTIF	ICALE	OF DEATH	RE	G. NO.		
i.	1. DECEDENT'S NAME (First, Middle, Last)  MARY E. EDRIN	ARY EDITH	EDRING	FON	2. DATE OF DE MONTH	ATH DAY 3	YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6	AGE (In yrs. lest birthday)  70 YRS.	IF UNDER 1 YE MONTHS DA		7. DATE OF BIF (Month, Pay,		8. BIRTHPL. Country)	ACE (State or Foreign
	9e. FACILITY NAME (If not Institution, give street and number)	,	96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH					
HOH.	ST JOSEPH HOSP		to	WSON			BALT	10.
1	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION							Id. INSIDE CITY LIMITS?
5	Maryland Baltimore	To	wson				t	YES 2 NO
¥ I	10e. STREET AND NUMBER			10f. ZIP CODE		200	TEZEN OF WHA	AT COUNTRY?
FUNERAL	303 Linden Ave.			21204			J.S.A.	
ا يَ	11. MARITAL STATUS  1 Never Merried 2 Merried 12. WAS DECEDENT I FORCES? 1 [	EVER IN U.S. ARMED YES 2 2NO		DECENDENT OF HISPAI L, specify Cuben, Mexico			14. RACE — Black, V	American Indian, Vhite, atc.
à	3   Widowed 4   Divorced   IF YES, GIVE WAR	OR DATES	1 🗀	YES 2 NO Specific	y:		Specify: Whi	
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16e. DECEDENT'S	USUAL OCCU	PATION g most of working	16b. KIND	OF BUSINESS/II	NDUSTRY	
91	Elementary/Secondary (0-12) College (1-4 or 5+)	Ilfe. Do NOT u	se retired.)					
COMPLETED	12	Offic	ce Wor					cturing
ဗ	17. FATHER'S NAME (First, Middle, Last) Andrew Tawney			16. MOTHER'S NA			)	
띪					et Horn			
2	Russell H. Edrington		as #1	eet and Number or Rural	Route Number, Cit	y or Town, State, 2	Zip Code)	
	20e METHOD OF DISPOSITION 1 △ Surial 2 □ Cremetion 3 □ Removal from State	ather afacel		of cemetery, crematory or		20c. LOCATION		
ŀ	4 Donetion 6 Other (Specify)	Dulaney V	Valley	Mem.Gdns.	3/3/90	Timoni	um, Md	•
ł	21. SIGNATURE OP FUNERAL SERVICE LICENSEE	_/	22. NAME AND ADDRESS OF FACILITY Ruck Towson Funeral Home,					
	16 11 1				, Towso		21204	
-	23, PART I. Enter the diseases, or complications that of ehock, or heer failure. List only one cause IMMEDIATE CAUSE (Finel disease or condition resulting in daeth)  DUE TO (C							Interval Between Onset and Death
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	OR AS A CONSEQUENCE OF						
	PART II. Other eignificant conditions contributing to d	esth but not resulting	In the under	lying ceuse given in	Part I. 24a,	WAS AN AUTOPS	Y 24b. W	ERE AUTOPSY FINDINGS
EDICAL						PERFORMED?	0	MAILABLE PRIOR TO COMPLETION OF CAUSE
					_   ''	TES 2   NO		F DEATH?
Σ		·			_			
A	25. WAS CASE REFERREO TO MEDICAL			6. PLACE OF DEATH (C	heck only one)			
SIC	EXAMINER?  1 YES 2 NO HOSPITAL: 1 Inputer 2	ER/Outpatient 3 DOA	OTHER:	Home 8 - Reeldence	8 Other (Spe	ocity)		
PHYSICIAN:	27. MANNER OF OEATH  1 Natural 5 Pending		JURY	c. INJURY AT WORK?	28d. DESCRIB	E HOW INJURY	OCCURED	
B	2 Accident Investigation	INJURY — At home, farm,		YES 2 NO	204 LOCATION	(Street end Num	has as Demil Bas	de Marehan
ED	3 Suicide 6 Could not be determined 200. PLACE OF building, at	tc. (Specify)	attest, factory.	onice	City or Tow		loer or nural not	ne number,
COMPLETED	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of n one) 2 MEDICAL EXAMINER: On the basis of examiner.							and menner ee stated.
	29b. BIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU	MBER	29d, D	ATE SIGNED (	Honth, Day, Year)
BE	Bayan K Irlatt	imp		D20	807	•	7/3	1180
임	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CADS	E OF DEATH (ITEM 27) (Typ	e, Print)					· · · · · · · · · · · · · · · · · · ·
	31. DATE FILED (Month Boy 1990 Julia Daniela	S SIGNATION DE						

EVIII. F.

DHMH-18 Rev 1/89

fled at once.

urs after death. Pro-TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 5-mours after death. Property of the property of the completely filled in by the funeral be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If I tem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examina-

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM				GIENE	
1. DECEOENT'S NAME (First, Middle, La Albert L. Fr	eeburger, Sr.				2. OATE OF O	EATH	3. TIME OF OEATH 90 9:35 a.m
4. SOCIAL SECURITY NUMBER 217-14-1459 9a. FACILITY NAME (If not institution, gi	1 M 2 F	66 YRS. MC	UNDER 1 YEAR HITHE DAYS	IF UNDER 24 HRS. HOURS MIN. PR LOCATION OF OR	7. DATE OF BI (Month, Day, 12 —	30 -23	. BIRTHPLACE (State or Foreign Country) Maryland
University of M	aryland Hospit	_	Tarra I	Ltimore (		3a. 000M1	TOPOLATI
10a. STATE 10b. COU			own on Locat				10d. INSIDE CITY LIMITS? XX YES 2 NO
10e. STREET AND NUMBER 1218 Washington	Blvd.		101	21230		10g. CITIZE	EN OF WHAT COUNTRY? USA
11. MARITAL STATUS  1 Never Merried 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 XXVIS. IF YES, GIVE WAR OR DAWN IT	2 NO	If yes, sp	ENDENT OF HISPAN actity Cuben, Mexica 2 NO Specify	n, Puerto Rican,	ecity Yes or No — 1	4. RACE — American Indian, Black, White, etc. Specify: White
15. OECEDENT'S (Specify only highest g	EDUCATION	16a. DECEDENT'S US (Give kind of work life. Do NOT use in	k done during mo etired.)	st of working		OF BUSINESS/INDU	
7th. 17. FATHER'S NAME (First, Middle, Last)		Mainten	ance Ma			nt Manufa Melden Surname)	acturing
Norman Elmer	Freeburger				tt Sea		
19a. INFORMANT'S NAME (Type/Print)  Albert L. Freeb	urger, Jr.					ty or Town, State, Zip of Maryland	· ·
20e. METHOO OF OISPOSITION 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		other place)  Loudon P		117		20c. LOCATION — CI	ty or Town, Stata
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE H. Wales	2004011	22. NAME AN Howa:	o ADDRESS OF FA	bbard F	uneral Ho	
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	Quiet a consequence of:	D				Interval Betweer Onset and Deetl Learnishe 2540
PART II. Other significant condi	tions contributing to death b	out not resulting in	ercine	g cause given in	01	WAS AN ALITOPSY PERFORMED? ] YES 2   NO	24b. WERE AUTOPSY FINDINGS AMULABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:	10	26. PI	ACE OF DEATH (CH	neck only one)		
1 TYES 2 NO	1 inpatient 2 ER/Outp		☐ Nursing Hom	NO 5 Residence		ecily) IE HOW INJURY OCCL	IRED
1 Netural 5 Pending 2 Accident Investigati	(Month, Day, Year)	INJUF	IV WC	PRK? YES 2 NO		L HOW MOOTH GOOD	
3 Suicide 6 Could not 4 Homicide determine		f — At home, farm, stre	et, factory, offic	•	281. LOCATION City or Tox	N (Street and Number ovn, State)	r Rural Route Number,
(original dring)	HYSICIAN: To the best of my know MINER: On the basis of examination						
296. SIGNATURE AND TITLE OF CERT	Bargles n	n D.		29c. LICENSE NU B42		29d. DATE	SIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON Dr. Herman H.Ba	WHO COMPLETED CAUSE OF DE	ilkens Ave					-
31. DATE-PILED (Month, Day, Year)	32. REGISTRAR'S SIGN		ince, D	artrinore	, naryl	Lanu ZIZZ.	<u> </u>

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nous after death. Page 6 may be retained by the hospital or attending pl	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trail be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
10	~	

	FOR 1 - STATE REGISTRAR	STATE OF MAR	YLAND / DEPA CERTI					MENTAL HYGIENI REG. NO.	E	90	21274
1	1. DECEDENT'S NAME (First, Middle, Las							2. DATE OF DEATH	Y	YEAR	3. TIME OF DEATH
	FRANCES EL.  4. SOCIAL SECURITY NUMBER		STEK  GE (In yrs. lest birthde)	) IF UN	DER 1 YEAR	IF UNDER		7. DATE OF BIRTH			PLACE (State or Foreign
į	216-01-0310	1 🗆 M 2 💢 F	76 YRS.	MONTH	B DAYS	HOURS	MIN.	(Month, Day, Year) 8 - 03-	13	Country	VIRGINIA
œ	9a. FACILITY NAME (If not institution, giv			100	ITY, TOWN O				9c. COU	NTY OF DE	ATH
20	RESIDENCE OF DECEDENT	HOSPITAL			ALTI		1 3	1D.			
E	100. STATE 10b. COU	altimore	10c. C	TY, TOW	N OR LOCAT						10d. INSIDE CITY LIMITS? 1 YES 2 NO
AL D	10e. STREET AND NUMBER										HAT COUNTRY?
FUNERAL DIRECTOR	St. Elizabeth's				212				USA		
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	er in U.S. Armed /es 2xtono or dates		If yes, spe	cify Cube		IC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No—	Black,	- American Indian, White, etc. Mite	
	15. DECEDENT'S E (Specify only highest gre	16a. DECEDENT	'S USUAL	OCCUPATION OF THE PROPERTY OF	N st of workli	ng	16b. KIND OF BUS	SINESS/IN	DUSTRY		
PLE	Elementary/Secondary (0-12) 12th grade	College (1-4 or 5+)	Self-					Overlea	a Pac	ckage	Goods
BE COMPLETED	17. FATHER'S NAME (First, Middle, Last) Frederick Kloss							ME (First, Middle, Meiden Theresa Doc		5	
TO B	190. INFORMANT'S NAME (Type/Print) Mrs. Patricia B	osse						nore, Mary			236
	20e. METHOD OF DISPOSITION  XXX Buriel 2 Cremetion 3 Red 4 Donation 5 Other (Specify)	20b. PLACE OF DISP other place St	• Jo	(Name of cer seph	otery, crer Chur	ch C	emetery Te	tery Texas, Maryland			
	21. SIGNAPURE OF FUNERAL SERVICE	LICENSEE D	Home					Fal Home Rd. Balto.	, Md	. 212	236
	23. PART I. Enter the diseases, or heart fallow	or complications that care. List only one cause of		o not en	Rer the mo	de of dy	ing, suci	n aa cardiac or respi	ratory ar	rrest,	Approximate Interval Between
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	· burno	AS A CONSEQUENCE	J.	color	Acto	ut	CA			Onset and Death
NOI	Sequentially list conditions,	b. DUE TO (OR	AS A CONSEQUENCE	Twe	Lefot	_	CA	-			1988
CERTIFICATION	If any, leeding to immediate cause, Enter UNDERLYING CAUSE (Disease or injury	c	AS A CONSEQUENCE	OFI:							
ERTII	that initiated events resulting in death) LAST	_ d									
CAL C	PART II. Other significant condit	lons contributing to des	th but not resultin	g in the	underlyin	cause	given in	Part I. 24a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
								1 YES 2	NO NO		COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
N.											
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSFITAL:			IER:			eck only one)			
PHYSICIAN: MED	27. MANNER OF DEATH  1 Natural 5 Pending	28e. DATE OF INJU	URY 28b.	TIME OF	28c. IN.			8 Other (Specify)  28d. DESCRIBE HOW I	NJURY O	CCURED	
red BY	2 Accident Investigation 3 Suicide a Could not 4 Homicide determined	28e. PLACE OF IN-	JURY — At home, fam (Specify)	m, street,				28f. LOCATION (Street City or Town, State)	end Numbe	er or Rural F	loute Number,
COMPLET	(Critical Orly)	IYSICIAN: To the best of my									) and manner as stated.
B	295 SHONATURE AND TITLE OF CERTI				29c. LIC	ENSE NUI	MBER	29d, DA	TE SIGNED	(Month, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON	0.01:	/ ^		5	Hus	p. ta				
	31. DATE FILED (Month, Dav. 1828)	AUG 32. REGISTRARS	SIGNATURE D	évids	n-Almo	AND	\				

DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDINGS PHYSICIAN: The law requires that the death certificate be executed within 2—outs after death. Page 6 may be retained by the TO THE FUNEPAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be can be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at an

31. DATE FILED (Month, Day, Year)
AUG 3 1990

32. REGISTRAR'S SIGNATURE
Davidson-Randell

	FOR STATE REGISTRAR	STATE OF M					EALTH AN Death	D MEN	TAL HYGIEN REG. NO.				
	1. DECEOENT'S NAME (First, Middle, Last)								ATE OF DEATH	AY	YEAR	3. TIME OF DEATH	
	Michael	Lee				Gruz	5		8	1 9	90	6:15 P M	
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. last		IF UNDER	1 YEAR DAYS	HOURS MI	M (N	ATE OF BIRTH fonth, Day, Year)		Countr		
	215-68-3509  9a. FACILITY NAME (If not institution, give si	1 X M 2 - F	33	YRS.	AL OFF	TOWN	R LOCATION O		INE 18,1	957		RYLAND	
~					90. CHY	, IOWN O				Se. COUNT			
5	RESIDENCE OF DECEDENT	ay North					Essex		Baltimor			Itimore	
RE	10a. STATE 10b. COUNTY				Y, TOWN C	R LOCAT	ION		1			10d. INSIDE CITY LIMITS?	
٥	MARYLAND BALT  100. STREET AND NUMBER	IMORE		ES	SEX	Line	ZIP CODE			I as assume		1 YES 2 NO	
RA	57 C FENWAY NORTH						21221				. S	VHAT COUNTRY? Δ	
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARI	MEO	13.			SPANIC OR	IGIN? (Specify Yes		4. RACE	- American Indian.	
E	1 Never Married 2 X Married	FORCES? 1	YYES 2 N	10			city Cuban, Ma 2 X NO S		rto Rican, atc.)		Black, White, etc.		
Э ВУ	3 Widowed 4 Divorced											WHITE	
Ë	15. DECEDENT'S EDU (Specify only highest grade	completed)	(Gi	ve kind of v	work done	CCUPATIO during mos	N st of working		16b, KIND OF BU	SINESS/INDU:	STRY		
틸	Elementary/Secondary (0-12)	College (1-4 or 5+)		WAL					CONSTRU	ICTION			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		DRI	*******			18. MOTHER'S	S NAME (FI	rst, Middle, Maiden				
BE C	ALBERT GRUZS						ANNI	E MAT	THENY				
TO B	19a. INFORMANT'S NAME (Type/Print)								Number, City or Tow			D 01000	
	PATRICIA L. GRUZS								LTIMORE,		_		
	20s. METNOO OF DISPOSITION    Durish 2 X Cremetion 3 Removal from State												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ACCRESS OF FACILITY												
	LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES 1630 EDMONDSON AVENUE, CATONSVILLE, MD.21228												
	23. PART i. Enter the diseases, or shock, or heart tallure.											Approximete interval Between	
	IMMEDIATE CAUSE (Finel	List Diny Die Caus	se Du 4acu iine	•								Onset and Death	
	disesse or condition resulting in deeth)	9	anging										
	S	DUE TO	OR AS A CONSEC	DUENCE O	F):							1	
CERTIFICATION	Sequentielly list conditions,	b	OR AS A CONSEC	OUENCE O	F):								
SAT	if eny, leading to immediate cause. Enter UNDERLYING												
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO	OR AS A CONSEC	DUENCE O	F):								
EH	resulting in deeth) LAST	d											
CALC	PART II. Other significant condition	ns contributing to	deeth but not r	resulting	in the u	nderlyln	g cause give	n in Part	1. 24a. WAS AN		248	. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO	
20									1 X YES			COMPLETION OF CAUSE OF DEATH?	
MEDI												NO NO	
Ä	25. WAS CASE REFERRED TO MEDICAL	1									$\perp$		
PHYSICIAN:	EXAMINER?	HOSPITAL:	ED/Outpetions 3	□ <b>DO</b> A	OTHE	គ:	ACE OF DEAT						
HYS	27. MANNER OF OEATH	28a. DATE OF	INJURY	28b. TIN	AE OF	28c. INJ			DESCRIBE NOW	INJURY OCCI	URED		
ВУ Р	1 Netural 5 Pending	(Month, Day, Year) INJURY WORK?						ubject h	nanged	se	lf		
ED B	3 ∑Sodcide 8 ☐ Could not be	3 X Sefecte 8 Could not be 269. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify).								Route Number,			
	4 ☐ Homleide detarmined home 57C Fenway North, Essex, MD												
COMPLET	29e. CERTIFIER (Check only 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.												
SO		11	camination and/or	Investigati	on, in my	opinion, d	leath occured a	it the time,	dete and place, a	nd due to the	cause(	a) and manner as stated.	
BE (	29b. 81GNATURE AND TITLE OF CERTIFIE	mi	·				29c. LICENSI					(Month, Day, Year)	
0	30 NAME AND AODRESS OF PERSON WI	1	SE OF OEATN (ITE	M 27) (Tors	e, Print)		<u> </u>	ME			8/2	/90	

111 Penn St.

Balto.MD.

Ut. L' Y.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)	1	-1	,	,	2. DATE OF DEATH MONTH DA	Y YEAR	3. TIME OF DEATH	
Clevelano	1 (UMI	) Har	rett		7 -31	90	10-5 M	
4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6. BIRT	THPLACE (State or Foreign	
251-58-7735	× M 2 □ F 4	9 YRS. MON	THS DAYS	HOURS MIN.	(Month, Day, Year) 04-23-	41	S.C.	
9e. FACILITY NAME (If not institution, give street	t and number)	9b.	CITY, TOWN O	R LOCATION OF DE	ATH	9c. COUNTY OF	DEATH	
UNIVERSITY HO:	SPITAL		BALTI	MORE, M	D.			
RESIDENCE OF DECEDENT								
10a, STATE 10b, COUNTY			WN OR LOCAT				10d. INSIDE CITY LIMITS?	
MD		BAL	IIMORI	E, CITY			1 N YES 2 NO	
10a. STREET AND NUMBER			101.	ZIP CODE			WHAT COUNTRY?	
314 E. 21st.	STREET			21218		USA		
	FORCES? 1 YES	N U.S. ARMED			IIC ORIGIN? (Specify Yes n, Puerto Ricen, etc.)	or No — 14. RA	CE — American Indian, ick, White, atc.	
1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D			2 NO Specifi			BLACK	
					100000000000000000000000000000000000000		DETTOR	
15. DECEDENT'S EDUCAT (Specify only highest grade con	npleted)	(Give kind of work life. Do NOT use ret	done during mos	in at of working	18b. KIND OF BUS	IINESS/INDUSTRY		
Elementary/Secondery (0-12)	College (1-4 or 5+)	SANITA		DEPT C	ITY OF B	ALTIMO	R F	
17. FATHER'S NAME (First, Middle, Last)		JANTIA	11011		ME (First, Middle, Meiden		I V bu	
ELIJAH GARRE	тт			LUCY	JENKINS	эипата)		
19e. INFORMANT'S NAME (Type/Print)	1 1		20502 00		Route Number, City or Town	D. 1. 7. 0. 4.1		
AUDREY GARRET	Т	Control Control			-BALTIMO		. 21218	
20a. METHOD OF DISPOSITION  1	il from State	AKBUTUS		netery, cremetory or RIAL PA		BUTUS,		
21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE	1		ID ADDRESS OF FA				
anthon	E-Wan	el L.		PERSONAL PROPERTY AND ADDRESS		01 E.	NORTH AVE.	
23. PART i. Enter the diseases, or con	nplications that cause	d the death. Do not	enter the mo	de of dying, suc	h as cardiac or reapi	ratory arrest,	Approximate	
ahock, or heart falldre. Lis iMMEDIATE CAUSE (Finei					4		Interval Between Onset and Deeth	
disease or condition	Metacle	10	nina	101 0	arcinoha	CA.		
resulting in death) a	Metaste DUE TO (OR AS Cardiu D DUE TO (OR AS	A CONSEQUENCE OF):	7.17	Can -	001 001 10114	^		
	cardion	ulmanan		Trat			_ !	
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):	7 ~					
cause. Enter UNDERLYING CAUSE (Disease or injury								
that initieted events	DUE TO (OR AS	A CONSEQUENCE OF):						
resulting in death) LAST								
PART II, Other algnificant conditions	nontributing to double	nut not mouthled to t	ho undodula		Part I. 24a, WAS AN	ALITTOPON D	4b. WERE AUTOPSY FINDINGS	
PART II. Other aignificant conditions	contributing to death i	out not readiting in t	na unueriyin	g cause given in	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
					1 YES 2	NO	OF DEATH?	
							1 TES 2 NO	
							- \	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	1~	26, PI	ACE OF DEATH (C/	neck only one)			
1 U YES & NO	Inpatient 2 ER/Out			e 5 🗆 Reeldence	6 Other (Specify)			
27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME O	Y WC	URY AT PRK?	28d. DESCRIBE HOW	NJURY OCCURED	1	
1 Natural 5 Pending 2 Accident Investigation	NA			YES 2 NO	MIT			
3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Spe	Y — At home, farm, streetelly)	et, factory, offic	•	28f. LOCATION (Street City or Town, State)	end Number or Run	al Route Number,	
4 Homicide determined								
290. CERTIFIER CERTIFYING PHYSICIA	AN: To the best of my know	wledge, death occurred a	rt the time, date	end place, end du	to the cause(e) and ma	nner ee stated.		
CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner se stated.  O(Photok only one)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.								
29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)								
(1111/c. W/	July Man	)		MAA	447	►712	190	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)								
LIMMS 17- S. Grand ST 21201								
31. DATE FILED (Month, Day, Year) Y > 32. REGISTRAR'S SIGNATURE								
-13110 Kana	77	0. P						
TO TO AUG	1 3 1991 9	Ма Дагналов.	Manda 82				DHMH-18 Rev 1/8	
-							UMMH-TO NEV T/8	

the burial-transit permit. Pages 1, 2, 3 should ang physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mounts after death. Page 6 may be missed by 10 THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director page 5 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

BALTIMORE, MARYLA

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at on

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

WD 21203-3146

BALTIMORE, MA

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - FOR STATE OF MARYLAND / CI				EALTH A		ENTAL HYGIE REG. N				
	1, DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH	
	MARIA A. GUGLIELMETTI							2 19	190.	3.25 Pm	
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. let	st birthday)	IF UNDER	1 YEAR DAYS	IF UNDER 24	HRS.	7. DATE OF BIRTH (Month, Day, Year)		6. BIRTHE	PLACE (State or Foreign	
	081-12-4010 1□M2 XF 86	YRS.	MONTHS	DATS	HOURS	Mire.	IAY 7, 19	004	Country	ÁLY	
	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY,		ATH						
OR	GOOD SAMARITAN HOSPITAL		BA	LTI	IORE			-		-	
ᇤ	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY	10c, CIT	CITY, TOWN OR LOCATION						10d. INSIDE CI		
DIRECTOR	MARYLAND		BAL	TIMO	RE				LIMITS?		
	10o. STREET AND NUMBER	1		101	ZIP CODE		<del>-</del>	10g. CIT		HAT COUNTRY?	
ER/	422 CALVIN AVE.				212	218		U.	S	Α.	
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AF						ORIGIN? (Specify )		14. RACE	— American Indian, White, etc.	
	1 Never Married 2XX Married FORCES? 1 YES 2 NF YES, GIVE WAR OR DATES	NO			XX NO		Puerto Rican, atc.)		0.071,000	WHITE	
BY	3 Widowed 4 Divorced								<u> </u>	***************************************	
	(Specify only highest grade completed) (G		work done		M st of working		16b. KIND OF B	USINESS/IN	DUSTRY		
2	Elementary/Secondary (0-12) College (1-4 or 5+)	HOMEN					OWN I	IOME		ŀ	
COMPLETED	NA NA NA 17. FATHER'S NAME (First, Middle, Last)				16. MOTHE	R'S NAM	E (First, Middle, Mald	n Sumame)	_		
	(UNKNOWN) GUGLIELMETTI				12.7		JGLIELMET				
BE	19a. INFORMANT'S NAME (Type/Print)	96. MAILING	ADDRESS	(Street a	nd Number or	r Aural Ao	ute Number, City or T	own, State, Zi	p Code)		
5	MARIA COMMARATA (DAUGHTER)	7213	OLD	HARI	ORD R	CAO	, BALTIMO	DRE, N	D. 2	1234	
	20a. METHOD OF DISPOSITION  1 Duriel 2 Cremetion 3 Removal from State	OF DISPO	SITION (Na	me of cer	netery, cremat	lory or	20c. I	OCATION -			
	4 Donation 5 Other (Specify)	NEY V	ALLE	Y MI	M. GA	RDE	NS BA	BALTIMORE, MD .			
	21, SIGNATURE OF FUNERAL SERVICE LICENSEE		22 S	CHI	UNEK	FUN	ERAL HOME	ES, IN	INC.		
	Eugene & Lastrey		3	331	BREHM	IS L	ANE, BALT	IMORE	E, MD	. 21213	
	23. PART I. Enter the diseases, or complications that caused the dishock, or heert fellure. List only one cause on each lin		not enter	the mo	de of dying	g, such	Approximete Interval Between				
	IMMEDIATE CAUSE (Final									Onset and Death	
	disease or condition a C   -  -  -  -										
	DUE TO (OR AS A CONSE			~	1010N	+111	MIAC				
NO	Sequentially list conditions, DIF TO (OR AS A CONSE	EQUENCE C	) <del>)                                     </del>	()	KKI	1 1-1	(1111)			-	
AT	If any, teading to immediate cause. Enter UNDERLYING	EIN.	A.								
Ē	that initiated events DUE TO (OR AS A CONSE	EQUENCE C	OF):						-		
CERTIFICATION	resulting in death) LAST	DRE	S								
CC	PART II. Other aignificant conditions contributing to death but not	resulting	in the ur	dertyln	g cause giv	ven in P		AN AUTOPSY	24b.	WERE AUTOPSY FINDINGS	
CAL	PERIPHERAL VASCULA	HR:	DIS	EAS	SE.		PERF	ORMED?		AVAILABLE PRIOR TO COMPLETION DF CAUSE	
B							_   '   '	2 % 110		OF DEATH?  1 YES 2 NO	
2							_				
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEA	ATH (Chec	ck only one)				
SIC	To the second se	3 🗆 DOA	4 Nur		e 6 🗆 Resi	idence 6	☐ Other (Specify)			1	
H	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year)	28b. TJI	WE OF	28c. (N.	URY AT		28d. DEŞCRIBE HO	V INJURY O	CCURED		
В	1 Netural 5 Pending 2 Accident Investigation		M	1 🗆	YES 2	$\rightarrow$					
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At h building, etc. (Specify)	ome, farm,	street, fact	tory, offic	•	- 1	26f. LOCATION (Stre City or Town, Str		er or Rural R	loute Number,	
E	29a. CERTIFIER	·									
3 Suicide 4 Homicide 5 Could not be determined  5 City or Town, Stele)  City or Town, Stele)  City or Town, Stele)  City or Town, Stele)  City or Town, Stele)  City or Town, Stele)											
H	296. SIGNATURE AND TITLE OF CERTIFIER	facel	Oh	281	29c. LICEN	ISE NUMI	BER	29d. DA	TE SIGNED	(Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IT)	EM 27) /5m	e. Printi	671				1	70	02 30.	
				1215	1 MAT	La	D. RA	171m	NOR	MD 21239	
	31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE	h 21	71.16	11/	1110	170	DI- DI-	WIII'	X	(.ID 4162)	
	31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE  ALIO 3 1000 Arking Journal Rendament Rendament									i	

= 0

, a \*\*

DIVISION OF VITAL RECORDS, P.O. BOX 13146.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate management and a strength of the hospital or that hospital or the strength of the second of the seco	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely liked in by the funeral director, page 5 should be detached send within 72 hours after death with the State Derf of Health and Mental Hodere orior to the complete. Or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other transmatic event, the medical examiner must be notified at once.
law requires that the death certificate in mineral	as been signed by the attending physical mand on part of Health and Mental Hydiene Drior	23 shows any injury, or other transmitte
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The	TO THE RUNERAL DIRECTOR: After this certificate has been signed by the attending physician and companies when in by the function with the State Dent of Health and Mental Hotelee prior to the companies. Or removal	IMPORTANT: If Item 28 is marked, or item

31. DATE-FILED (Month, Day, Year)

AUG 3 1990

							70 21218
	FOR STATE OF MARYLA		TIMENT OF HEALTH A		REG. NO.	E	
1	1. DECEDENT'S NAME (First, Middle, Lest)	eo B.	Geary	2. DATE	OF DEATH	Y _YE	3. TIME OF DEATH
ĺ	Leo Geary			8	1	92	
	00 - 01 - 000	n yrs. lest birthdey)		MIN. SMOnth	of BIRTH 1. Day, Year)	O	Ouritry)  MD 4
TOR	98. FACILITY NAME (If not institution, give street and number)  ST JOSEPH HOSP: TA  RESIDENCE OF DECEDENT	16	96. CITY, TOWN OR LOCATION TOWSEY		٥.	BA /-	t more
DIRECTOR	Maryland Baltimore	10c. CIT	Y, TOWN OR LOCATION ESSEX				10d. INSIDE CITY LIMITS? 1  YES 2 NO
FUNERAL	23 Stemmers Run Rd.		101. ZIP CODE 212	21		US	
BY FUN	11. MARITAL STATUS  1 Never Merried 2 Married  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAY TO NOT WARD IN THE YES IF YES, GIVE WAR OR DAY TO NOT WARD TO NOT WARD THE YES OF WAR OR DAY TO NOT WARD THE YES OF WAR OR DAY TO NOT WAR DAY TO NOT WAR OR DAY TO NOT WAR DAY TO NOT		13. WAS DECENDENT OF It yes, specify Cuban, 1 ☐ YES 2 ♣ NO	HISPANIC ORIGIN Maxican, Puarto 1 Specify:	I? (Specify Yea Ricen, atc.)		RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)	(Give kind of life. Do NOT L	S USUAL OCCUPATION work done during most of working se retired.) hanic	16b		o-Spac	
	17. FATHER'S NAME (First, Middle, Last) Vernon Geary			er's NAME (First, I	Middle, Malden		
TO BE	19a. INFORMANT'S NAME (Type/Print) Florence Geary, Wife		ADDRESS (Street and Number of Stemmers Ru				
	20e. METHOD OF DISPOSITION 1 □ Burlel 2 □ Cremetion 3 ■Removal from State 4 □ Donation 5 □ Other (Specify)	PLACE OF DISPO other place) red Hunt	ers Funeral H	lome	100	cation — city.	or Town, Stata Fla 33024
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	he	2 NAME AND ADDRESS Bruzdzinsk 1407 Easte				21221
	23. PART I. Enter the diseases, or complications that caused shock, or heart failure. List only one cause on elimmediate CAUSE (Final	ach line.		ig, such aa cer	diec or reep	ratory arrest,	Approximeta interval Between Onset and Daath
	disesse or condition resulting in desth)	20 into	n acrest				
	DUE TO (OR AS A	CONSEQUENCE	OF):				
Z	6. W	ng o	<del>/</del> 1				
CERTIFICATION	If any, leading to immediate ceuse. Enter UNDERLYING	CONSEQUENCE	JF):				3
길	CAUSE (Disesse or injury	CONSEQUENCE	OF):				<del></del>
Ē	that initiated events resulting in deeth) LAST	0.0000000000000000000000000000000000000					
8	d						
MEDICAL	PART II. Other algnificent conditions contributing to death b	ut not resulting	in the underlying cause gl	Iven in Part i.	24a. WAS AN PERFOI 1 YES 2	RMED?	24b. WERE AUTOPSY FINDINGS: AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Z							1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DE	ATH (Check only o	00)	-	
PHYSICIAN:	EXAMINER? HOSPITAL:	setlant 2 🗆 DO4	OTHER:				
HYS	1 YES 2 NO 1 Inpetient 2 ER/Outs 27. MANNER OF DEATH 28a. DATE OF INJURY	26b. TI	4 Nursing Homa 8 Res			INJURY OCCUR	ED
	1 Natural 5 Pending (Month, Day, Year)	18	M 1 YES 2				
TED BY	2 Accident Investigation 3 Sulcida 6 Could not be detarmined 25a. PLACE OF INJURY building, stc. (Special Country of the Count	/ — At home, farm	, street, factory, office		CATION (Street or Town, State		Rural Route Number,
COMPLETE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my know one) 2 MEDICAL EXAMINER: On the besis of examination						suse(s) and menner as stated.
BE	29b. SIGNATURE AND TITUE OF CERTIFIER	)	29c. LICE!	NSE NUMBER	1	29d. DATE SI	GNEO (Menth, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (7/4	oe, Print)	7			

OMPLETEO CAUSE OF DEATH (ITEM 27) (Type, Print)

SE JUSEPH S

32. REGISTRAR'S SIGNATURE

Dayldson—Andre

Hospital

7620 YORK

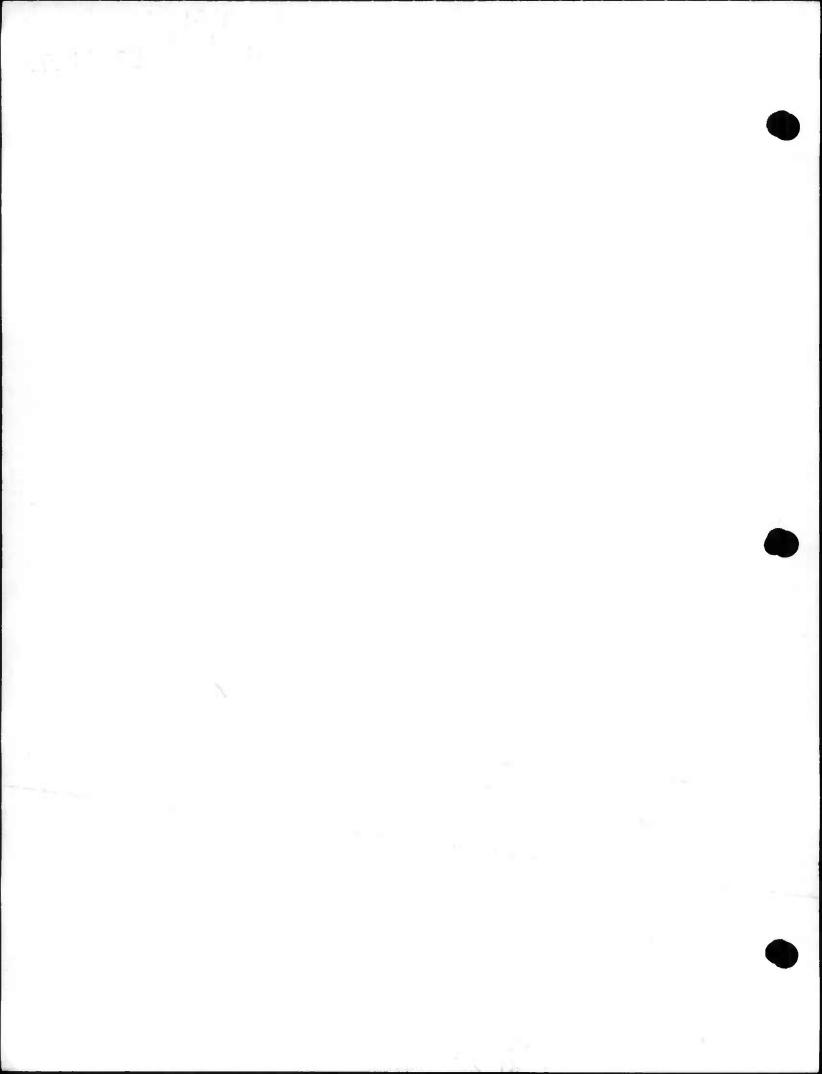
and the second s all and the second Early AND THE THE LAND CO.

ner must be notified at once.

## 033 97 51 ATHANT, JUANITA 10/31/20 F

21279

REGISTRAR		CERTIFIC	CATE OF	DEATH	REG	i. NO.	-	
1. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEA	ATH DAY	YEAR	3. TIME OF DEATH
JUANITA	HAUPT				JULY 30	19	90	11:13 p.m.
4. SOCIAL SECURITY NUMBER	1 □ M 2 🏋 F	89 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURII MIN.		-1920	Vi	rginia
90. FACILITY NAME (If not inatifution, give THE JOHNS HOPKINS				RE CITY	EATH		TIMO	RE CITY
Maryland	Y		TOWN OR LOCAT	re City	7			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
100. STREET AND NUMBER 1839 East Lomb	ard Street	5	10	21231				WHAT COUNTRY? States
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS OECEDENT EVE FORCES? 1 YOUR OF	ES 2. NO	If yes, sp	CENDENT OF HISPAI ecity Cuben, Mexico 2 NO Specif	en, Puerto Ricen, e		14. RACI Blac Spec	E — American Indian, k, White, etc. "Hy: White
16. OECEDENT'S EOI (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5+)	18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  HOUSEWIFE			16b. KINO	OF BUSINESS/IN	DUSTRY	
17. FATNER'S NAME (First, Middle, Last)	.oop				ME (First, Middle, i	Melden Surname)		
199. INFORMANT'S NAME (Type/Print) David Hall Hau	pt	19b. MAILING 1415	ADDRESS (Street of Street of Strohm	end Number or Rural neyer Wa	Route Number, City ay Bal	or Town, State, Z.	ip Coode) D 21	224
20e. METHOD OF DISPOSITION    Note	noval from State	206. PLACE OF DISPOS Mount Ca		metery, crematory or Cemetery		Balti		own, State e, Marylan
21. SIGNATURE OF FUNERAL SERVICE L	L Dowll	l	Lill	4	iler, i			al Home
23. PART I. Enter the diseases, or	complications that cau	sed the death. Do n						Approximata
IMMEDIATE CAUSE (Final disease or condition	List only one cause of			- c+				Interval Between Onset and Death
resulting in death)	DUE TO (OR /	AS CONSEQUENCE OF	ATT	= 21				30 mh.
Sequentially list conditions, if any, leading to immediate	b. Oro SC.	AS A CONSEQUENCE OF):						8 days
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO (OR A	AS A CONSEQUENCE OF	years					
PART II. Other significant condition	ns contributing to deat	h but not resulting i	n the underlyin	ng cause given in	Part I. 24s.	AAS AN AUTOPSY PERFORMED? YES 2 \(\sum \) NO	24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
					_   ^			1 - YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSBITAL		28. P	LACE OF OEATN (C	heck only one)			
1 TES 2 NO	HOSPITAL:		4 - Nursing Nor	ne 5 🗆 Residence				
27. MANNER OF DEATN  1 Netural 5 Pending 2 Accident Investigation	26e. OATE OF INJU (Month, Day, Ye.	RY 28b. TIMI er) INJ	URY	JURY AT ORK? YES 2 NO	28d. OE\$CRIBE	NOW INJURY O	CCURED	
2 Destate	28e. PLACE OF INJ	URY — At home, ferm, s Specify)	treet, fectory, offi	ce	281. LOCATION City or Town	(Street end Numb n, State)	er or Rural	Route Number,
CONSCR CITY ?	SICIAN: To the best of my k							(e) end manner se stated.
29b. SIGNATURE AND TITLE OF CERTIF	IER			29c. LICENSE NU	IMBER	29d. D/	ITE SIGNE	D (Month, Day, Year)
David 7. Po	uly Mo			JHH	J2094	•	7-30	790
30. NAME AND ADDRESS OF PERSON W	8. 1	F DEATH (ITEM 27) (Type,	Print)	•				
31. DATE FILES (Month, 3/1990)	guta 32 DEGRAPA							



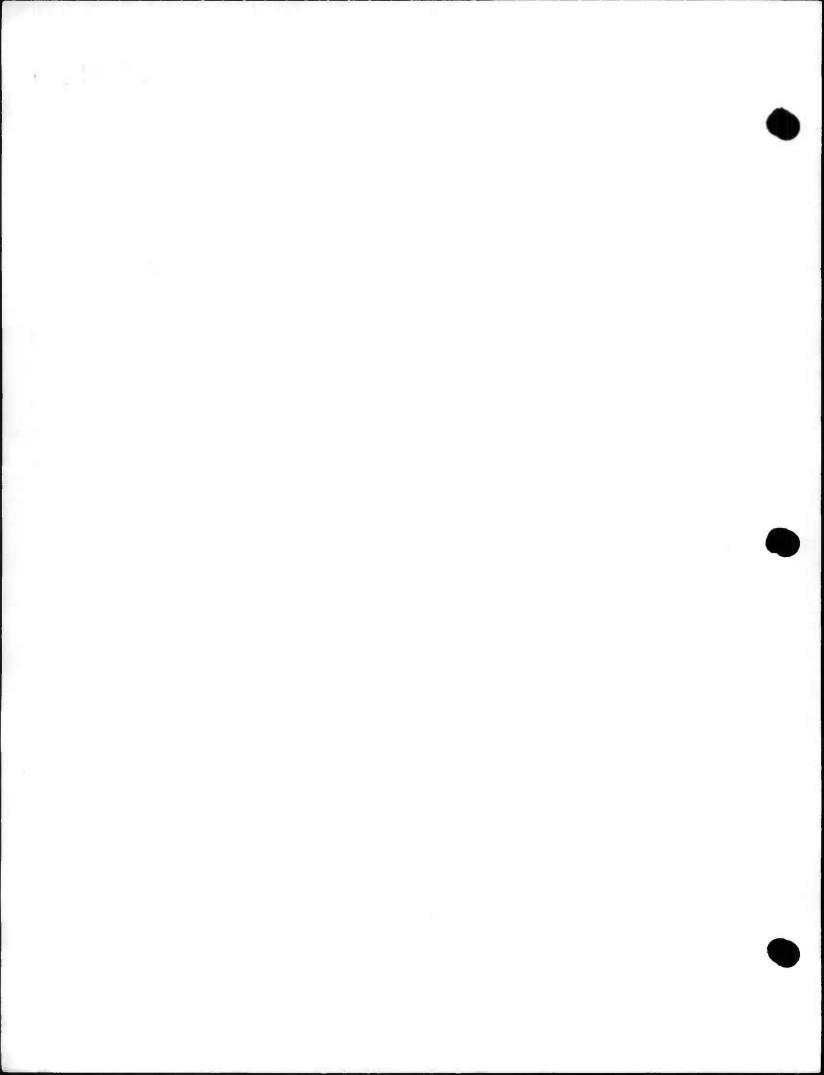
REG. NO

BALTIMORE, MARY AND 21203-3146	when the property of attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 which has caped for use as the burlal-transit per hand desiral Hurlane Inforto Information or removal	he mailing once
BALTIMORE	ours after death. Page 6 ma	filled in by the funeral director, an	ne medical examiner must
P.O. BOX 13146,	eath certificate be executed within	attending physician and completely mal Hyriene prior to burial cremati	v or other traumatic event 1
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within curs after death. Page 6 may make the hospital or attending physician.	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the for bound of the formation of remarks.	Thousage organism to come begin or recent man memory hypers processed and the medical examiner must be allowed.

HOSPITAL ( FUNERAL ( within 72 h TO THE HOSPITAL
TO THE FUNERAL
Be filed within 72 P
IMPORTANT: If I

rmit. Pages 1, 2, 3 should

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR JOSEPH H. HICKEY AUGUST 1, 1990 11:55 P. M 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign NOV . 2, MONTHS DAYS HOURS NEW YORK MIN. 053-14-9374 1 🔀 M 2 🗌 F 87 1902 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH BEL AIR CONVALESCENT CENTER, INC. DIRECTOR BEL AIR HARFORD RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY LIMITS? MARYLAND HARFORD BEL AIR 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 21014 3 LINWOOD COURT 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES If yes, specify Cuban, Maxican, Puarto Rican, atc.) 1 Never Married 2 Married 1 YES 2 NO Specify: BY WHITE 3 🔀 Widowed 4 🗌 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b, KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) N/A College (1-4 or 5+) N/A SALESMAN UNKNOWN 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Sumame) JOSEPH HICKEY UNKNOWN BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 3 LINWOOD COURT, BEL AIR, MARYLAND 21014 DEACON JOHN HICKEY (FRIEND) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State 1 Burial 2 Cremation 3 M Ramoval from State HOLY CROSS CEMETERY BROOKLYN, NEW YORK ☐ Donatton 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SCHIMUNEK FUNERAL 9705 BELAIR ROAD, HOME, INC. BALTIMORE, MARYLAND 21236 23. PART I. Entar the diseases, or complications that caused tha dasth. Do not antar the mode of dying, such as cardiec or respiratory agreet, Approximate ahock, or heart fallure. List only one cause on each line Interval Between **Onest and Death** IMMEDIATE CAUSE (Finel disease or condition\_ resulting in death) TO (OR AS A CONSEQUENCE OF): 2 C NIC CERTIFICATION Sequentially list conditions, TO (OR AS A CONSEQUENCE OF): DUE If any, leading to immediate ٧ e. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa reaulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ing Home 5 ☐ Residence 6 ☐ Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF INJURY 26c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending м 1 YES 2 NO BY Investigation 2 Accident 26s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be detarmined COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(a) and manner se stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurad at the time, date and place, and due to the cause(a) and manner as stated. 29 SIGNATURE AND TITLE OF CENTIFIER -29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 2813( 9 30. NAME AND AGORESS OF PERSON WHO COMPLÉTED CAUSE OF DEATH (ITEM 27) (Type, Print) ROBERT DUNCAN, M.D. 1131 BELAIR ROAD, BEL AIR, MARYLAND 21014 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE who Davidson



203-3146

BALTIMORE, MARYLA

	Ð.
o,	within
BOX 13140	executed
<	2
C. a	certificate
7	death
2	the
Ī	that
ECC C	requires
	38
4	The L
OF VI	DHVGICIAN.
VISION OF VITAL RECORDS, P.O.	ATTENDING DEVOICEN. The law requires that the death certificate be executed within
	- 0

	OR TATE EGISTRAR		C	ERTIFIC	ATE OF	EALTH AND M DEATH	MENTAL	HYGIENE REG. NO.				
1. DECE	EDENT'S NAME (First, Middle, Las.	, Janet anet	Elizab	eth H Hilton	ilton		2. DATE O	1-90 DAY	YEA	3. TIME OF DEATH 6:22AM M		
	8-38-2374	5. SEX 1 M 2 X F	6. AGE (in yrs. in		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE 0 (Mopth, 06 –	F BIRTH Day, Year) 01-19		HTHPLACE (State or Foreign ountry)		
	UNIVERSITY H			9		MORE CIT		9c. COUNTY OF DEATH				
10a. ST		rroll		10 11 21111	tmins					10d. INSIDE CITY LIMITS?  1 X YES 2 NO		
10e. ST	OO Cindy La	ne				21157			USA			
	RITAL STATUS Never Married 2 X Married Widowed 4 Divorced		THE EVER IN U.S. 4 1 YES 2 X WAR OR DATES	RMED NO	If yes, sp	ENDENT OF HISPAN ecify Cuban, Mexicar 2 NO Specify	n, Puarto Ri			RACE — American Indian, Black, Whita, atc. Specify: White		
COMPLETE	15. DECEDENT'S E (Specify only highest grammatary/Secondary (0-12)	College (1-4 or 1	5+)	DECEDENT'S US "Give kind of wo the Do NOT use DOMESTAL	CEDENT'S USUAL OCCUPATION We kind of work done during most of working Do NOT use retired.				ness/industr	RY		
	THER'S NAME (First, Middle, Last) bert F. Bro					18. MOTHER'S NAI	Joh	liddle, Malden S	Surname)			
P Al	iformant's name (Type/Print) lan D. Hilt	on		1000	Cindy			mins		ID 21157		
1 🗆 Be	METHOD OF DISPOSITION Surfal 2 X Cremation 3 R Conation 5 Other (Specify) R GNATURE OF FUNERAL SERVICE		Me	remato	ry, Inc	CILITY	Bal	Ltimon	re, MD			
	George E.	MacNab	р	death Dona		ation S Frederi						
IMME disee	shock, or haert fellu EDIATE CAUSE (Final ese or condition liting in death)	e. HEAD I	ause on aach li	na,						Interval Between Onset end Deeth		
if smy cause	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
that i	initiated events liting in deeth) LAST	d	TO (OR AS A CON	SEQUENCE OF								
MEDICAL O	T II. Other significent condi	tions contributing	to deeth but no	t resulting in	tha undarlyi	ng cause given in	Part I.	24a, WAS AN AUTOPSY PERFORMED?  XXX XES 2 \( \text{NO} \) NO		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  XXXXES 2 \( \text{NO} \) NO		
	MS CASE REFERRED TO MEDICA	L HOSPITAL:			26. I	PLACE OF OEATH (C)	heck only or	10)				
15 AHd	ANNER OF DEATH  Natural 5 Pending	1 Inpetiant 28a. DATE	R/Outpatient OF INJURY 1. Day, Year)	3 DOA	4 Nursing Ho OF 28c, III	Me 5 Residence  LJURY AT  ORK?	28d. DES	SCRIBE HOW I	NJURY OCCUR	ED		
2 2	Accident Investigati	on 28e, PLAC	E OF INJURY — Ai	home, farm, s			YES 2 NO UNKNOWN  CB 281, LOCATION (Street City or Town, State					
29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.												
OMPL	XXXMEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated as a superior of the cause(a) and manner as a stated as a superior of the cause(a) and manner as a stated as a superior of the cause(a) and manner as a stated as a superior of the cause(a) and manner as a stated as a superior of the cause(a) and manner as a stated as a superior of the cause(a) and the caus											
₩ <sup>296.</sup>	Washire fre	Yhul				OCM	IL.		<b>•</b>			
O 30. N/	IAME AND ADDRESS OF PERSON MARGARITA A. F	I WHO COMPLETED O	CAUSE OF DEATH (			Penn Str		Baltim		7-31-90		



1203-3146

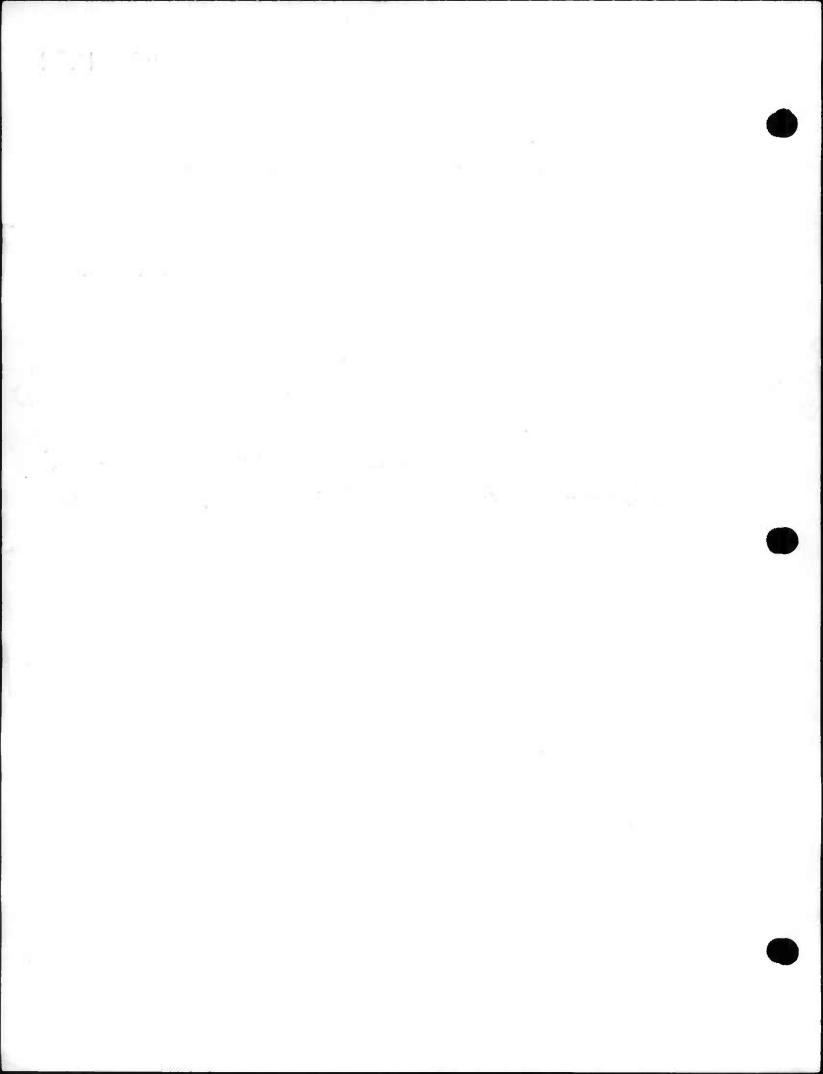
BALTIMORE, MARYLA

## DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a wedus after death. Page 6 may be retained by TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: if item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at

	FOR STATE REGISTRAR	STATE OF MARY		RTMENT OF		MENTA	REG. NO.				
i	1. DECEDENT'S NAME (First, Middle, Last) THOMAS JONES	GD.				MONTI	OF DEATH	(aan '	3. TIM 2:3	E OF DEATH	
	4. SOCIAL SECURITY NUMBER	SR. 6. SEX 6. AG	iE (in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH		BIRTHPLACE	(State or Foreign	
	218 44 2864	1 😡 M 2 🗆 F	46 YRS.	MONTHS DAYS	HOURS MIN.		1, Day, Year)	44	Country)	ARYLAND	
ı	9a. FACILITY NAME (If not institution, give a	treet and number)	40	9b. CITY, TOW	OR LOCATION OF		18,19		Y OF DEATH	1111 12 110	
	THE JOHNS HOPKIN	NS HOSPITAL		BALT	IMORE			BALT	IMORE	CITY	
	10e. STATE 10b. COUNT	٧	10c. CIT	Y, TOWN OR LO	ATION				10d. IP	ISIDE CITY	
N I	MARYLAND		B	ALTIMOR	E			LIMITS? 1 X YES 2 NO			
ENAL	100. STREET AND NUMBER 813 BENNINGHAUS	ROAD			21212				N OF WHAT C	A.	
	11. MARITAL STATUS	12. WAS DECEDENT EVE							4. RACE — Am	erican Indian,	
1 Never Married 2 Married If yes, specify Cuben, Mexican, 1 YES 2 NO Specify:									Black, White Specify:	BLACK	
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S	work done during	TION most of working	16b	, KINO OF BUS	INESS/INDUS		Jan tok	
COMPLE	Elementary/Secondary (0-12) 0 - 8	College (1-4 or 5+)	life. Do NOT u		VED		BODUCI				
5	17. FATHER'S NAME (First, Middle, Last)		SEL	F EMPLO	18. MOTHER'S N		PRODUCI Middle, Melden				
ם ם	JOSIAH JONES				RUBY	TROG	DON				
	19e. INFORMANT'S NAME (Type/Print)			2011	t and Number or Rurs	n/ Route Num	ber, City or Town				
-	MRS. JACQUELIN				AUS ROAD		TIMORE	MAR	LAND 2	21212	
	20e. METHOD OF DISPOSITION  1 C Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLACE OF DISPO other place)		EMETERY		CATO	NSVII	J.F. MD	* BALTO.	
ı	21. SIGNATURE OF FLATERAL SERVICE LI	CENSEE	HUSTERW	22. NAME	AND ADDRESS OF	FACILITY					
-	Lewis =	Lewigh	W	LEWI	FARK HE	IN FU	VERAL I	HOME	21215	6393	
	23. PART I. Enter the diseases, pr	complications that cau	sed the death. Do						st,	Approximate	
	shock, Dr heart failure.  IMMEDIATE CAUSE (Final			10 /		25	-1			Onset and Death	
	disease or condition resulting in death)	. Right 19	BASE / Gan	g/2 (in	racesabrd	() New	tor have			3 weeks	
			eus in	₱ <b>F</b> ):					i	uers	
5	Sequentially list conditions, if any, leading to immediate	DUE TO (OR A	AS A CONSEQUENCE C	OF):							
3	cause. Enter UNDERLYING CAUSE (Disease or injury	a Diali	-141							Jears	
RIFICALION	that initiated events resulting in death) LAST	DUE TO (OR A	S A CONSEQUENCE O	DF):					į		
5	PART II Other classificant condition	d.	h h	in the condent	In a series of the series	In Part I	24s, WAS AN	ALIMONOV	Lau usps	AUTOPSY FINDINGS	
3	Science Dards	na contributing to seat	n but not resulting	in the underly	ing cause given	iri Part I.	PERFOR	MED?	AVAIL	ABLE PRIOR TO LETION OF CAUSE	
MEDIA	Hiztory of SMOK	15				_	1 TYES 2	∐NIO	OF DE	ATH? YES 2   NO	
3	37.60	active									
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF DEATH (	Check only o	ne)				
PHYSICIAN:	1 TYES 2 NO	1 Inpatient 2 ER/C			ome 5 - Residenc	_					
	27. MANNER OF DEATH  1 Natural 5 Pending	(Month, Day, Yea	RY 28b, TII	JURY	INJURY AT WORK? YES 2 NO	28d. DE	SCRIBE HOW I	NJURY OCCL	JRED	1	
2	2 Accident Investigation 3 Suicide 8 Could not be		URY — At home, ferm,			281. LO	CATION (Street	and Number o	or Rural Route N	umber,	
	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (	Specify)			City	or Town, State)				
COMPLEIED	(Crieck only	SICIAN: To the best of my ki	nowledge, death occur	rred et the time,	ate and place, end d	lue to the ca	euse(e) and me	nner as state	d.		
Š	one) 2 MEDICAL EXAMIN	IER: On the basis of examin	ation and/or investigat	lon, in my opinio	n, death occured at t	the time, det	e and place, an	d due to the	ceuse(e) end r	menner ee stated.	
RE	306 SIGNATURE AND TITLE OF CERTIFIE	ir / 10			29c. LICENSE N	_		29d. DATE	SIGNED (Month	n, Day, Year)	
2	20. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF	DEATH (ITEM 27) (Turn	ne, Print) 600	D36	54.		1-	31-70		
		bwski M	\$	Jul	NS H	OPKI	US He	SPIFA	1 BA/1	+ MD 21305	
- 1	31. DATE FILED (Month, Den Year)	FINA DAVIDSON	SIGNATURE 02			V	, , , ,	t			



DHMH-18 Rev 1/89

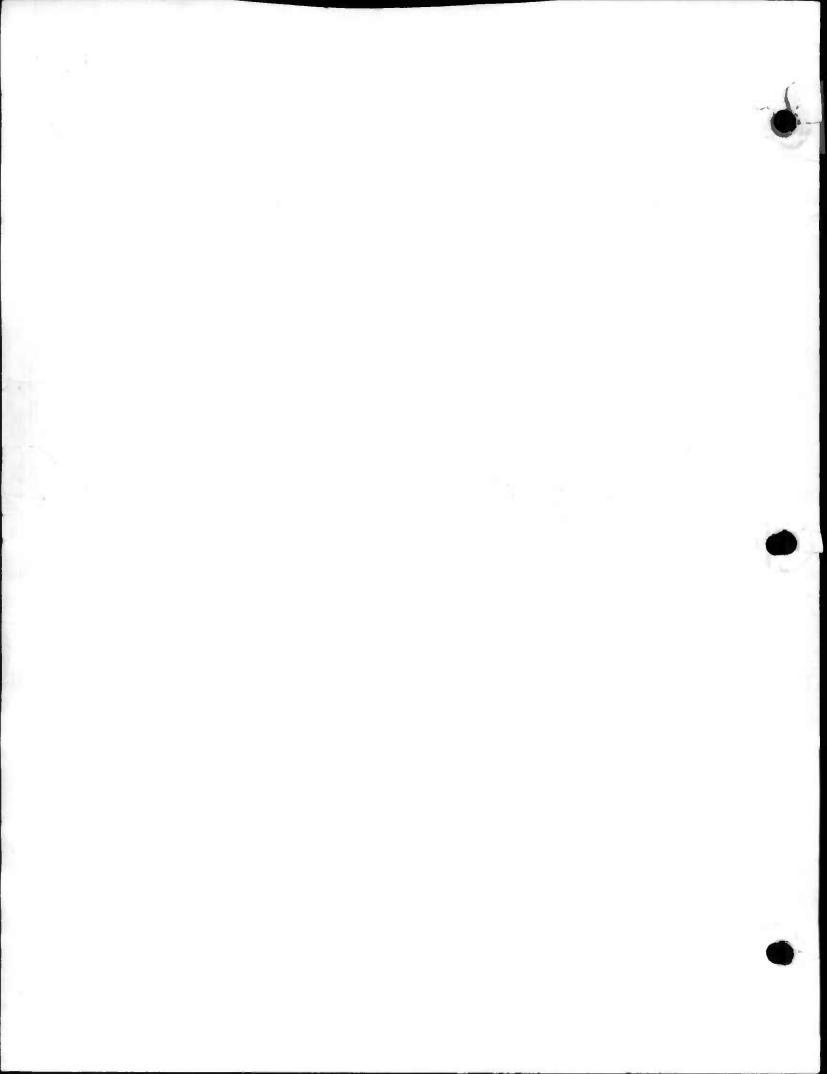
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed wh.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely med in by the funeral director, page 6 may be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal:

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be

FOR

	1 - STATE REGISTRAR		CE	RTIF	ICATE OF	DEATH	RE	G. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) Pet	er Jose	ph Jonl	ke			2. DATE OF D MONTH 7 - 3	DAY		YEAR	3. TIME OF DEATH  (3. 25 M
	4. SOCIAL SECURITY NUMBER 081-01-6262	5. SEX 1 M 2 F	6. AGE (In yrs. les	t birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI (Month, Day, 6-7-0	PTH Year)		Country	PLACE (State or Foreign York
TOR	9a. FACILITY NAME (If not institution, give streets.  St. Agnes Hospi: RESIDENCE OF DECEMENT					R LOCATION OF DE			9c. COUNT	Y OF DE	ATH
DIRECTOR	10a. STATE 10b. COUNTY	ltimore			y, town on Locat	ION					10d. INSIDE CITY LIMITS? 1 ☑ YES 2 ☑ NO
FUNERAL D	10. STREET AND NUMBER 900 Wilton Drive			1	-	ZIP CODE 2122	7		10g. CITIZE	EN OF W	HAT COUNTRY?
BY FUNE	11. MARITAL STATUS  1.XXX Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AI			If yes, spe	ENDENT OF HISPAN ocify Cuban, Maxica 2 NO Specify	IIC ORIGIN? (Sp n, Puerto Ricen,	ecify Yea o atc.)	or No.— 1	4. RACE	— American Indian, White, atc.
COMPLETED	15. DECEDENT'S EDUC: (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+	18a. DE (G ilfo.	ive kind of Do NOT u		st of working			NESS/INDU	STRY	
COMF	17. FATHER'S NAME (First, Middle, Last)	2 yrs.		TIICE	Manager	16. MOTHER'S NA	ME (First, Middle		umame)		
BE	Georgr Jonke						inr Bu				
5	19a. INFORMANT'S NAME (Type/Print) Gail Sexton				ADDRESS (Street a					2000) L227	
	20a. METHOD OF DISPOSITION  126. Burlal 2 Cremation 3 Remove  4 Donation 5 Other (Specify)	val from State	20b. PLACE	OF DISPO	sition (Name of con	netery, crematory or		20c. LOC	ATION — C		wn, State Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE		/	Howar	d H. Hul	bard F	uner	al Ho	ome,	Inc.
	23. PART I. Enter the diseases, or co	omplications that	coused the de	eth. Do							d. 21229 Approximate
	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	let only one caus	OR AS A CONST	me!	eality			•			Interval Between Onset and Death
CATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury	ada	(OR AS A CONSE	1	001D	live A	beant	fae.	leu	4	179. 24
CERTIFICATION	that initiated events resulting in death) LAST	111	OR AS A CONSEQUENCE OF: Lyperterer					/			
MEDICAL (	PART II. Other significant conditions  Ancients  Lievney L	01	deeth but not in		and the underlying	, ceuse given in		WAS AN A PERFORM YES 2	AED?	24b.	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
N. N	Electre Kyl	e Fr	ub a	lan	ile.	•					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL. EXAMINER? 1 PS 2 NO	HOSPITAL:	ER/Outpatient 3	B 🗆 DOA	OTHER:	ACE OF DEATH (Ch		ecify)			
	27. MANNER OF DEATH  1 Naturat 5 Pending Investigation	28a. DATE OF (Month, Di	INJURY ay, Ybar)	26b. TII	JURY WO	URY AT PRK? YES 2 NO	28d. DESCRIE	E HOW IN	JURY OCCI	URED	
TED BY	2 Accident investigation 3 Suicide 6 Could not be determined	ome, farm, street, factory, office			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				oute Number,		
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC Only 2 MEDICAL EXAMINER										and manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	besign	so de	>		DO 8	MBER 780-		29d. DATE	SIGNED 3/	(Month, Day, Year)
Н	900 Caton Avenue					.9					
	31, DATE FILEO (Month, Day, Year)	112	AR'S SIGNATURE								



DIVISION OF VITAL RECORDS, P.O. BOX 13146,	BALTIMORE, MARYLAND 21203-3146
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with Just after death. Page 6 may be instructed by the hospital or attending physician.	returned to the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed in by the funeral directions after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	equal to the second of the sec
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	notified at once.

31. DATE FILED (Month, Day, Year)

chia Davidson-Randalle

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND			T OF HEALTH AND E OF DEATH	MENTA	L HYGIENI REG. NO.	E	90	2128
	1. DECEDENT'S NAME (First, Middle, Last) Ger Gudo.	Gertrude Jackso	77		ckson	2. OATE	OF OEATH	Ö	90 3. T	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 219-12-9614	5. SEX 6. AGE (In yrs. In 1 M 2 KF 65		IF UNDER	DAYS HOURS MIN.	Fe	OF BIRTH th, Day, Year) b. 11,1	925	MAry MAry	CE (State or Foreign yland
OR	9a. FACILITY NAME (If not institution, give si Riverview Nursi			9b. CIT	, TOWN OR LOCATION OF ESSEX	OEATH		9c. COUNT	Balt:	imore
DIRECTOR	100. STATE 10b. COUNTY	, Baltimore	10c. CITY	, TOWN	OR LOCATION Essex	_				. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	10e. STREET AND NUMBER  913 FOXCTOFT  11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S. AT FORCES? 1 YES 2			WAS DECENDENT OF HISP If yes, specify Cuban, Max	ican, Puarto		Ţ	N OF WHAT	COUNTRY?
ETED BY	3 Wildowed 4 Divorced  15. DECEDENT'S EOU (Specify only highest grade	completed) ((		USUAL O	during most of working		b. KINO OF BUS	SINESS/INDUS		ite
BE COMPLET	3rd  17. FATHER'S NAME (First, Middle, Last)  Charles Earle	College (1-4 or 5+)			WIEE 16. MOTHER'S		Middle, Maiden			
TO B	19a. INFORMANT'S NAME (Type/Print)  Clement Jacksol 20a. METHOD OF DISPOSITION	20b. PLACE	913 of dispos	FOX	s (Street and Number or Rur croft Lane ame of cemetery, crematory of	el Route Nun BAlti	more	n, State, Zip C	and 2	
	1 Burial 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State HÖ	Ty Hi	22.	CEmetery  NAME AND ADDRESS OF  Connelly Fu	FACILITY				Aryland 21221
		complications that caused the d List only one cause on each lin				_				Approximata Interval Batween Onset and Daath
	iMMEDIATE CAUSE (Final disease or condition reaulting in death)	a. ACUTE OUE TO (OR AS A CONSE			strue Her	wit	FACLO	RC		ZPAYS
TION	Sequentially list conditions, if any, leading to immediate	b. Emp (ffs) DUE TO (OR AS A CONSE	EVIL /	3						5 yrs
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that Initiated events resulting in death) LAST	c. CO D D  DUE TO (OR AS A CONSE		ī):						10 grs
MEDICAL	PART II. Other algolificant condition	na contributing to death but not	reaulting i	n the u	ndarlying cause given	in Part I.	24s. WAS AN PERFOR	RMED?	COL	RE AUTOPSY FINDINGS IL ABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHE	26. PLACE OF DEATH	Check only o	one)			
BY PHYS	1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation	1 □ Inpetient 2 □ ER/Outpetient  28e. DATE OF INJURY (Month, Dey, Year)	28b, TIM		rsing Home 5 Resident 26c. INJURY AT WORK? 1 YES 2 NO		er (Specify) ESCRIBE HOW I	NJURY OCCU	PRED	
0	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At h building, etc. (Specify)	ome, farm, s	street, fac	ctory, office		CATION (Street a y or Town, State)		r Aurel Route	Number,
COMPLETE	enel enel	ICIAN: To the best of my knowledge, of ER: On the basis of examination and/or								d menner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIE	Keemme hu	2		29c. LICENSE I		9019	29d. DATE :	SIGNED (MO	orith, Day, Year)

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

Martin Mysician.	ure in the burial-transit permit. Pages 1, 2, 3 should	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hose	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the find within 72 hours after death with the State Deet, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

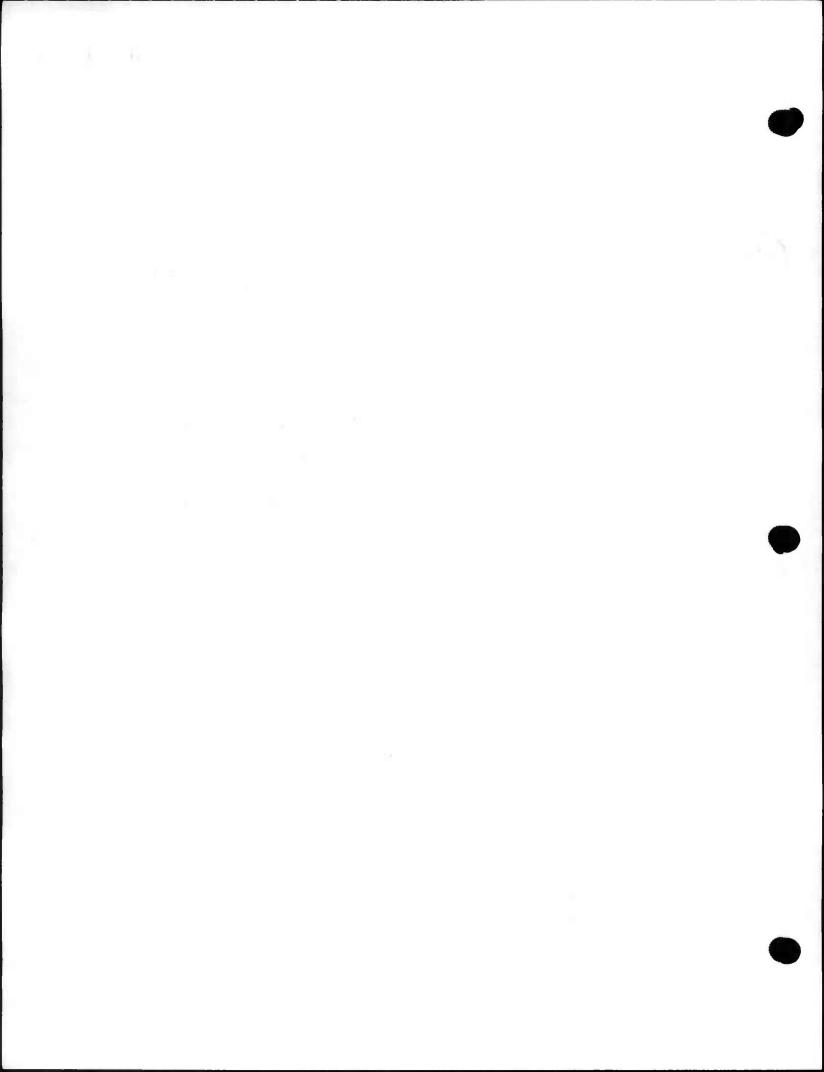
1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM				YGIENE EG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF C			3. TIME OF DEATH
ROBERT MORGAN JON	ES				JULY	26, 1	990 YEA	2:30 A M
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (	n yrs. lest birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B	URTH	6. Bit	RTHPLACE (State or Foreign
216 18 0361  9e. FACILITY NAME (If not institution, give str	1 M 2 - F	82YRS.	OTT TOWN	HOURS MIN.	12-19-	-07		NNSYLVANIA
VAMC FORT HOWARD	eet and number)		FORT HO		Ain	100	LTIMO	
RESIDENCE OF DECEDENT		400 CITY TO	OWN OR LOCATI	ON				10d. INSIDE CITY
				ON				LIMITS?
MARYLAND  100, STREET AND NUMBER		BALTI		ZIP CODE		T v	O- CITIZEN C	F WHAT COUNTRY?
	T/M						J.S.A.	F WHAT COUNTRY!
38 W. BIDDLE STRE	12. WAS DECEDENT EVER IF	III ANNED		201 ENDENT OF HISPAN	uc colonia m			ACE American Indian,
1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, spe	cify Cuben, Mexica	n, Puerto Ricar		No 14. H	lack, White, etc.
3 Widowed 4 Divorced	WWII	NTES	1 U YES	2 NO Specify	<i>/</i> :		WH	ITE
15. DECEDENT'S EDUC		16a. DECEDENT'S USU			16b. KIN	D OF BUSINE	ESS/INDUSTR	γ
(Specify only highest grade of Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mos tired.)	II of working				
		PURCHAS	ING					
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middl	le, Maiden Sun	name)	
FRANK JONES				MAE GI	BSON			
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a	nd Number or Rural i	Route Number, (	City or Town, S	State, Zip Code	)
CLINICAL RECORDS,	VAMC	9600 N.	POINT	ROAD FO	RT HOW	ARD, M	1D 21	052
20a. METHOD OF DISPOSITION	206	PLACE OF DISPOSITION					IN + City o	r Town, State
1 Buriel 2 Cremation 3 Remo	oval from Stata	other place	enmou	int (an	reteri	BOX	Ita	Md.
21. SIGNATURE OF FUNERAL SERVICE LIC	CHSE!		22. NAME AN	D ADDRESS OF FA		UIN	Cari	-d11 F/4
· XIANA //	1313 a 00	,	45	-14 W. 1	Yorth	HIL	1	7 / / 4
23. PART I. Enter the disease, or c shock, or heart failure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	list only one cause on e	ach line.	enter the mo	de of dying, suc	h as cardiac	or respirat	ory arrest,	Approximate Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST	DUE TO (OR AS A	gestive He consequence of):	eart Fa	ilure				
PART ii. Other significant condition	s contributing to death b	out not resulting in t	the underlying	g ceuse given in		e. WAS AN AU PERFORME Y YES 2	ED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 X YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (C/	neck only one)			
EXAMINER?	HOSPITAL:	netlant 3 1 DOA	THER:	e 6 🗆 Residence		neniń.		
27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME O					URY OCCURE	0
1XXNatural 5 Pending	(Month, Day, Year)	INJUR	Y WO	PRK?	THE STREET			
2 Accident Investigation 3 Suicide 6 Could not be		/ At home, ferm, stre					f Number or Ru	iral Route Number,
4 Homicide 6 Could not be	building, etc. (Spe	ctfy)			City or T	own, State)		
cool only	CIAN: To the best of my know							se(a) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU				NED (Month, Day, Year)
6. Cama	for the	J		The second is the		1		0-90
30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, Pri	int)				,-3	· 70
CAROLINA C. CUSTOD	10, M.D. 96	00 N. POI		FORT	HOWAPD	, riARY	YLAND	21052
31. DATE FILED (Month, Day, Year) AUG 3 1990	32. REGISTRAR'S SIGN							

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

6		-
Turberal		vamin
E E	M	-
5	ЭШе	į
=	8	9
200	00,	har
DIRECTOR: After this certificate has been signed by the attending physician and compretely filled in by the funeral dire	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	and the medical examined of the second of the second the medical examined
ם פו	privia	allo
S	8	-
Sicia	prior	-
9	ene	Ì
ě	\$	0
atten	Tal.	9
ne s	Men	i
3	pur	-
200	ulth	90
Sign	훈	-
pee pee	1.0	4
has	Dep	93
cate	State	The sec
in a	the	
this (	With	Acad
After	death	-
TOR:	after	1 00
DIREC	hours	The same

	1 - FOR STATE REGISTRAR	TATE OF MARY	LAND / CE	DEPART	TMENT 0 CATE (	F HE	ALTH AND N EATH	MENTA	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)								OF DEATH	,	YEAR 3	TIME OF DEATH	
	Paul	C.		,	Julio			7-	31-90		TEAR	2:10AM M	
1	4. SOCIAL SECURITY NUMBER 5. S	EX 6. AGI	E (in yrs. lest		IF UNDER 1 YE		F UNDER 24 HRS.	7. DATE	OF BIRTH		8. BIRTHPL Country)	ACE (State or Foreign	
	214-88-5659	M 2 - F 19	9	YRS.	MONTHS DA	AYB H	OURS MIN.	4-3			Mary	1and	
	9a. FACILITY NAME (If not institution, give street a	nd number)			9b. CITY, TO	WN OR	LOCATION OF DE	ATH		9c. COUN	TY OF DEA	тн	
8	Monkton Road/Macko	rd			Monk	ton				Balt:	imore	County	
DIRECTOR	RESIDENCE OF DECEDENT												
2					, TOWN OR L	OCAHO	ATON .				- 1	Od. INSIDE CITY LIMITS?	
	Maryland Baltimo	ore		Tows	SOIL	1	H. ZIP CODE			40- 0/7/3		☐ YES 2 🔀 NO	
E I							204			U.S		AI COONTHY!	
FUNERAL	512 E. Seminary Ave	WAS DECEDENT EVER	DINI II C ADS	4ED	12 140		DENT OF HISPAN	IC OBIGII	P (Enable Vac			American Indian	
BY FU	1 News Married 2 Married	FORCES? 1 YES	S 2-N	O	If ye	s, speci	ty Cuban, Maxican NO Specify	, Puerto		or No-	Specify: Whit	- American Indian, White, etc.	
	15. DECEDENT'S EDUCATIO	N.	16a. DE0	CEDENT'S	USUAL OCCU	PATION		166	. KIND OF BUS	INESS/IND			
COMPLETED	(Specify only highest grade comp	lege (1-4 or 5+)	(Gh	ve kind of w Do NOT us	vork done durir e retired.)	ng most	of working						
2	2	yrs	St	uden	t				Stude	nt			
S S	17. FATHER'S NAME (First, Middle, Last)					1	6. MOTHER'S NA	ME (First,					
0	Edward V. Julio						Angela		Re	nald	0		
8	19a. INFORMANT'S NAME (Type/Print)		196	. MAILING	ADDRESS (St	treet and	Number or Rural F	loute Num	ber, City or Town	n, State, Zip	Code)		
임	Edward V. Julio		5	12 E	. Semi	inar	y Ave.	Tows	on, Mo	. 21	204		
	20a, METHOD OF DISPOSITION 1 & Burial 2 Cremetion 3 Removat	1			SITION (Name	of ceme	ery, cremetory or			CATION —			
	1 Ø Buriel 2 Cremetion 3 Removat 6	from State	Dul an	ey V	alley	8-4	-90		Timo	nium	, Md.		
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	E //	1	22. NAME AND ADDRESS OF FACILITY					neral Home, Inc.				
	► The A	1	111										
	23. PART I. Enter the diseases, or comp	lications that caus	ed the de	ath Do n			ork Rd.					Approximete	
	shock, or heart failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Multiple DUE TO (OR A	injur	ies	F):							Interval Between Onset and Death	
,				OUENCE OF):								!	
5	Sequentially list conditions, If any, leading to immediate	DUE TO (OR A	S A CONSEC	CONSEQUENCE OF):									
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury												
	that initiated events	DUE TO (OR A	S A CONSEC	OUENCE OF	F):							1	
	resulting in death) LAST												
	PART II. Other significant conditions co	entributing to deati	h but not r	eaulting	In the unde	riving	cause given in	Part I.	24a, WAS AN	AUTOPSY	24b. 1	WERE AUTOPSY FINDINGS	
3	-				379 -0.00				PERFOI			AVAILABLE PRIOR TO COMPLETION DF CAUSE	
MEDI								_	XXXX YES 2	∐ NO		OF DEATH?	
											X	YES 2 NO	
Š	25. WAS CASE REFERRED TO MEDICAL					26 DI A	CE OF DEATH (Ch	eck only o	l l		1		
PHYSICIAN:	EXAMINER?	OSPITAL:			OTHER:					San	20		
2	27. MANNER OF DEATH	28a. DATE OF INJUS		28b. TtM		g Home Bc. INJU	5 Residence		er (Specify)	SCEI			
	1 Netural 6 Pending	(Month, Day, Yes	ur)		JURY	WOR	K?	4				C	
B	Accident Investigation	7-31-90 260. PLACE OF INJU		me. ferm.			XXX	28f. LO	Uriver CATION (Street	and Number	or Rural Ro	fixed object	
EC	3 Suicide 6 Could not be 4 Homicide detarmined	building, etc. (S	Specify)	-	oad	,		MOT	okton F	Rd/Ma	ckord	,Baltimore	
COMPLET	29a, CERTIFIER								100				
1	Charles 1 CERTIFYING PHYSICIAN	: To the best of my kr	nowledga, de	ath occurr	ed et the time	, data a	nd place, and due	to the c	euse(a) and ma	nner aa sta	led.		
5	one) 2 MEDICAL EXAMINER: O	n the basis of examina	ation and/or	investigatio	on, in my opir	nion, de	ith occured et the	time, da	te and place, a	id dua to th	ne cause(s)	and manner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER	11/	0				29c. LICENSE NUI	MBER		29d. DAT	E SIGNED (	Month, Day, Year)	
TO BE	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF	DEATH (ITE	M 27) (Type	), Print)		OCME			7-	-31 <b>-</b> 9	0	
3	MARGARITA A. KOREI					11	Penn St	reet	.Balti	more.	MD 2	1201 vc	
	CA DATE EN ED GALLES DEL MENT	40 050107040/0.0	IGNATURE								WD.		
1	AUG 3 1990 Juli	Davidson-A	ande										
_	0											DHMH-18 Rev 1/89	



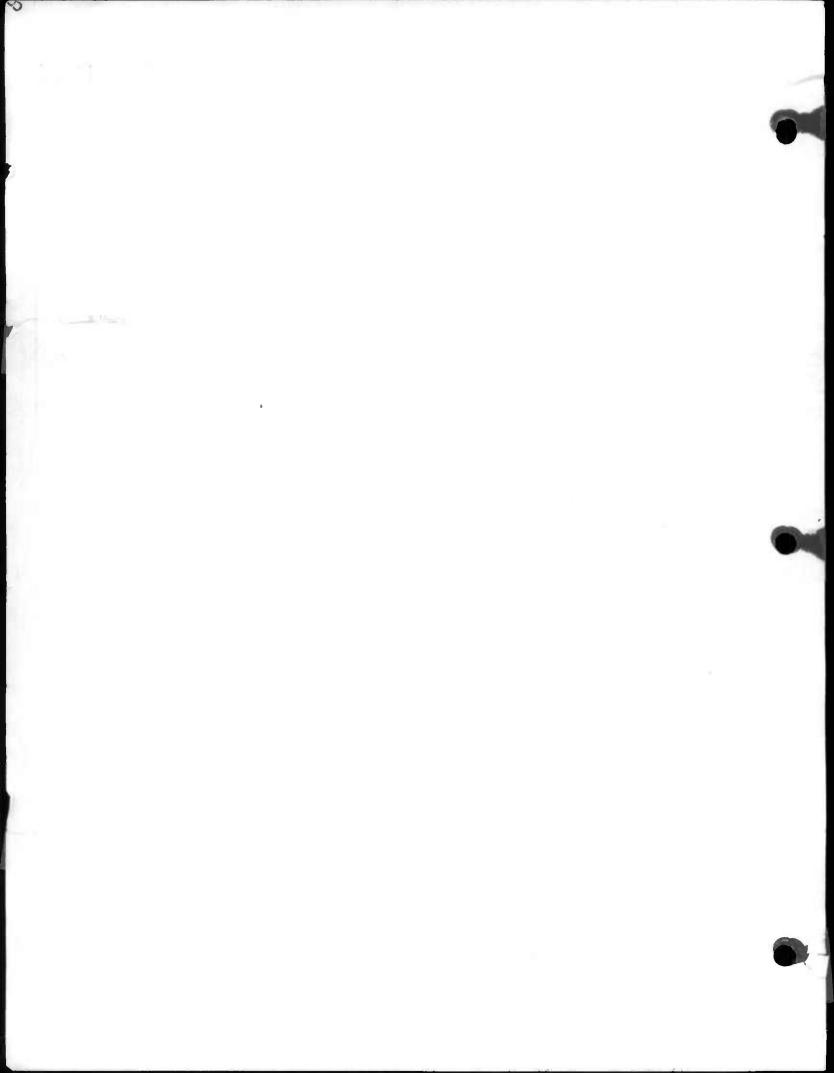
ĸ.	-	-	73
	£	8	15
	9	8	3
	96	ē	=
	20	9	a e
	5	le C	E
	Jea	Ž	X
1	19	5 5	-
	aft	Y P	S
	2	- e	9
	ğ	0 0	E
	24	₩ E	9
	E	ati ati	==
n	di di	let re-	E
)	3	E 2	2
,	ute	S .E	3
)	GC	22	書
	8	5 2	Ę.
	Ď	5 5	6
	Sate	S d	-
	tiff	e P	š
)	Ce	40 0	0
٠	=	の元	9
	de	at	5
)	9	\$ ₹	픋
1	T T	200	=
	tha	20 4	E
)	SS	Patte	60
2	Ē	E	3
	ě	90	55
	A.B	S b	3
,	e	20	=
	F	ate	e
	3	S	=
•	C	the set	0
	3	SE	9
,	ᇫ	5 3	분
	NG	fter	Ë
)	9	A	89
	TE	Ter DR	00
	A	ECT	2
	8	S S	le le
1	7	7 7 7	=
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 IIII	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, the flad within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be
	180	N.	Z
	I	E 3	F
	H	里	Ö
	0	0	=
	F	E 5	=

	1 - FOR STATE REGISTRAR  STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.										
	1. DECEOENT'S NAME (First, Middle, Last)		OLITHIOAIL OF BEATT				2. DATE OF DEATH			3. TIME OF DEAT	тн
	LaVerne		Elizabeth Kohlhepp				Augus	st 1,		3:50	а. м
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. la		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF (Month, D	BIRTH	6.	BIRTHPLACE (State or Fo	oreign
	213-42-4699	1 M 2 XF	45	YRS.	MONTHS DAYS	HOURS MIN.				Country) Maryland	
	9e. FACILITY NAME (If not institution, give a	street and number)			96. CITY, TOWN O	R LOCATION OF DE					
ECTOR	4028 Lewiston Ave	nue			Balti	nore					
🖫	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT		10c. CIT	Y, TOWN OR LOCAT	TON	-		10d. INSIDE CITY	,		
DIR	Maryland	Baltim			ore		LIMITS?	NO			
	10a. STREET AND NUMBER		10f. ZIP CODE					OF WHAT COUNTRY?			
FUNERAL	4028 Lewiston Ave		212				A STATE OF THE STA				
3	11. MARITAL STATUS	11. MARITAL STATUS 12. WAS DECEDENT EX			VER IN U.S. ARMED 13. WAS DECENDENT OF HISPA				RACE — American Indi- Black, White, etc.	len,	
BY F	1 Never Merried 2 Merried 3 Widowed 4 Divorced		FORCES? 1 YES 2 XNO IF YES, GIVE WAR OR DATES			O If yes, specify Cuban, Mexican 1 ☐ YES 2∑∑NO Specify				Specify:	
		<u> </u>								aucasian	
13	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. D	ECEDENT'S Give kind of a	VSUAL OCCUPATION Work done during more retired.)	16b. KIND OF BUSINESS/IND			TRY		
12	Elementary/Secondary (0-12) 12th Grade	College (1-4 or 5+)		Iomema			1	lome			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		1 1	TOMETHE	IKCI	18. MOTHER'S NA			Sumame)		
BE C		eRoy Cro	use					nie I			
10 B	19e. INFORMANT'S NAME (Type/Print)	19	9b. MAILING	ADDRESS (Street a	nd Number or Rural I	Route Number, City or Town, State, Zip Code)					
F	Stanley Kohlhepp					Avenue 1	Baltin				
	20e. METHOD OF DISPOSITION 1  ☐ Burlel 2 ☐ Cremation 3 ☐ Ren	noval from State	other p	olace)	SITION (Name of cen				CATION — City or Town, State		
	4 Donetion 5 Other (Specify)	ICENSES.	Lake	viev	y Memoria	AL PATK	CHITY	ГЅУК	esvill	e, Marylan	ıa
		Kollno	- /			g Byers		al Dia	rector	s, INC.	
1,000	Joseph F.W	- fellow			8728 1	Liberty 1	Road F	Randa	11stow	n,MD 21133	478
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  Approximate intervel Betw										
	shock, or heart failure.				iot emer the mo	de or dying, suc	n aa carola	c Or reapi	ratory arrea	Intervel B	Between
	shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition	List only one ceus	se on eech lin	ie.					ratory arrea		Between
	IMMEDIATE CAUSE (Finel	a. Con	se on eech lin	ive	Hear	t Fall			ratory arrea	Intervel B	Between
NO	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	a. CON OUE TO (C	GCST OR AS A CONSE	IVE EQUENCE O	Hear				ratory arrea	Intervel B	Between
ATION	iMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate	a. CON OUE TO (C	se on each lin	IVE EQUENCE O	Hear	t Fai			ratory arrea	Intervel B	Between
FICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. CON OUE TO (1)  b. CO DUE TO (1)  c. DUE TO (1)	GCST OR AS A CONSE	EQUENCE O	Hear path Mel				ratory arrea	Intervel B	Between
ERTIFICATION	immediate cause (Finel disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. CON OUE TO (1)  b. CO DUE TO (1)  c. DUE TO (1)	OR AS A CONSI	EQUENCE O	Hear path Mel	t Fai			ratory arrea	Intervel B	Between
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST	a. COAN OUE TO (1) b. DUE TO (1) c. DUE TO (1) d.	OR AS A CONSI	EQUENCE O	Hear path Mel	t Fai Y litus	ilur	<u>e</u>		Intervel B Onset and	Between d Death
AL	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events	a. COAN OUE TO (1) b. DUE TO (1) c. DUE TO (1) d.	OR AS A CONSI	EQUENCE O	Hear path Mel	t Fai Y litus	Part I. 2	4s. WAS AN PERFOR	AUTOPSY MEO?	Intervel B	Detween d Death  Findings 1 TO
AL	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST	a. COAN OUE TO (1) b. DUE TO (1) c. DUE TO (1) d.	OR AS A CONSI	EQUENCE O	Hear path Mel	t Fai Y litus	Part I. 2	C. WAS AN	AUTOPSY MEO?	24b. WERE AUTOPSY F AWALABLE PRIOR COMPLETION OF OF DEATH?	Detween d Death  Findings I TO CAUSE
MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST	a. COAN OUE TO (1) b. DUE TO (1) c. DUE TO (1) d.	OR AS A CONSI	EQUENCE O	Hear path Mel	t Fai Y litus	Part I. 2	4s. WAS AN PERFOR	AUTOPSY MEO?	Intervel B Onset and Onset and 24b. WERE AUTOPSY F ANALABLE PRIOR COMPLETION OF	Detween d Death  Findings I TO CAUSE
MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST	a. COAN OUE TO (1) b. DUE TO (1) c. DUE TO (1) d.	OR AS A CONSI	EQUENCE O	Hear  Plan  Path  Heli  Heli  In the underlying	t Fai	Part I. 2	4a. WAS AN PERFOR	AUTOPSY MEO?	24b. WERE AUTOPSY F AWALABLE PRIOR COMPLETION OF OF DEATH?	Detween d Death  Findings I TO CAUSE
MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in deeth) LAST  PART II. Other significent conditions	a. COAN OUE TO (1) b. DUE TO (1) c. DUE TO (1) d.	PGCSTOR AS A CONSI	EQUENCE O	Hear  File  Mell  File  Mell  File  The underlying	T FAI	Part I. 2	4a. WAS AN PERFOR	AUTOPSY MEO?	24b. WERE AUTOPSY F AWALABLE PRIOR COMPLETION OF OF DEATH?	Detween d Death  Findings I TO CAUSE
MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST  PART II. Other significent conditions.	a. OUE TO (c  DUE TO (c  DUE TO (c)  DUE TO (c)  DUE TO (c)  DUE TO (c)  DUE TO (c)  DUE TO (c)  DUE TO (c)  DUE TO (c)  DUE TO (c)  DUE TO (c)  DUE TO (c)	PROPERTY OF AS A CONSIDERATION AS A CONSIDER AS A CONSIDERATION AS A CONSIDERATION AS A CONSIDERATION AS A CONSIDERATION AS A CONSIDERATION AS A CONSIDERATION AS A CONSIDERATION AS A CONSIDERATION AS A CONSIDERATION AS A CONSIDERATION AS A CONSIDERATION AS A CONSIDERATION AS A CONS	EQUENCE O	Heaver He	g cause given in	Part I. 2	4a. WAS AN PERFOR	AUTOPSY MEO?	24b. WERE AUTOPSY F AWAILABLE PRIOR COMPLETION OF OF DEATH?	Detween d Death  Findings I TO CAUSE
PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1  Natural 5 Pending	a. COMOUNT OF THE PROPERTY OF	PROPERTY OF AS A CONSIDERATION AS A CONSIDER AS A CONSIDERATION AS A CONSIDERATION AS A CONSIDERATION AS A CONSIDERATION AS A CONSIDERATION AS A CONSIDERATION AS A CONSIDERATION AS A CONSIDERATION AS A CONSIDERATION AS A CONSIDERATION AS A CONSIDERATION AS A CONSIDERATION AS A CONS	EQUENCE O	Hear  F):  A th  F):  Heli  F):  26. Pi  OTHER:  4   Nursing Horr  BE OF   28c. Pi.)  WW. WC	TERMINATE OF OEATH (Ch	Part I. 2	4a. WAS AN PERFOR	AUTOPSY MEO? 交叉NO	24b. WERE AUTOPSY F AWAILABLE PRIOR COMPLETION OF OF DEATH?	Detween d Death  Findings I TO CAUSE
ED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST  PART II. Other significent conditions and in the cause of injury that initieted events resulting in deeth) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	a. COM OUE TO (  b. DUE TO (  c. DUE TO (  d.   HOSPITAL: 1   Inpatient 2    28e. DATE OF   (Month, De)  28e. PLACE OF	PROPERTY (1997)  PROPERTY (1997)  PROPERTY (1997)  PROPERTY (1997)  PROPERTY (1997)  PROPERTY (1997)	EQUENCE O  COUNTRY  TO DOA  COUNTRY  TO	Hear  F):  A th  F):  Heli  F):  26. Pi  OTHER:  4   Nursing Horr  BE OF   28c. Pi.)  WW. WC	g cause given in	Part I. 2  1  1  2  Other (  28d. DESCI	4s. WAS AN PERFOR	AUTOPSY IMEO? XXNO	24b. WERE AUTOPSY F AWAILABLE PRIOR COMPLETION OF OF DEATH?	Detween d Death  Findings I TO CAUSE
ED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending investigation  2 Accident 1 Could not be determined  29e. CERTIFIER (Check only)	a. COMOUNT OF COME TO (C. DUE TO	ER/Outpatient INJURY — At the Copy of the	EQUENCE O  COUNTRY  C	Hear  F):  Heli  Heli  Heli  Heli  Heli  Heli  Heli  Heli  A   Meli  A   Nursing Hor  He Of   28c. IN.  Mury M   1   1   1    Street, factory, office  and at the time, date	g cause given in	Part I. 2  Seck only one)  6 Other (c)  28d. DESCI  28f. LOCAT City or	4a. WAS AN PERFOR I YES 2	AUTOPSY IMEO?  YNO  NJURY OCCUR and Number or	24b. WERE AUTOPSY F AWALABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2	Petween d Death Death Perwind Permission Per
E COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending investigation  2 Accident 1 Could not be determined  29e. CERTIFIER (Check only)	a. OUE TO (c b. DUE TO (c c. DUE TO (c d	ER/Outpatient INJURY — At the Copy of the	EQUENCE O  COUNTRY  C	Hear  F):  Heli  Heli  Heli  Heli  Heli  Heli  Heli  Heli  A   Meli  A   Nursing Hor  He Of   28c. IN.  Mury M   1   1   1    Street, factory, office  and at the time, date	g cause given in	Part I. 2  1  1  28d. DESCI  28f. LOCAT City or	4a. WAS AN PERFOR I YES 2	AUTOPSY IMEO?  NJURY OCCUP and Number or riner se stated. id due to the c	24b. WERE AUTOPSY F AWAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2  RED	Petween d Death  Findings 1 TO CAUSE NO
BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	a. ON OUE TO (C. DUE T	ER/Outpatient INJURY — At hote. (Specify)  In all of the control o	EQUENCE O  CEQUENCE O  RESUlting  CEQUENCE O  RESUlting  CEQUENCE O  RESUlting  CEQUENCE O  RESUlting  CEQUENCE O  RESUlting  CEQUENCE O	Heaver He	g cause given in  LACE OF OEATH (Ch to 5 Pasidence IURY AT TYES 2 NO to to end place, end due	Part I. 2  1  1  28d. DESCI  28f. LOCAT City or	4a. WAS AN PERFOR I YES 2	AUTOPSY IMEO?  NJURY OCCUP and Number or riner se stated. id due to the c	24b. WERE AUTOPSY F AWARABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2	Petween d Death  Findings 1 TO CAUSE NO
E COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Hetural 5 Pending Investigation investigation and in	a. OUE TO (  b. CO  DUE TO (  c. DUE TO (  d	DOR AS A CONSIDERATION OF A CONSIDERATION OF AS A CONSIDERATION OF AS A CONSIDERATION OF AS A CONSIDERATION OF A CONSIDERATION OF A CONSIDERATION OF A CON	EQUENCE O  COUNTED  C	Heaver He	g cause given in  LACE OF OEATH (Ch  to 5 Pasidence  FURY AT  FIRST  THEY  or and place, and due  death occured at the  29c. LICENSE NUI	Part I. 2  1  1  28d. DESCI  28f. LOCAT City or	4a. WAS AN PERFOR I YES 2	AUTOPSY IMEO?  NJURY OCCUP and Number or riner se stated. id due to the c	24b. WERE AUTOPSY F AWARABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2	Petween d Death  Findings 1 TO CAUSE NO

32. REGISTRAP'S SIGNATURE

X.	z	۳	76
r	ķ	_	괃
ē	20		100
R A	athe		2
Ē	Ħ		
ş	ğ		5
e.	era		튑
dead	e fun	-i	exa
afte	Dy th	move	ical
8	u P	or re	Dem
	fille	lon,	he
thin	etely	эшар	II,
M D	dund	I, cm	eve
Scute	nd co	buna	atic
e ex	an a	ot 1	En
ate b	ysici	bio	r tra
rific	d Di	lene	othe
th ce	endin	Hyd	10
deal	e att	lenta	uny.
t the	4	nd N	E
s tha	ped	th a	amy
pulre	ı sig	Hea	0 W/S
W rec	peed	of. of	Sh
he la	has	e Dec	n 2
F :N	Scate	State	te
SICIA	certif	the	9
PHYS	this	With	rked
NG	Mer	eath	E
END	JR: /	ter d	8 18
A	EG	rs a	2 E
TO THE HOSPITAL OR AITENDING PHYSICIAN: The law requires that the death certificate be executed within zerous after death. Proc 8 may be manned to	TO THE FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director and in a strange of the completely filled in by the funeral director and in a strange of the completely filled in by the funeral director and in a strange of the completely filled in by the funeral director and in a strange of the completely filled in by the funeral director.	he filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be nedified all
PITA	FRAI	20	T: H
HOS	FLIN	With	TAN
표	出	filed	POR
2	E	2	Ξ

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPA	RTMENT	OF H	EALTH AND N			ا ل د ع	36 86 255	
	1. DECEDENT'S NAME (First, Middle, Last)		-				2. DATE OF D	EATH		3. TIME OF DEATH	
	JESSE THOMAS L	JESSE THOMAS LYDE					JULY 30, 1990 YEAR 10:30 A M				
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthde	y) IF UNDER	1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF 8 (Month, De	( Year)	Cou	THPLACE (State or Foreign intry)	
	217 30 4220	1 ∑ M 2 □ F	55 YRS			R LOCATION OF DE	JUNE	21, 19	34 M	ARYLAND	
5	9a. FACILITY NAME (If not institution, give street VA MEDICAL CENTER	et and number)				HOWARD	Ain		TIMOI		
5	RESIDENCE OF DECEDENT		100 (	NTV TOWN	OD LOCAT	ON				10d. INSIDE CITY	
DIRECTOR	108. STATE 10B. COUNTY MARYLAND			BALTIMORE					LIMITS?		
4	10a. STREET AND NUMBER	<u> </u>		101	ZIP CODE		1 '	F WHAT COUNTRY?			
100. STREET AND NUMBER 101. ZIP CODE 102. CITIZEN 103. STREET AND NUMBER 104. ZIP CODE 105. CITIZEN U.S.											
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	N U.S. ARMED 2 □ NO ATES 7	2 NO If yes, specify Cuban, Maxican, Puarto Rican, stc.) 1 YES 2 NO Specify: Specify:						ACE — American Indian, sick, White, etc.		
ED	15. DECEDENT'S EDUCA (Specify only highest grade of	ITION	16a. DECEDEN	T'S USUAL O	CCUPATIO	N of all working	16b. KIN	D OF BUSINESS	INDUSTRY	1	
4	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ilfe. Do NO	T use retired.)							
OMPLE	9th		CONSTRI	JCTION	4 MOI						
B	17. FATHER'S NAME (First, Middle, Lest)					16. MOTHER'S NA			ne)		
BE		WILLIAM LYDE  ANNIE MACKEY  199. INFORMANT'S NAME (Transferring)  190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
2	19a. INFORMANT'S NAME (Type/Print)  BFRMA LYDF		-517			T AVE.					
	BERMA LYDE	20				netery, crematory or	- DALI	20c, LOCATIO			
	1 Donation 5 Other (Specify)		GARRIS			T VET.	CEM			ILLS, MD.	
	21. SIGNATURE OF FUNERAL SERVICE LICE		.,,,,,,,,,			ID ADDRESS OF FA	_				
	► blades wared WM.C. MARCH F.H. 1101 E										
	23. PART i. Enter the disaeses, or co shock, or heart fellure. L	inplications that cause ist only one cause on	ed tha daeth. D aech ilne.	o not ente	r the mo	de of dying, auc	n es cardiec	or reapirator	y srrest,	Approximate Interval Between	
	IMMEDIATE CAUSE (Final									Onset and Death	
disease or condition resulting in death)  a. CVA with RIGHT HEMIPLEGIA  DUE TO (OR AS A CONSCOUENCE OF):										5 MONTHS	
_		HYPERTENSI		_ 0. ,.						8 YEARS	
0	Sequentially list conditions,		A CONSEQUENC								
CAT	cause. Entar UNDERLYING CAUSE (Disease Dr Injury	CEREBRAL H	EMORRHA	GE						5 MONTHS	
CERTIFICATION	that initiated events	DUE TO (OR AS	A CONSEQUENC	E OF):							
Ä	resulting in death) LAST	·									
The second secon								24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
2	DECUBITIS ULCER						1	☐ YES 2 💢 N	0	COMPLETION OF CAUSE OF DEATH?	
¥	S/P GASTROSTOMY	TUBE FEEDI	NG				_			1 YES 2 NO	
ż											
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?										
1 YES 2 NO 12 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 6 Residence 6 Other (Specific							(pecify) ISE HOW INJUR	Y OCCURE	D		
	1 Natural 5 Pending	(Month, Day, Year)				ORK? YES 2 NO	100				
2 Accident Investigation 2 Suitable 28s. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and N						umber or Ru	ber or Rural Route Number,				
E	building, etc. (Specify)  Lity or lown, State)										
City or Town, State)  29a. CERTIFIER (Check only one)  2   MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.								use(a) and manner as stated.			
29d. DATE SIGNED (Month, Day, Year)											
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF	DEATH (ITEM 27)	(Type, Print)			-		TUL	¥ 30, 1990	
	WEN-SHYANG WU, M	.D. 9600 N	. POINT	ROAD	FO.	RT HOWARI	o, MAR	YLAND	2105	2	
	31. DATE FILED (Month, Day, Year) AUG 0 3 1990  32. REGISTRAR'S SIGNATURE  Julia Davidson—Randall										



acted for use as the burial-transit permit. Pages 1, 2, 3 should

2

Kowals

Thomas now
31. DATE FILED (Morith, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Q

> wer 32. REGISTRAR'S SIGNATURE

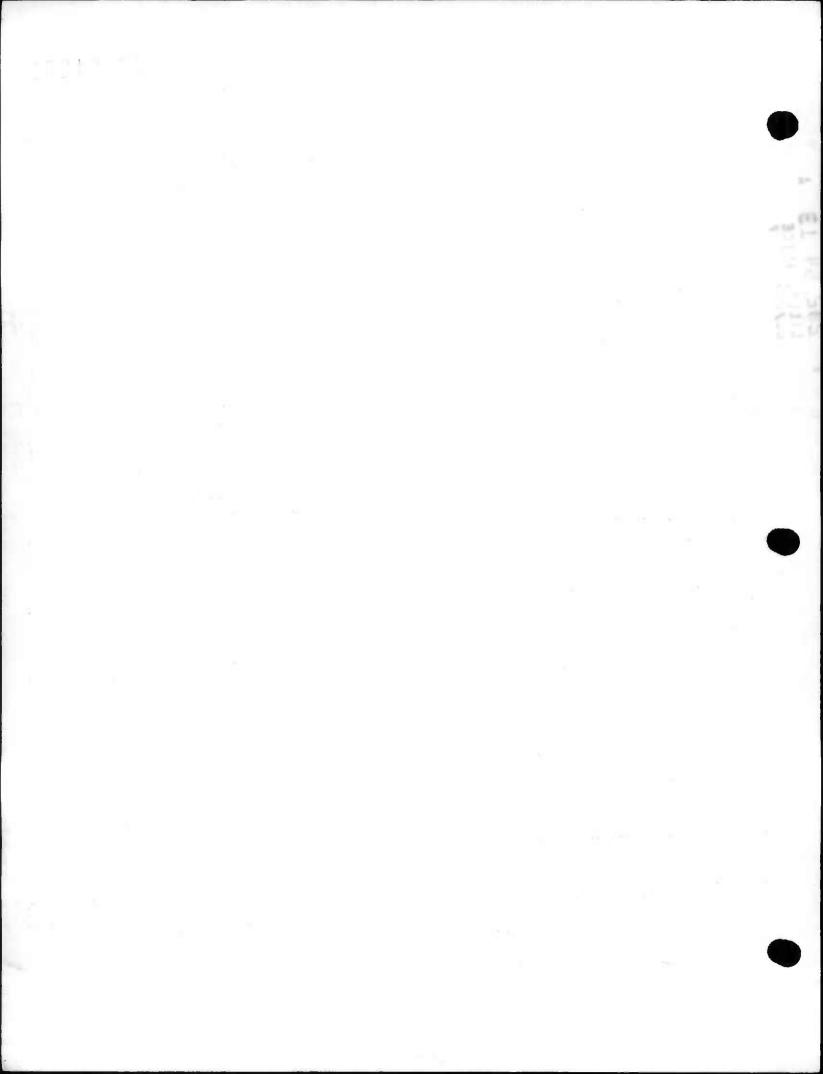
REGISTRAR  1. DECEDENT'S NAME (First, Mic	ddle. Lest)			ERITE	CATE OF	DEATH	2. DATE OF	EG. NO.		3. TIME OF DEATH
ALICE A	R.	LILLY					монтн 08	DAY O1	199	AR
4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs.		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF 6 "(Month, De	нтн	6. B	HRTHPLACE (State or Foreign
213-74-611	13	1  M 2  F XX	83	YRS.	MONTHS DAYS	NOURS MIN.	6-11			PA.
9a. FACILITY NAME (If not institu					9b. CITY, TOWN	OR LOCATION OF D			COUNTY (	OF DEATH
THE JOHNS H		S HOSPIT	AL		BALT	IMORE		B	ALTIM	ORE CITY
10a. STATE 10	b. COUNTY			10c, CITY	, TOWN OR LOCA	TION				10d. INSIDE CITY
MD				BAL	TIMORE	CITY				1 mrs 2 □ NO
10e. STREET AND NUMBER					10	OI. ZIP CODE		10	g. CITIZEN	OF WHAT COUNTRY?
4902 GREENS						21209			US	
11. MARITAL STATUS  1 Never Married 2 Mar		12. WAS DECEDENT FORCES? 1	YES 2			CENDENT OF HISPA pecify Cuban, Mexic			No- 14.	RACE — American Indian, Black, White, atc.
3 Widowed 4 Divorced		IF YES, GIVE W	AR OR DATES		1 🗌 YE	S 200 NO Speci	ly:		-   '	Specify: BLACK
15, DECEDE	ENT'S EDUCA		16a.	DECEDENT'S	USUAL OCCUPAT	ION	16b. KIN	ID OF BUSINE	SS/INDUST	
(Specify only his Elementary/Secondary (0-12)	<del></del>	College (1-4 or 5 +			rork done during m e retired.)	lost or worlding				
NA			l	Jnemp	loyed				- 11	10 (0)
17. FATHER'S NAME (First, Middle		nown				18. MOTHER'S N				
19e. INFORMANT'S NAME (Types		ποωπ	1				ude			
Louise Lil						and Number or Rural				
209, METHOD OF DISPOSITION										Md. 21202
. 51-5			20h PLA	CE OF DISPOS	UTION (Name of or	amoteou cremetoru or		20c LOCATI	ION City	or Town State
1 Buriel 2 Cremation	3 Remov	val from State				emetery, crematory or CEMETER				or Town, State
1 🕒 Buriel 2 🗆 Cremation 4 🗆 Donation 5 🗆 Other (Sp  21. SIGNATURE OF FUNERAL S	3 Remov				STAR	emetery, cremetory or $CEMETER$	Y			or Town, State
4 Donation 5 Other (Sp	3 Remov	INSEE	WES		STAR 22. NAME A	CEMETER AND ADDRESS OF F	Y	CATO	NSVI	TLLE, MD
4 Donation 5 Other (Sp  21. SIGNATURE OF FUNERAL S	3   Remove	INSEE Wa	WES	STERN	STAR  22. NAME / WM. C	CEMETER AND ADDRESS OF F	Y MOILITY F.H.	CATO 1101	NSVI E. N	ILLE, MD
4 Donation 5 Other (Sp 21. SIGNATURE OF FUNERAL S  23. PART I. Enter the diseshock, or hear	3 Removedity)  BERVICE LICE  passas, or cort fellure. L	INSEE Wa	WE'S	death, Do n	STAR  22. NAME / WM. C	CEMETER AND ADDRESS OF F	Y MOILITY F.H.	CATO 1101	NSVI E. N	ORTH AVE
4 Donation 5 Other (Sp 21. SIGNATURE OF FUNERAL S  23. PART I. Enter the disease or condition	3 Removedity)  BERVICE LICE  passas, or cort fellure. L	omplications that	caused the	death, Do n	STAR  22. NAME A  WM. C	CEMETER AND ADDRESS OF FA  . MARCH Toda of dying, sur	Y MOILITY F.H.	CATO 1101	NSVI E. N	ORTH AVE
4 Donation 5 Other (Sp 21. SIGNATURE OF FUNERAL S  23. PART I. Enter the diseshock, or hear  IMMEDIATE CAUSE (Finel	3 Removedity)  BERVICE LICE  passas, or cort fellure. L	omplications that	caused the	death, Do n	STAR  22. NAME A  WM. C	CEMETER AND ADDRESS OF FA  . MARCH Toda of dying, sur	Y MOILITY F.H.	CATO 1101	NSVI E. N	ORTH AVE. Approximate interval Betwoonset and D
21. SIGNATURE OF FUNERAL S  23. PART I. Enter the diseshock, or hear IMMEDIATE CAUSE (Finel disease or condition resulting in death)	3	omplications that	caused the	death, Do n	STAR  22. NAME A  WM. C	CEMETER AND ADDRESS OF FA  . MARCH Toda of dying, sur	Y MOILITY F.H.	CATO 1101	NSVI E. N	ORTH AVE. Approximate interval Betwoonset and D
4 Donation 5 Other (Sp 21. SIGNATURE OF FUNERAL S  23. PART I. Entar tha dise shock, or hear immediate or condition resulting in death)  Sequentially list condition if any, leading to immedia	3 Remondencity) DERVICE LICE Dasses, or cort fellure. L	omplications that ist only one cau	caused tha	death. Do n	STAR  22. NAME / WM. C  not antar tha m	CEMETER AND ADDRESS OF F MARCH ode of dying, sur	Y MOILITY F.H.	CATO 1101	NSVI E. N	ORTH AVE. Approximate interval Betwoonset and D
21. SIGNATURE OF FUNERAL S  23. PART I. Enter the diseshock, or hear immediate Cause (Finel disease or condition resulting in death)  Sequentially list condition	3	omplications that ist only one cau	caused tha	death. Do n	STAR  22. NAME / WM. C  not antar tha m	CEMETER AND ADDRESS OF F MARCH ode of dying, sur	Y MOILITY F.H.	CATO 1101	NSVI E. N	ORTH AVE
21. SIGNATURE OF FUNERAL S  23. PART I. Enter the disespeck, or hear immediate or condition resulting in death)  Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING	3	omplications that list only one cau	caused tha	death. Do nine.	STAR  22. NAME /  WM. C  not anter the m  direction  Circle even	CEMETER AND ADDRESS OF F. MARCH odd of dying, sur	Y MOILITY F.H.	CATO 1101	NSVI E. N	ORTH AVE. Approximate interval Betwoonset and D
4 Donation 5 Other (Sp 21. SIGNATURE OF FUNERAL S  23. PART I. Enter the dise shock, or hear iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list condition if any, leading to immedia cause. Enter UNDERLY INC CAUSE (Disease or injury that infitiated events	3	omplications that list only one cau	caused tha	death. Do nine.	STAR  22. NAME / WM. C  not antar tha m	CEMETER AND ADDRESS OF F. MARCH odd of dying, sur	Y MOILITY F.H.	CATO 1101	NSVI E. N	ORTH AVE. Approximate interval Betwoonset and D
4 Donation 5 Other (Sp 21. SIGNATURE OF FUNERAL S  23. PART I. Entar the dise shock, or hear immediate CAUSE (Finel disease or condition resulting in death)  Sequentially list condition if any, leading to immedia cause. Enter UNDERLY INC CAUSE (Disease or injury that initiated events	3 Remondering Service Lice	omplications that list only one cau  DUE TO  DUE TO  DUE TO	caused the see on each if	death, Do nine.  SEQUENCE OF SEQUENCE OF	STAR  22. NAME / WM. C  not antar tha m  chicker  iii  Can  iii  Can  iii  Can	CEMETER AND ADDRESS OF F MARCH oda of dying, sur	$Y$ ACILITY $F \cdot H \cdot$ Ch as cardiac	CATO  1101  Dr respirato	E. Nory arrest,	ORTH AVE. Approximate interval Betwoonset and D
4 Donation 5 Other (Sp. 21. SIGNATURE OF FUNERAL S DART I. Enter the disease of condition resulting in death)  Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	3 Remondering Service Lice	omplications that list only one cau  DUE TO  DUE TO  DUE TO	caused the see on each if	death, Do nine.  SEQUENCE OF SEQUENCE OF	STAR  22. NAME / WM. C  not antar tha m  chicker  iii  Can  iii  Can  iii  Can	CEMETER AND ADDRESS OF F MARCH oda of dying, sur	F . $H$ . $Ch$ as cardiac	CATO  1101  Dr respirato	E. Nory arrest,	Approximate interval Betwood and D
21. SIGNATURE OF FUNERAL S  23. PART I. Enter the dise shock, or hear immediate or condition resulting in death)  Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	3 Remondering Service Lice	omplications that list only one cau  DUE TO  DUE TO  DUE TO	caused the see on each if	death, Do nine.  SEQUENCE OF SEQUENCE OF	STAR  22. NAME / WM. C  not antar tha m  chicker  iii  Can  iii  Can  iii  Can	CEMETER AND ADDRESS OF F MARCH oda of dying, sur	F . $H$ . $Ch$ as cardiac	CATO  1101  Dr respirato	E. Nory arrest,	Approximate interval Betwoonset and D
4 Donation 5 Other (Sp. 21. SIGNATURE OF FUNERAL S DATE of FUNERAL S DATE of FUNERAL S DATE of Funeral Season of Part of Season of Part of Season of Part of Season of Part of Season of Part of Season of Part of Season of Part of Season of Part of Season of Part of Season of Part of Season of Part of Season of Part of Season of Part of Season of Part of Season of Part of Season of Sea	3 Remondence of the conditions	omplications that list only one cau  DUE TO  DUE TO  DUE TO	caused the see on each if	death, Do nine.  SEQUENCE OF SEQUENCE OF	STAR  22. NAME / WM. C  not antar tha m  chicker  iii  Can  iii  Can  iii  Can	CEMETER AND ADDRESS OF F MARCH oda of dying, sur	F . $H$ . $Ch$ as cardiac	CATO  1101  Dr respirato	E. Nory arrest,	Approximate interval Betwoons and D  12 Lo  12 Lo  24b. WERE AUTOPSY FINDIA ANALABLE PRIOR TO COMPLETION OF CAU OF DEATH?
4 Donation 5 Other (Sp. 21. SIGNATURE OF FUNERAL S Description of the second of the se	DERVICE LICE DESCRIPTION OF THE PROPERTY OF TH	omplications that list only one cau  DUE TO  DUE TO  DUE TO	caused the see on each if	death, Do nine.  SEQUENCE OF SEQUENCE OF	STAR  22. NAME / WM. C  not antar tha m  chicken  Cian  This  Lear  This  This  Lear  This  This  Lear  This  Lear  This  Lear  This  Lear  This  Lear  This  This  Lear  This  Lear  This  Lear  This  Lear  This  Lear  This  Lear  This  Lear  This  Lear  This  Lear  This  Lear  This  This  Lear  This  Lear  This  Lear  This  Lear  This  Lear  This  Lear  This  Lear  This  Lear  This  Lear  This  Lear  This  This  Lear  This  Lear  This  Lear  This  Lear  This  Lear  This  This  Lear  This  Lear  This  This  Lear  This	CEMETER AND ADDRESS OF F MARCH oda of dying, sur	Part I. 24	CATO  1101  Dr respirato	E. Nory arrest,	Approximate interval Betwoons and D  12 Lo  12 Lo  24b. WERE AUTOPSY FINDIA ANALABLE PRIOR TO COMPLETION OF CAU OF DEATH?
4 Donation 5 Other (Sp. 21. SIGNATURE OF FUNERAL S D. 23. PART I. Enter tha disease or condition resulting in death)  Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death)  PART II. Other significant  25. WAS CASE REFERRED TO REXAMINER?  1 YES 2 NO	DERVICE LICE DESCRIPTION DESCR	DUE TO  COntributing to	caused the se on each is on as a concord on a concord on a con	death. Do n line.  SEQUENCE OF SEQUENCE OF The last of resulting in the last of the last o	STAR  22. NAME / WM. C  not anter the m  due  7): Lice ev  8): Lice ev  10]: Lice e	CEMETER  NA RCH  ode of dying, sur  ng cause given in	Part I. 24  1 Part I. 24  1 Other (S	e. WAS AN AUTPERFORME	E. Nory arrest,	Approximate interval Betwoen and D  12 lb  12 lb  13 lb  14 lb  24b. WERE AUTOPSY FINDIANALABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1   YES 2   NO
4 Donation 5 Other (Sp 21. SIGNATURE OF FUNERAL S  23. PART I. Enter the dise shock, or hear iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list condition if any, leading to immedia cause. Enter UNDERLY INC CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant  25. WAS CASE REFERRED TO MEXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Per	DERVICE LICE DESCRIPTION OF CONTROL OF CONTR	omplications that list only one cau  DUE TO  DUE TO  Contributing to	caused the se on each if the control of the control	death, Do n ine.  SEOUENCE OF SEOUENCE OF CONTROL OF CO	STAR  22. NAME / WM. C  Not anter the m  dust  (7):  Lice ev  (7):  Lice ev  (7):  Conn  (7):  Lice ev  (8):  Lice ev  (8):  Lice ev  (9):  Lice ev  (1):  L	CEMETER  NARCH  oda of dying, sur  ng cause given in	Part I. 24  1 Part I. 24  1 Other (S	CATO  1101  Dor respirato  a. WAS AN AUT PERFORME PERSONME	E. Nory arrest,	Approximate interval Betwoen and D  12 lb  12 lb  13 lb  14 lb  24b. WERE AUTOPSY FINDIANALABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1   YES 2   NO
21. SIGNATURE OF FUNERAL S  23. PART I. Enter the dise shock, or hear iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant  25. WAS CASE REFERRED TO MELAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Per Immediate Cause Cau	3 Remondencies  BERVICE LICE  BERVICE  BERVICE LICE  BERVI	DUE TO DUE TO DUE TO Contributing to  HOSPITAL: 1 Ampellant 2 28e. DATE OF (Month, D) 28e. PLACE O	caused tha se on each is on as a con clo as	death, Do n ine.  SEOUENCE OF SEOUENCE OF the control of resulting in the control of the control	STAR  22. NAME / WM. C  Not anter the m  dus  (7): Lice ev  (7): Lice ev  (7): Lice ev  (7): Lice ev  (7): Lice ev  (7): Lice ev  (7): Lice ev  (7): Lice ev  (7): Lice ev  (7): Lice ev  (7): Lice ev  (7): Lice ev  (7): Lice ev  (7): Lice ev  (7): Lice ev  (7): Lice ev  (7): Lice ev  (8): Lice ev  (9): Lice ev  (9): Lice ev  (1): Lice ev  (1): Lice ev  (1): Lice ev  (1): Lice ev  (2): Lice ev  (1): Lice ev  (2): Lice ev  (3): Lice ev  (4): Lice ev  (4): Lice ev  (5): Lice ev  (6): Lice ev  (7): Lice ev  (7): Lice ev  (8): Lice ev  (9): Lice ev  (1): Lice ev  (1): Lice ev  (1): Lice ev  (1): Lice ev  (1): Lice ev  (1): Lice ev  (1): Lice ev  (1): Lice ev  (1): Lice ev  (1): Lice ev  (1): Lice ev  (2): Lice ev  (4): Lice ev  (4): Lice ev  (4): Lice ev  (5): Lice ev  (6): Lice ev  (7): Lice ev  (7): Lice ev  (8): Lice ev  (9): Lice ev  (9): Lice ev  (1): Lice ev  (2): Lice ev  (2): Lice ev  (2): Lice ev  (2): Lice ev  (2): Lice ev  (2): Lice ev  (2): Lice ev  (2): Lice ev  (2): Lice ev  (3): Lice ev  (4): Lice ev	CEMETER  NARCH  oda of dying, sur  replace of DEATH (Come 5   Residence  NUMBER 1   YES 2   NO	ACILITY $F \cdot H$ och as cardiac $I$ heat $I$ $I$ $I$ $I$ $I$ $I$ $I$ $I$ $I$ $I$	CATO  1101  Dr respirato  Was an Autopenformer  PERFORMER  YES 250	DNSVI  E. N  ory arrest,	Approximate interval Betwoen and D  12 lb  12 lb  13 lb  14 lb  24b. WERE AUTOPSY FINDIANALABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1   YES 2   NO
21. SIGNATURE OF FUNERAL S  23. PART I. Enter the dise shock, or hear iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant  25. WAS CASE REFERRED TO IN EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Per Accident Inv 3 Sulcide 8 Co	DERVICE LICE DESCRIPTION OF CONTROL OF CONTR	DUE TO DUE TO DUE TO Contributing to  HOSPITAL: 1 Ampellant 2 28e. DATE OF (Month, D) 28e. PLACE O	caused the se on each if the control of the control	death, Do n ine.  SEOUENCE OF SEOUENCE OF the control of resulting in the control of the control	STAR  22. NAME / WM. C  Not anter the m  dust  (7):  Lice ev  (7):  Lice ev  (7):  Conn  (7):  Lice ev  (8):  Lice ev  (8):  Lice ev  (9):  Lice ev  (1):  L	CEMETER  NARCH  oda of dying, sur  replace of DEATH (Come 5   Residence  NUMBER 1   YES 2   NO	Part I. 24  1 Part I. 24  1 Other (S 28d, DESCR	CATO  1101  Dr respirato  Was an Autopenformer  PERFORMER  YES 250	DNSVI  E. N  ory arrest,	Approximate interval Betwoen and D  Approximate interval Betwoen a
23. PART I. Enter the disesse or condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Finel disease or condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death)  25. WAS CASE REFERRED TO RELAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Per Per Per Per Per Per Per Per Per Per	3 Remonstrated Remonstrated Report Re	DUE TO DUE TO DUE TO COntributing to COntributing to CONTRIBUTE TO CONTRIBUTE	caused the se on each is on as a con closure of the con as a con closure of the control of the c	death. Do n line.  SEQUENCE OF	STAR  22. NAME / WM . C  not antar tha m  control of the control o	CEMETER  NARCH  oda of dying, sur  replace of DEATH (Come 5   Residence  NUMBER 1   YES 2   NO	Part I. 24  theck only one)  6 □ Other (S  286, DESCR	a. WAS AN AUTPERFORMED  YES 2 OW  ON (Street and own, State)	ONSVI  E. N  ory arrest,	Approximate interval Betwoen and D  Approximate interval Betwoen a

HH

2120

DHMH-16 Rev 1/89

29d. DATE SIGNED (Month, Day, Year) 8/119



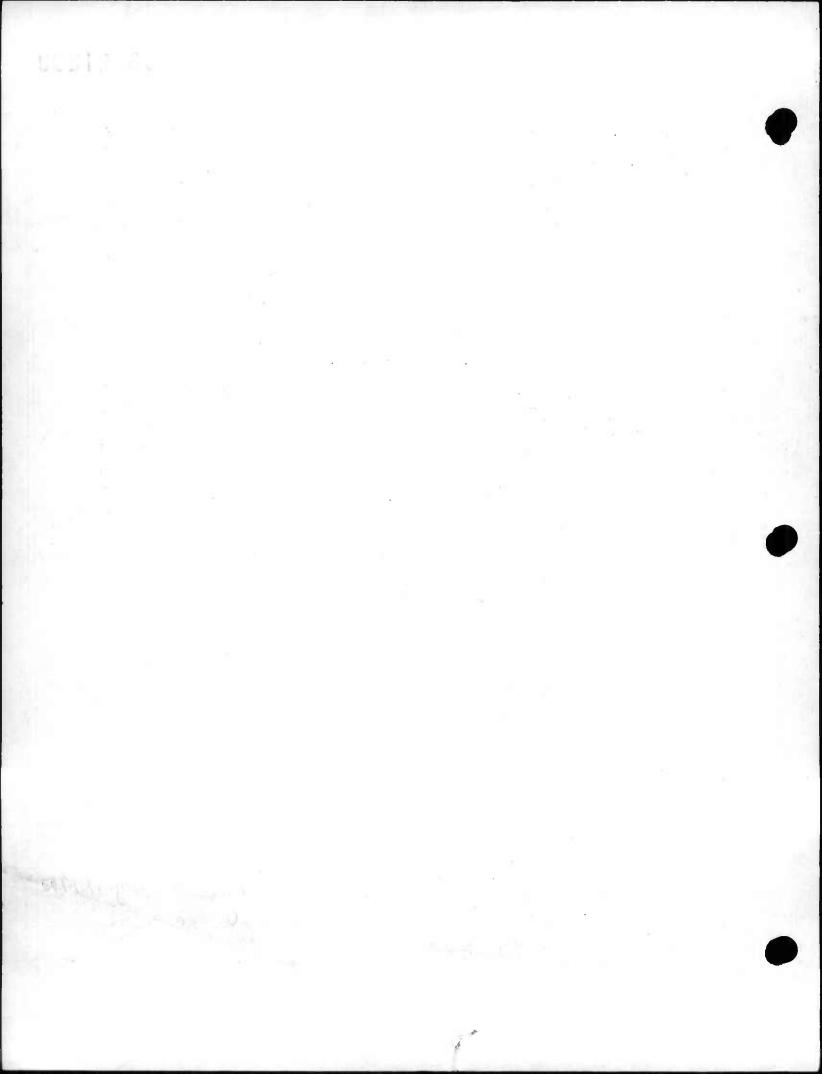
DHMH-16 Rev 1/89

FOR STATE REGISTRAR

	_
.00	
ம	
-	
4	
1	
C)	
_	
13146	
<b>SC</b>	
0	
m	
u.	
P.O. BOX	
V	
0	
- 0	
ഗ	
0	
CC.	
$\overline{}$	
0	
13	
9	
ш	
er	
ы.	
RECORDS, F	
-	
1	
-	
-	
>	
I OF VITAL	
II.	
=	
O	
_	
DIVISION	
-	
0	
=	
10	
47	
=	
-	
-	
_	

	1. DECEDENT'S NAME (First, Middle,	1					2. DATE OF DEATH		3. TIME OF D
	Henry	LAR	DUE				Lugus		0 183
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest :	MONTHS	R 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BUTH (Month, Day,		BIRTHPLACE (State of
	2/322	1 M 2 F	124	YRS.			122	125	In
	98. FACILITY NAME (If not/institution,	give shoot and number)	1 (1)	9b. CIT	Y, TOWN OF	LOCATION OF D	EATH	9C COUNT	Y OF DEATH
CTOR	Sulfra	prod	LIE	4	+/1	105	a Company	1 de	1214
	RESIDENCE OF DECEDEN	OUNTY		HOL CITY, TOWN	OR LOCATIO	ON /	//		10d. INSIDE
DIRE	m/()			1-	540	med	40 _		LÍMITS?
4	16% STREET AND NUMBER	^ 1 /	41	//	101.	ZIP CODE	1/1	10g. CITIZE	N OF WHAT COUNTR
ERA	415000	STAIL O	1000	14/		2/2	10		
FUN	11. MARITAL STATUS		ENT EVER IN U.S. ARM				NIC CHIGHT (Specify		I. RACE — American
. 1	1 Never Married 2 Married		1 YES 2 NO	9	If yes, spec		in, Puedli Rican, etc. y:		Black, Whits, atc. Specify:
B	3 Widowed 4 Divorced								
日	15. DECEDENTY (Specify only highest	S EDUCATION ( grade completed)	/O/w	EDENT'S USUAL ( is kind of work done	ranm orderin r	of working	166. KIND OF	BUSINESS/INDUS	ITRY
E	Elementary/Secondary (0-12)	College (1-4 or )	5+1	On NOT use retired.	P	WIM	1 1	and of	nall
COMP		un	1 144	pay	VI	run	1	upric	1-20
-	17. FATHER'S HAME (First Modile La	4,000	eso H	1821	in	II. MOTHER S N	ME IT OF MININ MI	L.	11
BE	18a, INFORMANT'S NASSEST, CONPOSE	0	7	MAILING KOORES	05 /00004	Harrison or Division	Strong Shorts Col	Tree 56 m 20	
2	3/4/11	DIS	Dea 1"	45	01	Hungay or Right	19	12	F 9 11
	20s. WETHOD OF DISPOSITION	100	200 PLACE C	F DISPOSITION (	Name of one	the country of	1 200	LOCATION - OF	y or Town, State
	1 Durial 2 Differention 3 D		other pile	could construct the	no	may community or	17	2,62	with.
	4 Donation W Other (Specify 21. SIGNATURE OF FUNERAL SERV		-1 ///	1 2	NAME AND	ADDRESS OF F	CELTY	- Comment	
	11/11/	Hon	nor		1	2016	+m	1/11	1000
	Mulina	21-11	1. Cu	mn) /	メラ	024	1/00	2 Re	WX.
	23. PART I. Enter the disease	s, or complications (		th. Do not ente	or the mor	la ad distant assu		senirators areas	st, Appro
			ause on each line.		or the moc	ie or dying, sui	ch as cardiac or n	rapidation y acres	Interv
	IMMEDIATE CAUSE (Finel							apriliory acres	Intervi
								apostory street	Interv
	IMMEDIATE CAUSE (Finel disease or condition		ive Bra	M Stem				age and y	Interv
NC	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	. Mass	ive Bra	in Stem				age and a second	Interv
ATION	IMMEDIATE CAUSE (Finel disease or condition resulting in dasth)  Sequentially list conditions, if any, leading to immediate	. Mass	ive Bra	in Stem				agreement y acres	Interv
FICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in dasth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	. Mass	ive Bra	UENCE OF):				agreement y acres	Interv
RTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	. Mass	ive Bra TO (OR AS A CONSEQ WTENSI'N TO (OR AS A CONSEQ	UENCE OF):				age along a rea	Interv
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Mass DUE: b. Hy pa c	TO (OR AS A CONSEQ TO (OR AS A CONSEQ TO (OR AS A CONSEQ	UENCE OF):	n He	Morre	gh		Interver Onsatt 180
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Mass DUE:  b. Hyp4 c. DUE:  d	TO (OR AS A CONSEQUENCE OF	UENCE OF):	n He	Morre	gh Part I. 24a. W	S AN AUTOPSY NFORMED?	180 U.G
CAL	IMMEDIATE CAUSE (Finel disease or condition resulting in dasth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant cor	a. Mass DUE: b. Hy pa c	TO (OR AS A CONSEQUENCE OF	UENCE OF):	n He	Morre	gh Pert I. 24a. WA	S AN AUTOPSY	180 U.G.
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Mass DUE:  b. Hyp4 c. DUE:  d	TO (OR AS A CONSEQUENCE OF	UENCE OF):	n He	Morre	gh Pert I. 24a. WA	S AN AUTOPSY NFORMED?	24b. WERE AUTOP AMALABLE PI COMPLETION OF DEATH?
MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in dasth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant cor	a. Mass DUE:  b. Hyp4 c. DUE:  d	TO (OR AS A CONSEQUENCE OF	UENCE OF):	n He	Morre	gh Pert I. 24a. WA	S AN AUTOPSY NFORMED?	24b. WERE AUTOP ARALABLE PI COMPLETION OF DEATH?
MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in dasth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant cor	a. Mass DUE:  b. Hypa c. DUE:  d. Sk	TO (OR AS A CONSEQUENCE OF	UENCE OF):  UENCE OF):  Substituting in the office of the organization of the organiza	underlying	Morre	gh  1 Part I. 24a. WA  1 Part I. 1 YE	S AN AUTOPSY NFORMED?	24b. WERE AUTOP ARALABLE PI COMPLETION OF DEATH?
MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in dasth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conductions of the conduction of t	a. Mass DUE:  b. Hy pa  c. DUE:  d. Mospital:	TO (OR AS A CONSEQUENCE OF	UENCE OF):  UENCE OF):  UENCE OF):  OTHI	underlying  26. PL	cause given in	Part I. 24a. WAPER 1 YE heck only one)	S AN AUTOPSY RFORMED? S 2   NO	24b. WERE AUTOPAMAILABLE PI COMPLETION OF DEATH?  1 YES 2
EDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conduction of the condition of	a. Mass DUE:  b. Hy pa  c. DUE:  d. Mospital: 1 Inpetient:  28e. DATE (Most)	TO (OR AS A CONSEQ TO (OR AS A CONSEQ TO (OR AS A CONSEQ TO (OR AS A CONSEQ TO (OR AS A CONSEQ TO (OR AS A CONSEQ TO (OR AS A CONSEQ TO (OR AS A CONSEQ TO (OR AS A CONSEQ TO (OR AS A CONSEQ	UENCE OF):  UENCE OF):  UENCE OF):  UENCE OF):  UENCE OF):  285. TIME OF  INJURY	underlying  26. PL  ER: ursing Home  28c. INJU	cause given in	Part I. 24a. WALPEI 1 YE	S AN AUTOPSY RFORMED? S 2   NO	24b. WERE AUTOP AVAILABLE PI COMPLETION OF DEATH?  1 YES 2
PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in dasth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conductions of the condition o	a. Mass DUE:  b. Hy pa  c. DUE:  d. Sk  ICAL HOSPITAL: 1   Inpetion   28a. DEFINATE (Month) 1981	TO (QR AS A CONSEQ TO (QR AS A CONSEQ TO (QR AS A CONSEQ to death but not re To (QR AS A CONSEQ TO (QR AS A	UENCE OF):  UENCE OF):  UENCE OF):  DOA OTHI	26. PL ER: 28c. INJ	Cause given in	Part I. 24a. WA. PEI 1 YE heck only one)  6 Other (Specify)  28d. DESCRIBE H	S AN AUTOPSY NFORMED? S 2 NO	24b. WERE AUTOP AMAILABLE POR COMPLETION OF DEATH?  1  YES 2
D BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in dasth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conduction of the condition of	a. Mass  DUE:  b. Hy pa  c. DUE:  d. Sk  ICAL HOSPITAL: 1   Inpetion : getton not be   28e, PLAC building	TO (OR AS A CONSEQUENCE OF TO (OR AS A CONSEQUEN	UENCE OF):  UENCE OF):  UENCE OF):  DOA OTHI	26. PL ER: 28c. INJ	cause given in	Part I. 24a. WA. PEI 1 YE heck only one)  6 Other (Specify)  28d. DESCRIBE H	S AN AUTOPSY RFORMED? S 2 NO  OW INJURY OCCU	24b. WERE AUTOPAMAILABLE PI COMPLETION OF DEATH?  1 YES 2
ED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions or conditions are significant conditions. The conditions are significant conditions are significant conditions. The conditions are significant conditions. The conditions are significant conditions are significant conditions. The conditions are significant conditions are significant conditions. The conditions are significant conditions are significant conditions. The conditions are significant conditions are significant conditions. The conditions are significant conditions are significant conditions. The conditions are significant conditions are significant conditions. The conditions are significant conditions are significant conditions. The conditions are significant conditions are significant conditions are significant conditions. The conditions are significant conditions are significant conditions are significant conditions. The conditions are significant conditions are	a. Mass  DUE:  b. Hy pa  c. DUE:  d. Sk  ICAL HOSPITAL: 1   Inpetion : getton not be   28e, PLAC building	TO (OR AS A CONSEQ TO (OR AS A C	UENCE OF):  UENCE OF):  UENCE OF):  DOA OTHI	26. PL ER: 28c. INJ	cause given in	Part I. 24a. WN PET 1 YE heck only one) 6 Other (Specify) 28d. DESCRIBE H	S AN AUTOPSY RFORMED? S 2 NO  OW INJURY OCCU	24b. WERE AUTOP AMAILABLE POR COMPLETION OF DEATH?  1  YES 2
ED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions or conditions in the condition of the conditions of the con	a. Mass  DUE:  b. Hy pa  c. DUE:  d. Sk  ICAL HOSPITAL: 1   Inpetion : getton not be   28e, PLAC building	TO (OR AS A CONSEQ TO (OR AS A C	UENCE OF):  UENCE OF):  UENCE OF):  UENCE OF):  UENCE OF):  26b. TIME OF INJURY M ms, farm, street, fa	26. PL ER: ursing Hom 28c. INJ WO 1 U	cause given in	Part I. 24a. WAN PEI 1 YE 1 YE 1 YE 28d. DESCRIBE HI 28f. LOCATION (St. City or Yown, S.	S AN AUTOPSY RFORMED? S 2  NO  DW INJURY OCCU	24b. WERE AUTOP AMALABLE PI COMPLETION OF DEATH?  1  YES 2
ED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in dasth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant corditions of the condition of	a. Mass DUE:  b. Hy pa  c. DUE:  d. Hospital: 1   Inpetient : 28a. DATE (Month) gettined 28a. PLACI building	TO (QR AS A CONSEQ TO (QR AS A C	UENCE OF):  UENCE	26. PL ER: unsing Home 28c. INJI WOI 1 V	cause given in  ACE OF DEATH (C)  5   Residence  JRY AT  NCY  ES 2   NO	Part I. 24s. WA. PEI 1 YE 1 YE 25th LOCATION (St. Chy or Yown, St. Chy or Yown, St. to the cause(s) and st. to the cause(s) and	S AN AUTOPSY RFORMED? S 2 NO  DW INJURY OCCU	24b. WERE AUTOP AMAILABLE PI COMPLETION OF DEATH?  1 YES 2
COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in dasth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant corditions of the condition of	a. Mass DUE:  b. Hypo due:  c. DUE:  d. Selection of the best of t	TO (QR AS A CONSEQ TO (QR AS A C	UENCE OF):  UENCE	26. PL ER: unsing Home 28c. INJI WOI 1 V	cause given in  ACE OF DEATH (C)  5   Residence  JRY AT  NCY  ES 2   NO	Part I. 24a. WA. PEI 1 YE 1 YE 24b. DESCRIBE HI 28f. LOCATION (St. City or Yown, St. to the cause(a) and a time, data and place	S AN AUTOPSY NFORMED? S 2 NO  DW INJURY OCCU rest and Number of State)  manner as states e, and due to the	24b. WERE AUTOPMANIABLE PICOMPLETION OF DEATH?  1 YES 2
BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in dasth)  Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant con Part III. Other significant con Part III. Other significant con Part III. Other significant con Part III. Other significant con Part III. Other significant con Part III. Other significant con Part III. Other significant con Part III. Other significant con Part III. Other significant con Part III. Other significant con Part III. Other significant con Part III. Other significant con Part III. Other significant con Part III. Other significant con III. Other significant	a. Mass DUE:  b. Hypo due:  c. DUE:  d. Selection of the best of t	TO (QR AS A CONSEQ TO (QR AS A C	UENCE OF):  UENCE	26. PL ER: unsing Home 28c. INJI WOI 1 V	Cause given in  ACE OF DEATH (C)  5	Part I. 24a. WA. PEI 1 YE 1 YE 24b. DESCRIBE HI 28f. LOCATION (St. City or Yown, St. to the cause(a) and a time, data and place	S AN AUTOPSY NFORMED? S 2 NO  DW INJURY OCCU rest and Number of State)  manner as states e, and due to the	24b. WERE AUTOPHAMAILABLE PROMPLETION OF DEATH?  1 YES 2
COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions or conditions in death) LAST  PART II. Other significant conditions in death LAST  25. WAS CASE REFERRED TO MEDIES 2 NO  27. MANNER OF DEATH  1	a. Mass DUE:  b. Hypo due:  c. DUE:  d. Selection of the best of t	TO (OR AS A CONSEQUENCE OF INJURY — At horn, etc. (Specify)	UENCE OF):  UENCE OF):  UENCE OF):  DOA OTHING  DOA 4 N  26b. TIME OF INJURY  M  me, farm, street, for  eth occurred at the investigation, in my	26. PL ER: unsing Home 28c. INJI WOI 1 V	Cause given in  ACE OF DEATH (C)  5	Part I. 24a. WA. PEI 1 YE 1 YE 24b. DESCRIBE HI 28f. LOCATION (St. City or Yown, St. to the cause(a) and a time, data and place	S AN AUTOPSY NFORMED? S 2 NO  DW INJURY OCCU rest and Number of State)  manner as states e, and due to the	24b. WERE AUTOPMANIABLE PICOMPLETION OF DEATH?  1 YES 2

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



1 - STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO

	REGISTRAR	CERTIFIC	CALE	DEALH	REG. NO		
	GOLDIE MOORE				2. DATE OF DEATH	× 9	3. TIME OF DEATH
			IF UNDER 1 YEAR WONTHS DAYS	-	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)  O. CARL.
TOR	SINAI HOSPITAL		BALTIMERE			Sc. COUNTY OF DEATH  BALTO.	
DIRECTOR	10a. STATE 10b. COUNTY  APALTO		TOWN OR LOC	MORE	-		10d. INSIDE CITY LIMITS?  1. TES 2   NO
	10e. STREET AND NUMBER	101		IOI. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	4800 SETON DR.			2/2/	1	U.	S. OF A.
BY FUN	11. MARITAL STATUS  1 Never Married 2 Married  3 X Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2' IF YES, GIVE WAR OR DATES'	NO	If yes,	ECENDENT OF HISPAN specify Cuban, Maxica ES 2 NO Specify		s or No— 14.	. RACE — American Indian, Black, White, etc. Specify:
	15. DECEDENT'S EDUCATION 16a	. DECEDENT'S U	I ISUAL OCCUPA	TION	18b. KIND OF BU	SINESS/INDUS	BLACK
COMPLETED	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 6 +)	(Give kind of wo	ork done during i retired.)	most of working			-
MP	0-7	DOME	STIC W	7	CATERI		
	17. FATHER'S NAME (First, Middle, Last)			100000000000000000000000000000000000000	ME (First, Middle, Maide) HAGGONS	Surname)	
BE	CHARLES MOORE  190. INFORMANT'S NAME (Type/Print)	19b. MAILING	AODRESS (Stree		Route Number, City or To	vn, State, Zip Co	ode)
2	MR. HOWARD N. MOORE, SR.	3402 0	SLEN AV	ENUE BAL	TIMORE, M	ARYLAND	21215
	20a. METHOD OF DISPOSITION 20b. PL/	ACE OF DISPOSE or place) TIMORE	NATION	AL CEMETE	RY BAL		y or Town, Stata , MD. BALTO. CO.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	. ,	LEWIS		FUNERAL I		21215-6393
	23. PART I. Enter the diseases, or complications that have the	deeth. Do no					MORE MARYLAND
	ahock, or heart fellure. List only one cause on each IMMEDIATE CAUSE (Final	lina.				,	Interval Between Onset and Death
	resulting in death) a	NSEQUENCE OF	):				
z	AS	CAD					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	NSEOUENCE OF	):				
를 기	CAUSE (Disease or injury that initiated events	NSEQUENCE OF	):				
E	resulting in death) LAST						
	PART II. Other algorificant conditions contributing to death but in	not recuiting in	n the underly	ing cause given in	Part I. 24e. WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDINGS
EDICAL					PERFO	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
MED							OF DEATH?  1 YES 2 NO
ä							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		OTHER:	PLACE OF DEATH (C/			
HYS	1 ☐ YES 2 ☐ NO ☐ 1 ☐ Inpetient 2 ☐ ER/Outpetient 27. MANNER OF DEATH ☐ 28a. DATE OF INJURY	28b. TIME	OF 28c.	ome 5 Residence	6 Other (Specify)  26d. DESCRIBE HOW	INJURY OCCUP	AED
ВУ Р	1 Netural 5 Pending (Month, Dey, Year) 2 Accident Investigation	INJU	M 1	WORK? YES 2 NO	204 LOCATION (S)	and Minches	2
ETED	3 Sulcide 8 Could not be determined 28e. PLACE OF INJURY — building, etc. (Specify)	At nome, term, so	treet, factory, o	med	28f. LOCATION (Stree City or Town, Staf		Aurei Pioute Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledg			•			
BE	296. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU	/=-	29d. OATE 8	BIGNEO (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH  7. (C) 7. (		Primi) AV6	BAL	T, MO	717	८०४
	31. DATE FILED (MONTH, Day, Your 32. REGISTRAN'S SIGNATU  AUG 3 1990 Julia Davidson	RE					

atal or attending physician. MLANO 21203-3146 BALTIMORE, MA ours after death. Page 6 may be re-DIVISION OF VITAL RECORDS, P.O. BOX 13146,

id be detacted for use as the burial-transit permit, Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22-xcurs after death. Page 6 may be reall and a first of THE FUNERAL DIRECTION. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 and the detacts be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

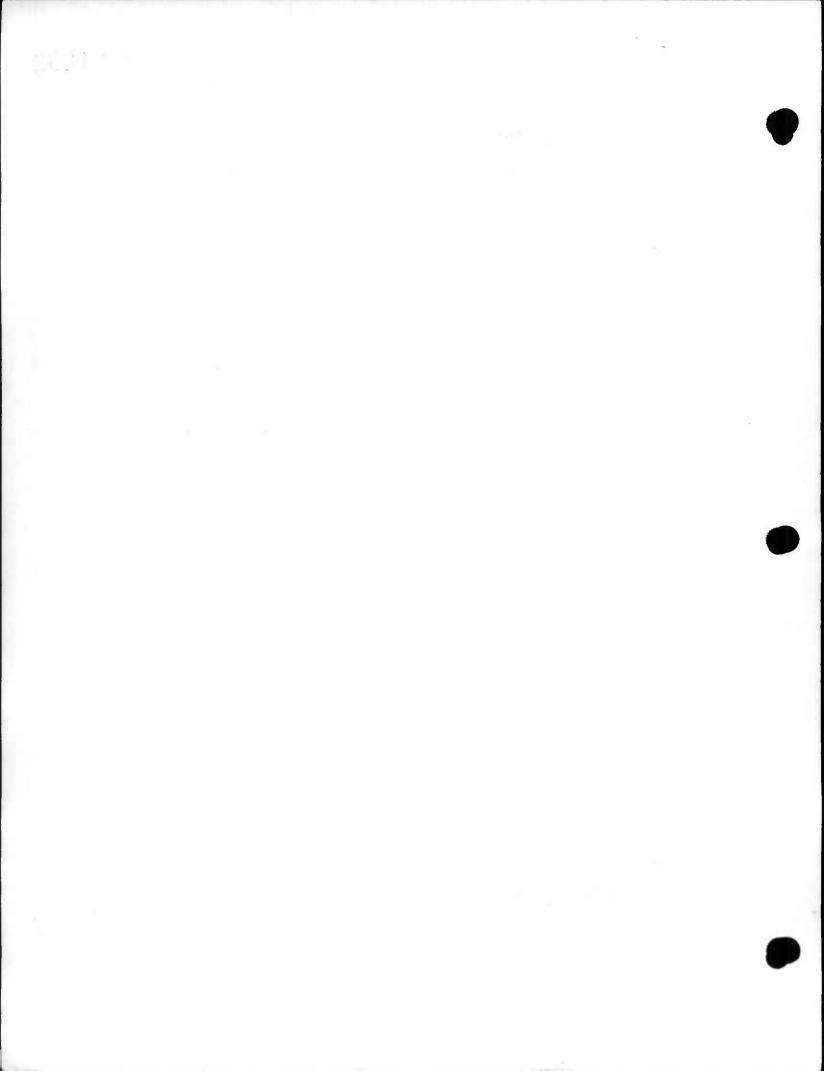
LAND 21203-3146	n the hospital or attending physician. e detached for use as the burial-transit permit. Pages 1, 2, 3 should at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Zerrours after death. Page 6 in the period in the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, and after the detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE	0F	MARYLAND	/ DEPARTMENT	0F	HEALTH	<b>AND</b>	MENTAL	HYGIENE
		C	ERTIFICATE	OF	F DEAT	TH.		REG. NO.

1 - FOR STATE OF MAI	RYLAND / DEPARTMENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	
1. DECEDENT'S NAME (First, Middle, Last)  ANNA  NEXT   1	MELNYK	2. DATE OF DEATH PAY 8-1-90	3. TIME OF DEATH 2:55 PM
4. SOCIAL SECURITY NUMBER 5. SEX 6.	AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH 8. I	BIRTHPLACE (State or Foreign
212-34-6643 1 M 2 Str	85 YRS. MONTHS DAYS HOURS MIN.		MARYLAND
9a. FACILITY NAME (If not institution, give street and number)  CHURCH HOSPITAL CORE	PORATION BALTIMORE		OF DEATH
RESIDENCE OF DECEDENT	ORATION BALLIMORE	CIII	
10a. STATE 10b. COUNTY	10c. CITY, TOWN OR LOCATION		10d. INSIDE CITY LIMITS?
MD_	BALTIMORE CITY		1 X YES 2 NO
10e. STREET AND NUMBER	101. ZIP CODE		OF WHAT COUNTRY?
16 S PATTERSON AVE S	ST JOHNS HO 21231		ted States
11. MARITAL STATUS  1 Never Married 2 Married  12. WAS DECEDENT ET FORCES? 1	YES 2V NO If yes, specify Cuban, Maxica	NIC ORIGIN? (Specify Yea or No— 14. in, Puarto Rican, etc.)	RACE — American Indian, Black, White, atc.
3 Wildowed 4 Divorced IF YES, GIVE WAR	OR DATES 1 YES 2 NO Specific	y:	White
15. DECEDENT'S EDUCATION	16a. DECEDENT'S USUAL OCCUPATION	16b. KIND OF BUSINESS/INDUS	
(Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5 +)	(Give kind of work done during most of working life. Do NOT use retired.)		
2Yrs.	Housewife	Housewi	fe
17. FATHER'S NAME (First, Middle, Last)	16. MOTHER'S NA	ME (First, Middle, Malden Surname)	
Julian Supinski			
19e. INFORMANT'S NAME (Type/Print)	19b. MARLING ADDRESS (Street and Number or Rural		
George Kotyk	8718 Littlewood Ro		
20a. METHOD OF DISPOSITION  1 □ Surial 2 □ Crematton 3 □ Ramovat from State	20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)	20c. LOCATION — City	y or Town, State
4 Donatton 5 Other (Specify)	St. Michael Ukrainiar	Cem   Baltimo	re, Maryland
21. SIGNATURE OF FUNERAL SERVICE LICENSEE		ler, Inc. Fun	
		n Avenue Balt	
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury.	CAR R AS A CONSEQUENCE OF):  R AS A CONSEQUENCE OF):	DIOPULMONARY ARREST	Onset and Death
d			
PART II. Other significant conditions contributing to de	eath but not resulting in the underlying cause given in BREAST CANCER	Part I. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
BREAST UNUIL		1 TYES 2 NO	OF DEATH?
		_	1 TES 2 NO
or was over percepted to Access	20 Pt 10F OF T-1-11	had and and	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	28. PLACE OF DEATH (C		
27, MANNER OF DEATH 28s. DATE OF IN	R/Outpatient 3 DOA 4 Nursing Home 5 Residence JURY 28b. TIME OF 28c. \$NJURY AT	8 Other (Specify)  28d. DESCRIBE HOW INJURY OCCUI	RED
1 Netural 5 Pending (Month, Day,	Ybar) MJURY WORK?  M 1 YES 2 NO		
	NJURY — At home, farm, atreet, factory, office c. (Specify)	281. LOCATION (Street and Number or City or Town, State)	Rural Route Number,
Check only	y knowledge, death occurred at the time, data and place, and du mination and/or investigation, in my opinion, death occured at th		
29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NI	35 29d. DATE S	IGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE PERSON	M) 100 N. BNUBOWE	MENET PENET	UPE P SCOTT
31. DATE FILED (Month, Day, Year) 32. REGISTRAR"	S SIGNATURE		



TO THE FLINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: It item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

2

31. DATE FILED (Month, Day, Year)

	FOR STATE REGISTRAR	STATE OF MARYLAN	ID / DEPART CERTIFIC			MENTAL HYGIEN REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)			P.		2. DATE OF DEATH		3. TIME OF DEATH
	WILLIE		MA	RION		07 3		
		SEX 6. AGE (In y	rs. last birthday)	IF UNDER t YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BI	RTHPLACE (State or Foreign
!	248-12-5856 11 9a. FACILITY NAME (If not institution, give street	ØM2□F 85	YRS.	ONTHS DAYS	HOURS MIN.	(Month, Dey, Year) 69-14-	04	5,C
TOR	2,13ERTY ME I				_	MORE	9c. COUNTY O	P DEATH
DIRECTOR	10a. STATE 10b. COUNTY			TOWN OR LOCAT	E, CITY			10d. INSIDE CITY LIMITS? 1 🔀 YES 2 🗌 NO
FUNERAL	10a. STREET AND NUMBER				ZIP CODE		1000	OF WHAT COUNTRY?
ij	201 N. BROADWA	AY APT.16H			21231		US	S A
BY FUN	1 News Married 2 Married	. WAS DECEDENT EVER IN U. FORCES? 1 YES : IF YES, GIVE WAR OR DATE	2 NO	If yes, spe	ENDENT OF NISPAN relfy Cuban, Maxican 2 NO Specify	IC ORIGIN? (Specify Yea n, Puarto Rican, atc.) :	8	IACE — Americen Indien, Heck, White, etc.
ED	15. OECEDENT'S EDUCATION	ON 16	Sa. DECEDENT'S U	SUAL OCCUPATIO	N	16b. KIND OF BUS	SINESS/INOUSTR	v
COMPLETE	(Specify only highest grade com	pleted) ollege (1-4 or 5 +)	(Give kind of wo life. Do NOT use UNEMPL	rk done during mo- retired.)	at of working	los kind of both	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
M	17. FATHER'S NAME (First, Middle, Last)				16. MOTNER'S NAI	WE (First, Middle, Maiden	Sumama)	
	N/A					NDA McCL		
TO BE	190. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street a	nd Number or Rural F	loute Number, City or Tow	n, State, Zip Code	)
۲	ROSIE MOORE		326	N. CA	LHOUN S			MD.21223
	20a. METNOO OF DISPOSITION  1	from State 20b. Pr	LACE OF DISPOSITION PROPERTY PROPERTY IN THE P	CEMET	ERY		CATION — CHY O	E, MD.
	21. SIGNATURE OF FUNERAL SERVICE LICENS	EE		22. NAME AN	D ADDRESS OF FAC	CILITY		
	> helada	172		WM.C.	MARCH	F.H. 110	01 E.	NORTH AVE.
	23. PART I. Enter the diseases, or com shock, or haert feliure. List			t antar the mo	da of dying, auci	n aa cerdiac or reapi	ratory arrest,	Approximate interval Between
	BAMEDIATE CALISE (Final	Control of the Contro					,	Onset and Desth
	diseese or condition resulting in desth) a	METAST	ATIC	PROS	TATIC	CAIRC	Y NON	14
		DUE TO (OR AS A CO	ONSEQUENCE OF)	:				
TION	Sequantially list conditions, if eny, leading to immediate	DUE TO (OR AS A CO	ONSEQUENCE OF)					
CERTIFICATION	cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST	OUE TO (OR AS A CO	ONSEQUENCE OF)	:				
ER	d			·				
MEDICAL O	PART II. Other significant conditions co	E INFEC					RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
: ME	- ANAIEMI	4				_		1 _ YES 2 _ NO
AN	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (Ch	eck only one)		
SIC		OSPITAL:		OTHER:		6 Other (Specify)		
Y PHYSICIAN:	27. MANNER OF DEATN  1. Netural 5 Pending investigation	26a. OATE OF INJURY (Month, Day, Year)	26b. TIME INJU	RY WO	URY AT RK? 'ES 2 NO	28d. DESCRIBE HOW I	NJURY OCCURE	D
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicida detarmined	26a. PLACE OF INJURY — building, atc. (Specify)		reet, factory, offic		281. LOCATION (Street City or Town, State)		iral Route Number,
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICIAN (Check only one) 2 MEDICAL EXAMINER: 0	N: To the best of my knowled						ita(a) and manner as elected
00		A	- Wor Hiveengellon	, my opimon, c				
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Silvous	_ ,M	D.	29c. LICENSE NUI	18ER 3300		: 3 / 1 9 6

32. REGISTRAR'S SIGNATURE

D

PATEL

LIBERT

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

SUDHIR.

OHMH-16 Rev 1/89

MEMICAL

	-	Vic	100	ভ!	P
	y be	age		pe	
	H	00°, p		nst	
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Tours after death. Page 6 may be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page		IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be in	
	E	E G		lne.	
	eath	fune		Кап	
	p set	the the	Mal.	al e	_
	100	9	rem	dle	
	2	II Po	0.	E	
	17	N III	MOOI	the	
	1	letel	E E	JI,	ı
	N pa	mox.	e e	N.	
	ecut	pu	מתו	랿	1
	8	an a	2	E	ì
	ate b	ysici	D D	t t	i
	tific	do D	ene	the	į
	Cel	ulpu	2	0 10	
	leath	atte	uta	ž.	
•	the	the	×e	큳	
	hat	d by	and	m,	
	res 1	igne	ealth	50	
	edni	en s	Of H	how	3
	W.	s be	ept.	33	:
	The	e ha	ie D	E	1
	3	ificat	Sta	=	
	SICI	Cert	the contract	1,0	
	PHY	this	M.	rkee	1
	NG	\fter	eath	E	i
	EN	H: /	p Je	100	1
	A	1	s af	1 28	ij
	8	DIR	hou	Item	
	TAL	RAL	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burlai, cremation, or removal.	=	
	OSP	UNE	ithin	W	1
	부	市	¥ pa	FE	
	H C	H O	e file	MPC	1
	E	F	ŏ	=	{

218-58-8129  1 M 2 F 37  98. FACILITY NAME (If not institution, give street and number)  99. FACILITY NAME (If not institution, give street and number)  THE JOHNS HOPKINS HOSPITAL  BALTIMORE CITY  100. STATE  100. STATE  100. STATE  100. STREET AND NUMBER  880 EXETER HALL AVE.  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO  15. Yes, specify Cuban, Mexican, Puerto Rican, atc.)	5:30A M  IRTHPLACE (State or Foreign ountry)  M D
CLIFTON MCCRAY  4. SOCIAL SECURITY NUMBER 218-58-8129  1  M 2  F	5:30A M  IRTHPLACE (State or Foreign ountry)  M D  OF DEATH  IMORE CITY  10d, INSIDE CITY
218-58-8129  1 M 2 F 37  98. FACILITY NAME (If not institution, give street and number)  99. CITY, TOWN OR LOCATION OF DEATH  99. COUNTY  THE JOHNS HOPKINS HOSPITAL  BALTIMORE CITY  BALTIMORE CITY  100. STATE  100. STATE  100. STREET AND NUMBER  880 EXETER HALL AVE.  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO  15. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No-  14. Forces of the poor	OF DEATH  IMORE CITY  10d, INSIDE CITY
98. FACILITY NAME (If not institution, give street and number)  THE JOHNS HOPKINS HOSPITAL  RESIDENCE OF DECEDENT  100. STATE  100. STATE  100. STREET AND NUMBER  880 EXETER HALL AVE.  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED FORCES?  1   Ves. apacity Cuban, Mexican, Puerto Rican, atc.)  14. Person of DECEDENT   100. CITY, TOWN OR LOCATION    BALTIMORE CITY  BALTIMORE CITY  101. CITY TOWN OR LOCATION    BALTIMORE CITY  102. CITY TOWN OR LOCATION    BALTIMORE CITY  103. VANS DECEMBENT OF HISPANIC ORIGIN? (Specify Yee or No	IMORE CITY
THE JOHNS HOPKINS HOSPITAL  RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY  MD  10c. CITY, TOWN OR LOCATION  BALTIMORE CITY  10c. CITY TOWN OR LOCATION  BALTIMORE, CITY  10f. ZIP CODE  2 1 2 1 8  11, MARITAL STATUS  11, MARITAL STATUS  11, MARITAL STATUS  11, MARITAL STATUS  12, WAS DECEDENT EVER IN U.S. ARMED FORCES?  11   VES 2   NO  15 yes, specify Cuban, Maxican, Puerto Rican, stc.)	IMORE CITY
106. STREET AND NUMBER  880 EXETER HALL AVE.  107. ZIP CODE 21218  108. STREET AND NUMBER  880 EXETER HALL AVE.  11. MARITAL STATUS  11. MARITAL STATUS  12. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. For Code of the Cod	10d, INSIDE CITY
106. STREET AND NUMBER  880 EXETER HALL AVE.  107. ZIP CODE 21218  108. STREET AND NUMBER  880 EXETER HALL AVE.  11. MARITAL STATUS  11. MARITAL STATUS  12. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. For Code of the Cod	
106. STREET AND NUMBER  880 EXETER HALL AVE.  107. ZIP CODE 21218  108. STREET AND NUMBER  880 EXETER HALL AVE.  11. MARITAL STATUS  11. MARITAL STATUS  12. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. For Code of the Cod	
880 EXETER HALL AVE.  21218  11. MARITAL STATUS 1 Never Married 2 Married  12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. F	1 📉 YES 2 🗌 NO OF WHAT COUNTRY?
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. P 14. Never Married 2 Married FORCES? 1 VES 2 NO If yes, specify Cuban, Mexican, Puerto Rican, atc.)	SA
1 1 Never Married 2 Married	RACE — American Indian, Black, White, atc.
3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify:	Specify: BLACK
15. DECEDENT'S EDUCATION  (Specify only highest grade completed)  16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working)  16b. KIND OF BUSINESS/INDUSTR	
Elementary/Secondary (0-12) College (1-4 or 5 +)	
12th DISABLED  17. FATHER'S NAME (First, Middle, Leet)  18. MOTHER'S NAME (First, Middle, Meiden Surname)	-
19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code	(o)
GEORGIA FRANCIS WILLIAMS 3767 J. STREET N.EWASHINGTON	D.C. 20019
20s. METHOD OF DISPOSITION 1 Solution 2 Committee 3 Removal from State 4 Donation 5 Other (Specify) BALTIMOR	
4 Donation 5 Other (Specify) BALITIVURE CEIVETERY BALITIVUR  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY	c, MU.
WM.C. MARCH F.H. 1101 E.	NODTH AVE
23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest,	
shock, or heart failure. List only one cause on each line.	Interval Between Onset and Deeth
disease or condition resulting In death)  DEHYDNATCOL IMALHOTRITION  DUE TO (OR AS A CONSEQUENCE OF):	DAYS
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST  b. WAT CRYPTOSRS 18 10 10 SIS, CMV 1 MFCCTO M  DUE TO (OR AS A CONSEQUENCE OF):  c. AIDS  DUE TO (OR AS A CONSEQUENCE OF):  d. HIV INFOCTION	HOW MONTHS
CAUSE (Disease or Injury that Initiated events.  DUE TO (OR AS A CONSEQUENCE OF):	1 Yayns
that initiated events that initiated events resulting in death) LAST	
Tesulting in destri) LAST d. HIV IN FOCTION	YEARS
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
	COMPLETION DF CAUSE OF DEATH?
1 VES 2 14NO	1 TYES 2 NO
Z 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO	
	ED
2 Accident Investigation	Donal Davida Museban
U 4 Homicide datermined datermined	surar moote trainion,
29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.	-
29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dua to the cause(a) and manner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and dua to the cause(a)	use(s) and menner as stated.
	GNED (Month, Day, Year)
O JEFFRO J. KADE MD	30-90
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	
Toward Manager & Manager & Committee of the Committee of	
JOHUS HOPKINS HOSP. 600 H. WOLFE ST BALT  31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE	mo 21805
	MYD 31802

THE STATE OF THE S

The Figure 7 and 1

TO BE COMPLETED BY FUNERAL DIRECTOR

	77	tau
	Shorts	- 60
	c.	4
	(3	1
	Pa	3
	permi	1 =
	in. ansit	
9	ysicia rrial-tr	
314	ing pl	
03-	attend se as	
212	al or	
0	14	gi
7	2 de 190	N.
E	18	W.E
N.	11	not Et
BALTIMORE, MARTINUD 21203-3146	ay be	be
OR	ector,	MUS
2	Page al dire	ner
ALT	death.	. xam
B	fter	ai e
15	4 5	2 0
18.	d in by	or rem
	in 24 mours a	the medic
	t within 24 mours a mpletely filled in by	vent, the medic
	ecuted within 24 mours and completely filled in by	burial, cremation, or rem rtic event, the medic
	be executed within 24-mours a	or to burial, cremation, or remaumatic event, the medic
	ficate be executed within 24 mours a physician and completely filled in by	ne prior to burial, cremation, or rem- ser traumatic event, the medic
	certificate be executed within 24-mours a rding physician and completely filled in by	Hygiene prior to burial, cremation, or remin other traumatic event, the medic
	death certificate be executed within 24 mours a strending physician and completely filled in by	lental Hygiene prior to burial, cremation, or reminy, or other traumatic event, the medic
	at the death certificate be executed within 24-hours a by the attending physician and completely filled in by	and Mental Hygiene prior to burial. cremation, or rem injury, or other traumatic event, the medic
	es that the death certificate be executed within 24 mours a gned by the attending physician and completely filled in by	saith and Mental Hygiene prior to burial, cremation, or rem- s any injury, or other traumatic event, the medic
	requires that the death certificate be executed within 24 mours a nen signed by the attending physician and completely filled in by	of Health and Mental Hygiene prior to burial. cremation, or rem shows any injury, or other traumatic event, the medic
	is law requires that the death certificate be executed within 2s mours a has been signed by the attending physician and completely filled in by	Dept. of Health and Mental Hygiene prior to burial. cremation, or rem 23 shows any injury, or other traumatic event, the medic
	N: The law requires that the death certificate be executed within 2s mours a cate has been signed by the attending physician and completely filled in by	State Dept, of Health and Mental Hygiene prior to burial, cremation, or rem item 23 shows any injury, or other traumatic event, the medic
VITAL RECORDS, P.O. BOX 13146,	SICIAN: The law requires that the death certificate be executed within 24-mours a certificate has been signed by the attending physician and completely filled in by	h the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.  1. or item 23 shows any injury, or other traumatic event, the medical examiner must be notified of the control of
VITAL RECORDS, P.O. BOX 13146,	S PHYSICIAN: The law requires that the death certificate be executed within 24-mours a risk certificate has been signed by the attending physician and completely filled in by	th with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or remarked, or item 23 shows any injury, or other traumatic event, the medic
VITAL RECORDS, P.O. BOX 13146,	NDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours a table this certificate has been signed by the attending physician and completely filled in by	r death with the State Dept, of Health and Mental Hygiene prior to build. cremation, or remits marked, or item 23 shows any injury, or other traumatic event, the medic
VITAL RECORDS, P.O. BOX 13146,	ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours a CODR, After this certificate has been signed by the attending physician and completely filled in by	s after death with the State Dept, of Health and Mental Hygiene prior to builal, cremation, or rem- 1.28 is marked, or flem 23 shows any injury, or other traumatic event, the medic
	L. DR. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours at DRECTOR: After this certificate has been signed by the attending physician and completely filled in by	2 hours after death with the State Dept, of Health and Mental Hygiene prior to burdal, cremation, or rem i item 28 is marked, or item 23 shows any injury, or other traumatic event, the medic
VITAL RECORDS, P.O. BOX 13146,	SPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-flours a NRBAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by	hin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat. cremation, or rem NT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medic
VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2s mouns after death. Page 6 may be provided in the second physician.  TO THE FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page to the page of the burial-transit permit. Pages 1. 2. 3 should	se fied within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal. cremation, or rem MPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medic

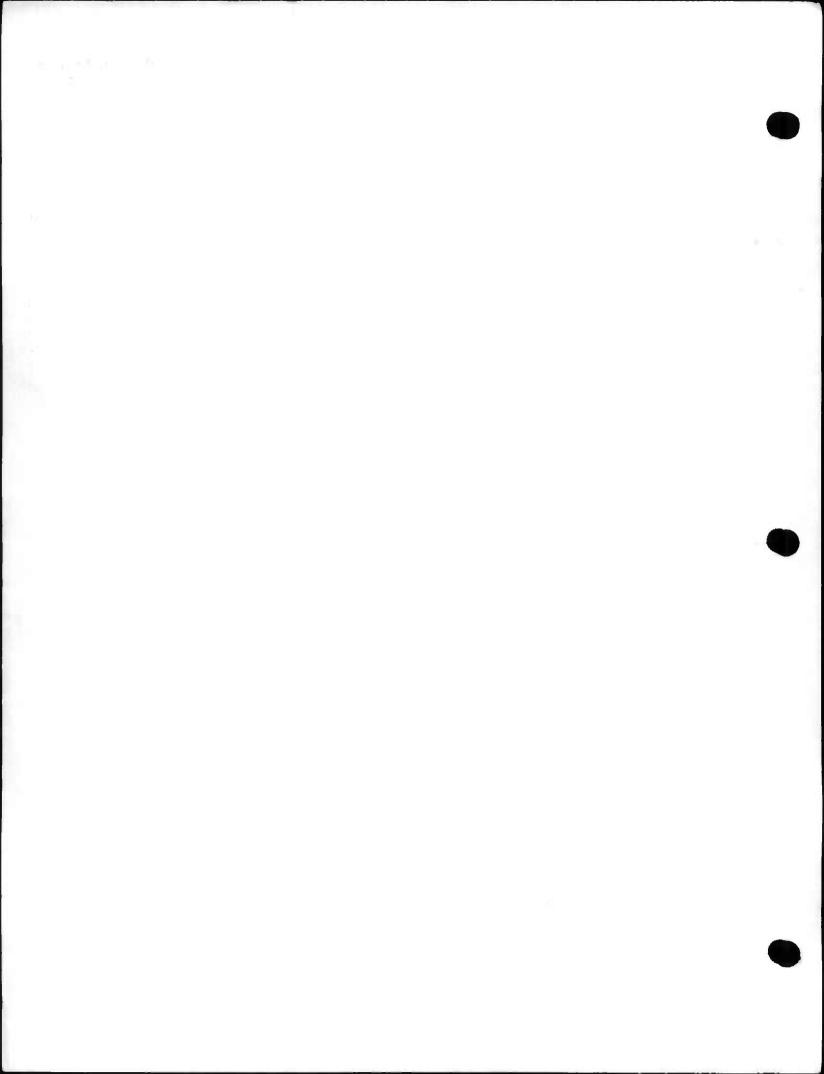
REGISTRAR		CERTIF	CATE OF I	DEATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)				-	2. DATE OF DEATH DO		3. TIME OF DEATH
BEVERLY R MCNE.  4. SOCIAL SECURITY NUMBER		GE (in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		INPLACE (State or Foreign
220-80-1353	1 □ M 2 ☑ F 2	28 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 6 / 2 / 6 2	N	Carolina
9s. FACILITY NAME (If not institution, give : THE JOHNS HOPKIN RESIDENCE OF DECEDENT			BALTIMO		атн	9c. COUNTY OF BALTIMO	RE CITY
10a. STATE 10b. COUNT		10c, CIT	Y, TOWN OR LOCATIO	ON .			10d, INSIDE CITY
MD.		BAI	TIMORE				LIMITS?
100. STREET AND NUMBER 1328 MCCULLOH	STAPT.	3	101. 3	ZIP CODE		10g. CITIZEN OF	· A ·
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2 NO	If yes, spec		IIC ORIGIN? (Specify Yea n, Puerto Rican, atc.)	Spe	CE — American Indian, etc. White, etc. ectly:
15. DECEDENT'S EDU (Specify only highest gradi Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5 +)	(Give kind of v			16b. KIND OF BU	SINESS/INDUSTRY	
		Uneill	ployed				
17. FATNER'S NAME (First, Middle, Lest) Harold Combs					ME (First, Middle, Maiden orie Com		
19a. INFORMANT'S NAME (Type/Print) Moses McNeal					Route Number, City or Tow St. Balt		
20s. METNOD OF DISPOSITION  1 Surial 2 Cremation 3 Ren 4 Donation 6 Other (Specify)	novel from State	20b. PLACE OF DISPOS other place) MT	Zion C	emeter	y 20c. LO	CATION — City or Balto.	
21. SIGNADURE OF FUNDRAL SERVICE L	1111	540	22. NAME AND	ADDRESS OF FA		nol+	o wa
cause, Enter UNDERLYING	a. Staph a DUE TO (OR. B. Latera DUE TO (OR.	AS A CONSEQUENCE O	osis and p: noma F:	endoc	anditis (	TV)	I week
CAUSE (Disease or injury that initiated events resulting in death) LAST	d			cause given in	Part I. 24s. WAS AP PERFO		4b. WERE AUTOPSY FINDING AMALABLE PRIOR TO
					1 TYES	2 NO	COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (C)	neck only one)		_
EXAMINER?	HOSPITAL:	Outpatient 3 DOA	OTHER:	5 Residence	8 Other (Specify)		
27. MANNER OF BEATN Netural 5 Pending	26a. DATE OF INJU (Month, Day, Ve	JRY 26b. TIN	IE OF 28c. INJU	PRY AT	28d. DESCRIBE NOW	INJURY OCCURED	
2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide datarmined	28e. PLACE OF IN-	JURY — At home, ferm, (Specify)	street, factory, office		281. LOCATION (Street City or Town, State	and Number or Run	al Route Number,
CORPOR OTHY	SICIAN: To the best of my the NER: On the basis of examination			Secure of Section			e(a) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFI	er Lu, und			29c. LICENSE NU		29d. DATE SIGN	ED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE O		/	600 A	J. Wolfe St.	Balt mo	ve and 21705
31, DATE FILED (Month, Day, Year)	32 REGISTRAN'S	signature a Davidson-R	ndall.				

· · (a - g) · · · · · · ·

1	t, Middle, Last) Pamela			1/-				2. DATE	6 OF OEATH 14-31-90	Υ	YEAR	3. TIME OF OEATH
		L.			ice			-				6:09PM
4. SOCIAL SECURITY NUM 217-76-2359		5. SEX 1 M 2 XF	6. AGE (In yrs. les	t birthday) YRS.	MONTHS 1	YEAR DAYS	HOURS MIN.	(Mon	of BIRTH th, Day, Year)	58	Count	HPLACE (State or Foreign ry) Vland
9e. FACILITY NAME (If not I		reet and number)			9b. CITY, T	TOWN OF	R LOCATION OF DI		ر ۱ و ۱ ۱ د ه ا		INTY OF E	2
St. Joseph	n Hospi			Towson								ce County
RESIDENCE OF DE	10b. COUNTY	,	10c. CITY, TOWN OR LOCATION						-		10d, INSIDE CITY	
Maryland	Howard			Ellicott City								LIMITS?
10s. STREET AND NUMBER				1 211	10000	-	ZIP CODE			100 CF	TIZEN OF	WHAT COUNTRY?
8630 Manaha							21043				S.A.	
11. MARITAL STATUS	II DI.	12. WAS DECEOE!	IT EVER IN U.S. AR	MED	13. W		NDENT OF HISPAI	NIC ORIG	N? (Specify Yes	1	_	E American Indian.
1 Never Married 2X	- 1		YES 2X		11 1	yes, spe	cify Cuban, Mexica 2 X NO Specif	nn, Puerto			Spec	E — American Indian, ik, White, atc. iite
	CEOENT'S EOUC		16a. OE	CEDENT'S	USUAL OCC	CUPATIO	N et of weeking	-16	b. KIND OF BUS	SINESS/IN	IDUSTRY	
Elementery/Secondary	T	College (1-4 or 5	Hfe life	. Do NOT u	work done du se retired.}	ang mos	it or working		ept. o			ion
12			Sta	ff A	dmini	stra	ator	I	Balto.	Cour	ity	
17. FATHER'S NAME (First,							16. MOTHER'S NA	distribution of the				
Robert L. K		Sr.							Nidiff			
19a, INFORMANT'S NAME							nd Number or Rural	Route Nui	nber, City or Tow	n, State, Z	(ip Code)	1
Martin D. M					as #1							1
20a. METHOD OF DISPOSI 1  ☐ Buriel 2 ☐ Cremet	lon 3 🗆 Reme	oval from State	nthiir jo	lace)			netery, crematory or				100	own, State
4 Donetion G Dthe		every o	7 Dy11/a	ney			em. Gdns.		90  Ti	moni	um,	Md.
15	116	7/1 //	. 1		,		Towson		ral Ho	me.	Inc.	
" mak	9 (-	Seligh	She			105	0 York	Rd.,	Towso	n, M	ld. 2	1204
23. PART I. Enter the diseasee, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, ahock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Onset and Death  Due to one as a consequence of:												
DUE TO (OR AS A CONSEQUENCE OF):  MITRAL VALVE PROLAPSE  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
cause. Enter UNDERL'	YING	C	OR AS A CONSE	OUENCE (	OF):							
CAUSE (Disease or in that initiated events resulting in death) LA	ST	d	(OH AS A CONSE									
CAUSE (Disease or in that initiated events		d		resulting	In the und	derlying	g ceuse given in	Part I.	24a. WAS AN PERFOI	RMED?	Y 24	AVAILABLE PRIOR TO COMPLETION OF CAUS
CAUSE (Disease or in that initiated events resulting in death) LA		d		resulting	In the und	derlying	g ceuse given in	Part I.	PERFO	RMED?	Y 24	b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? XYES 2 NO
CAUSE (Disease or in that initiated events resulting in death) LA	cent condition	d		resuiting	In the und				PERFOI	RMED?	Y 24	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other significations of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the significant of the sig	cent condition	d	deeth but not		OTHER	26. PL	ACE OF DEATH (C.	heck only	PERFOI XX YES :	RMED?	Y 24	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other signific  25. WAS CASE REFERRED EXAMINER?  XX YES 2 \( \square\$ NO	cent condition	d	o deeth but not	3 🗆 DOA	OTHER	26. PL	ACE OF OEATH (C	heck only	PERFOI  YES :	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other signific  25. WAS CASE REFERRED EXAMINER?  XX YES 2 □ NO  27. MANNER OF OEATH	cent condition	d	o deeth but not	3	OTHER	26. PL : ing Hom 28c. INJI WO	ACE OF OEATH (C	heck only	PERFOI XX YES :	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other signific  25. WAS CASE REFERRED EXAMINER?  27. MANNER OF OEATH  1 Neturat 5 2 Accident 3 Suicide 8	TO MEDICAL  Pending Investigation  Could not be	HOSPITAL: 1   topatient 2   28e. DATE 0 (Month).	o deeth but not  Discription  Discription  Discription  Discription  Discription  Discription  Discription  Discription  Discription	3 DOA	OTHER 4   Nursi	26. PL : ing Hom 28c. INJI WO 1 \( \sqrt{1}\)	ACE OF OEATH (C	8 Ot 28d. D	PERFOI  YES :	RMED?  INJURY O	OCCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other signific  25. WAS CASE REFERRED EXAMINER?  27. MANNER OF OEATH    Netural 5   2   Accident	TO MEDICAL  Pending Investigation	HOSPITAL: 1   topatient 2   28e. DATE 0 (Month).	Deg. Year)  OF INJURY — At h	3 DOA	OTHER 4   Nursi	26. PL : ing Hom 28c. INJI WO 1 \( \sqrt{1}\)	ACE OF OEATH (C	8 Ot 28d. D	PERFOI XX YES :	RMED?  INJURY O	OCCURED	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  XXYES 2 □ NO
CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other signific  25. WAS CASE REFERRED EXAMINER?  27. WANNER OF OEATH  1 Neturat 5 2 Accident  3 Suicide 8 4 Homicide  29e. CERTIFIER (Check/only 1 CE	TO MEDICAL  Pending investigation  Could not be determined	HOSPITAL: 1 topstient 2  26s. DATE 0 (Month, 28e. PLACE building	De deeth but not  EXER/Outpatient:  F INJURY Dey, Year)  OF INJURY — At h., stc. (Specify)	3 DOA 28b. Tillih ome, farm,	OTHER 4 Nursi	28. PL: ing Hom 28c. INJ WO 1 1 1	ACE OF OEATH (C  5  Residence  URY AT  RK7  /ES 2  NO  e	heck only  8  Ot  28d. D	PERFOI XX YES :  one)  her (Speally)  ESCRIBE HOW  CATION (Street y or Town, State)	RMED?  INJURY O	occured per or Rural tated.	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  **EXYES 2 NO  **Route Number,**
CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other signific  25. WAS CASE REFERRED EXAMINER?  27. WANNER OF OEATH  1 Neturat 5 2 Accident  3 Suicide 8 4 Homicide  29e. CERTIFIER (Check/only 1 CE	TO MEDICAL  Pending Investigation  Could not be determined  RTIFYING PHYSICAL EXAMINE	HOSPITAL: 1 Inpetient 2 26e. DATE 0 (Month, building	De deeth but not  EXER/Outpatient:  F INJURY Dey, Year)  OF INJURY — At h., stc. (Specify)	3 DOA 28b. Tillih ome, farm,	OTHER 4 Nursi	28. PL: ing Hom 28c. INJ WO 1 1 1	ACE OF OEATH (C  5  Residence  URY AT  RK7  /ES 2  NO  e	8 Ott 26d. D 28f. LC C/	PERFOI XX YES :  one)  her (Speally)  ESCRIBE HOW  CATION (Street y or Town, State)	INJURY O	ccured area of the cause	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
CAUSE (Disease or In that initiated events resulting in death) LA  PART II. Other signific  25. WAS CASE REFERRED EXAMINER?  27. MANNER OF OEATH  1 Neturat 5 2 Accident  3 Suicide 8 4 Homicide  29e. CERTIFIER (Check/only one)	TO MEDICAL  Pending Investigation  Could not be determined  RTIFYING PHYSICAL EXAMINE	HOSPITAL: 1 Inpetient 2 26e. DATE 0 (Month, building	De deeth but not  EXER/Outpatient:  F INJURY Dey, Year)  OF INJURY — At h., stc. (Specify)	3 DOA 28b. Tillih ome, farm,	OTHER 4 Nursi	28. PL: ing Hom 28c. INJ WO 1 1 1	ACE OF OEATH (C  5  Residence URY AT RK? ZES 2 NO  e  and place, end du eath occured at th	8 Ott 26d. D 28f. LC C/	PERFOI XX YES :  one)  her (Speally)  ESCRIBE HOW  CATION (Street y or Town, State)	INJURY O	ccured area of the cause are signed.	AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?  YES 2 NO  Route Number,
CAUSE (Disease or In that initiated events resulting in death) LA  PART II. Other signific  25. WAS CASE REFERRED EXAMINER?  27. MANNER OF OEATH  1 Neturat 5 2 Accident  3 Suicide 8 4 Homicide  29e. CERTIFIER (Check/only one)	Pending Investigation  Could not be determined  RTIFYING PHYSI  EDICAL EXAMINE  LE OF CERTIFIE	HOSPITAL: 1   topatient 2 28e. DATE 0 (Month, 1) 28e. PLACE building ICIAN: To the best of ER: On the basie of ER:	Description of the control of the co	3 DOA 28b. Tillin lome, farm,	OTHER 4 Nursi	28. PL: ing Hom 28c. INJ WO 1 1 1	ACE OF OEATH (C)  5   Residence URY AT RK7 /ES 2   NO  e  and place, end du eeth occured at the	8 Ott 26d. D 28f. LC C/	PERFOI XX YES :  one)  her (Speally)  ESCRIBE HOW  CATION (Street y or Town, State)	INJURY O	ccured area of the cause are signed.	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  YES 2 NO  Route Number,  (e) end manner as states  (f) (Month, Day, Year)

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 modus after death. Page 6 may be retained by the hospital or attending physician and completely filed in by the funeral director, page 5 should be detached for use as the burnel be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,



attending physician.
se as the burial-transit permit. Pages 1, 2, 3 should TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.5 mours after death. Page 6 may be remained TO THE FUNEFAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shound be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatte event, the medical examiner must be netified.

1203-3146

BALTIMORE, MARYI

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF I		MENTAL HYGI			
	1. DECEDENT'S NAME (First, Middle, Last)	10:	120			2. DATE OF DEATH	DAY	3. TIME OF DEATH	
	Mary I.  4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	29 9	DISTRIBLACE (State or Formion	
	213345019	1 M 2 PF	77 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year	/13	Virginia	
_	9a. FACILITY NAME (If not institution, give	,			TY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH				
Ō	HOWARD CONATY G	eneral Ho				AD.	1100	VARD	
DIRECTOR	MD . 10b. COUNT	Y		altimo			10d. INSIDE CITY LIMITS? 11 YES 2 NO		
1	10e. STREET AND NUMBER	-			1. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?	
FUNERAL	7301 Cedar Av				20794			.S.	
BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 TYES IF YES, GIVE WAR DR D	2 NO	If yes, s	cendent of HISPAN pecify Cuben, Mexica 5 2 SKNO Specify	n, Puerto Rican, etc.	Yea or No— 1/	4. RACE — American Indian, Black, White, etc. Specify: Black	
8	15. DECEDENT'S EDI (Specify only highest grad	JCATION e completed)	16s. DECEDENT'S (Give kind of a	vork done during m	ON ost of working	16b, KIND OF	BUSINESS/INDUS		
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT us	e retired.)		I	omest:	ic	
NOS	17. FATHER'S NAME (First, Middle, Lest)	1			18. MOTHER'S NA	ME (First, Middle, Mei	den Sumame)		
8	Roland Quar	Les	10h MAII ING	ADDRESS (Street	Mary and Number or Rural I	Z E Mils		ordal	
٤	Mary Jones							land 20794	
	20a. METHOD OF DISPOSITION 1 ☑ Burlel 2 ☐ Cremation 3 ☐ Rer	noval from State	other place)	SITION (Name of co	metery, crematory or	200	LOCATION - CH	ly or Town, Stata	
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	Good I	lope Ch	NUTCH YE	ciuty	Virgin	nia	
	Dorotha	Hector	#28]	T. T	DL - 11 1 ·	-		N.MOnroe St	
	23. PART I. Enter the diseases, or	complications that caused. List only one cause on e	d the death. Do r		ode of dying, suc	h es cardlec or n	espiratory arres		
	IMMEDIATE CAUSE (Finel		909090	. 6				Interval Between Onset end Death	
	resulting in death)	DE TO (OR AS	CONSEQUENCE O	T fu	Jure-			Weeks	
Z	Sequentially list conditions,	b							
ATIC	if eny, leading to immediate ceuse. Enter UNDERLYING	DUE TO (OR AS /	CONSEQUENCE O	F):					
CERTIFICATION	CAUSE (Disease or injury that initiated events	DUE TO (OR AS /	CONSEQUENCE O	F):					
SER	resulting in death) LAST	d			· ·				
AL	PART II. Other algnificant condition	ns contributing to death b	out not resulting	in the underlyli	ng cause given in		AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO	
MEDIC	Paraplegias Renal fails					1 🗆 YE	S 2 NO	OF DEATH?	
Z.	Decubiti	CA C						1 TYES 2 NO	
CIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. I OTHER:	LACE OF DEATH (Ch	neck only one)			
PHYSICIAN:	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Out	patient 3 DOA	4 - Nursing Ho	me 5 - Residence	8 Other (Specify) 28d. DESCRIBE HO	INJURY OCCU	RED	
ВУ РІ	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	IN.	URY W	ORK? YES 2 ND				
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe	f — At home, farm, city)	street, factory, off	Ce	281. LOCATION (St. City or Town, S	reet and Number of tate)	r Rural Route Number,	
COMPLETED	29a. CERTIFIER Check only	SICIAN: To the best of my know	rledge, death occurr	ed at the time, da	a and place, and due	to the cause(a) and	menner as stated	1.	
OMI	and and							cause(s) and manner as stated.	
BE (	29b. SIGNATURE AND TITLE DF CERTIFI	ER IN IC	7		29c. LICENSE NUI	MBER	29d. DATE	SIGNED (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON W	HD COMPLETED CAUSE OF DE			1009	283	1.	12-11-0	
	B.H. Minchew	:9501 01a		Polis E	d: 81	hicoH	City	Md 21043	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN							
	AUG 3 1990	Julia Navidson	Mandall					DHMH-16 Rev 1/89	

STATE OF MARYLAI	D / DEPARTMENT	OF HEALTH AND	MENTAL HYGIENE
	CERTIFICATE	OF DEATH	REG. NO.

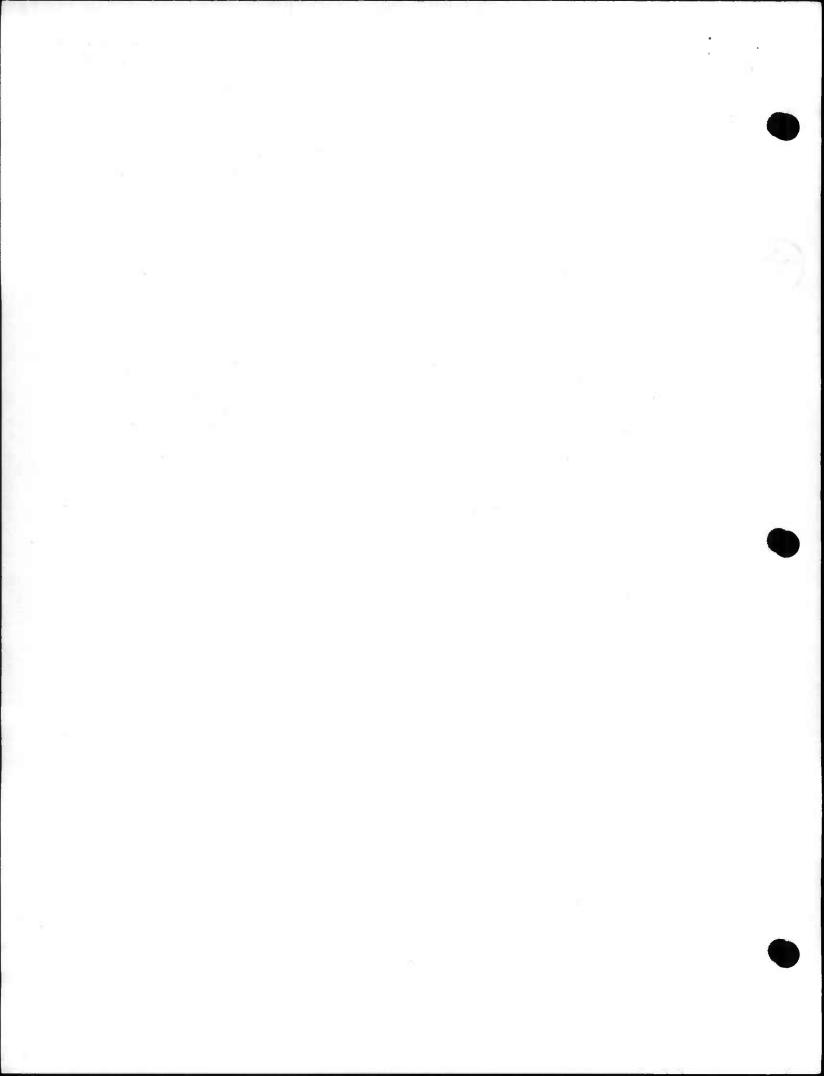
	FOR 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH AN	D MENTA	L HYGIEN	E		
	1. OECEOENT'S NAME (First, Middle, Last)		7		2. DATE	OF OEATN	YEAR	3. TIME OF OEATN	
		Vincent Ja	mes MARI	NO		rust 2	1990	3:39 a M	
	4. SOCIAL SECURITY NUMBER	6. SEX 6. AGE (	In yrs. lest birthday)	UNDER 1 YEAR IF UNDER 24 HE	RS. 7. DATE	OF BIRTH	8. BIRT	THPLACE (State or Foreign ntry)	
	057-16-2585	18 M 2 □ F 6	YRS.	WITHS DATE MOONS WITH	8 1 "	-13-19	21 /	10.	
_	9a. FACILITY NAME (If not institution, give st	11		city, town or Location o	F OEATH		9c. COUNTY OF	OEATN	
DIRECTOR	FRANKLIN DOL RESIDENCE OF DECEDENT	ANKLIN JOUARE HOSPITAL KOSSVILLE Baltimore Coun							
띭	10a. STATE 10b. COUNTY		10c. CITY, 1	OWN OR LOCATION				10d. INSIDE CITY LIMITS?	
	MD DAL	TIMORE						1 TYES 2 NO	
FUNERAL	10e. STREET AND NUMBER	1 7	)	101. ZIP COOE			10g. CITIZEN OF	WHAT COUNTRY?	
NE I	11. MARITAL STATUS	12, WAS DECEDENT EXPER IN	)	13. WAS DECENDENT OF NI	ORANIA AMA	AND 100 - 1 - 16 - 16 - 16 -	USH	CE — American Indian,	
	1 Never Married 2 Merried	FORCES? 1 YES	2 NO	If yes, specify Cuben, Me	exicen, Puerto		Bia	ck, White, atc.	
BY	3 Wildowed 4 Divorced	WWI	ATES	TES 2 MINO S	риспу:		W	HITE	
COMPLETED	15. OECEOENT'S EOUC (Specify only highest grade		16a. OECEOENT'S US (Give kind of wor	UAL OCCUPATION  ( done during most of working stired.)	16	b. KINO OF BUS	SINESS/INOUSTRY		
١٣	Elementary/Secondary (0-12)	College (1-4 or 5+)	-			MART	2.) Ma	RIETTA	
ž I	17. FATHER'S NAME (First, Middle, Last)		ENGIN		S NAME (First	Middle, Meiden		RICIIA	
	NICXA MA	Plat		MI	ARIE	MARI	N)0 -		
BE	19a. INFORMANT'S NAME (Type/Prige)	C1100	19b. MAILING A	ORESS (Street and Number or R		nber, City or Tow	n, State, Zip Code)		
임	MARY ANN KIDE	SNOUR	9/02	ABIBAIL DR	Apr	: / B.	BALTO	. Ma 2123)	
	20e. METNOO OF DISPOSITION 1 Buriel 2 Cremetion 3 Reme		other place)	ON (Name of cometery, cremetor)	y or	200.10	CATION - City or	Town, State	
	4 Donetion 6 Other (Specify)		METRO	CLEMATO	RY	/QA	LTO.,11	Δ.	
	21. SIGNAL WE OF TONERAL SERVICE LIC	200		CVACH /2056	SUALE		SRAL HO	WE	
	Menise	X Illy		1211 CHES		-	BALTO.,	Ms. 21237	
	23. PART i. Enter the diseases, or of shock, or heart failure.	complications that cause List only one cause on e		enter the mode of dying,	such as ca	rdiac or reap	iratory arreat,	Approximate Interval Between	
	iMMEDIATE CAUSE (Finel disease or condition	0	cuto A	element on	, ode	1440		Onset and Death	
	reaulting in death)	OUE TO (OR AS /	CONSEQUENCE OF):						
_		C	ronar	y artery	dise	ase		į	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	OUE TO (OR AS /	CONSEQUENCE OF						
S	CAUSE (Disease or Injury	C							
Ë	that initiated events reaulting in death) LAST	DUE TO (OR AS /	A CONSEQUENCE OF):						
CE		d							
AL	PART II. Other aignificant condition	e contributing to death t	out not resulting in	the underlying ceuse give	n in Part i.	24a. WAS AN PERFOI		4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
				<del></del>		1 TYES	2 NO	OF DEATH?	
×								1 YES 2 NO	
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL	T		26. PLACE OF OEATI	N (Chack only	one)			
200	EXAMINER?  1 YES 2 NO	HOSPITAL:		OTHER:					
H	27. MANNER OF OEATN	26e. OATE OF INJURY	26b. TIME	OF 28c, INJURY AT			INJURY OCCUREO		
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	MJUI	WORK?  M 1 TYES 2 THE	0				
	3 Suicide 6 Could not be	26a. PLACE OF INJURY building, atc. (Spe		et, factory, office		CATION (Street y or Town, State	end Number or Run )	al Route Number,	
COMPLETED									
APL	onel only			at the time, date end piece, end					
S	2 MEGICAL EXAMINE		on end/or investigation,	In my opinion, death occured a		te and place, e	nd due to the ceus	e(e) end manner ee stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	OBRI	01	29c. LICENSI	ENUMBER	0		ED (Month, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAUSE OF DE	EATN (ITEM 27) (Type 5		- 6 -		1.	2.10	
					)	Dall 4	0401		
	Shahid Saeed 31. OATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	TISTIKT	in Square I	Jr.	BB. I T.O.	., 2123	57	
	AUG 3 1990	golia Davidson	Nation						

10311 ....

FOR 1 - STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

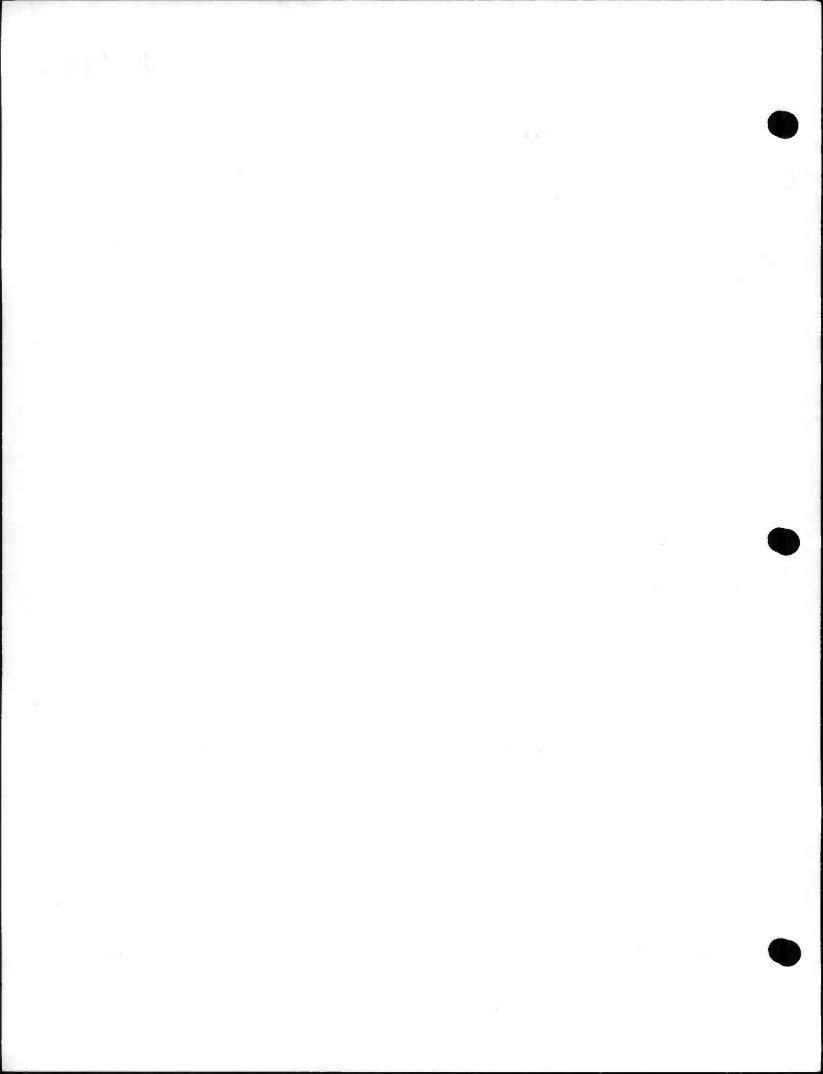
1. DECEDENT'S NAME (Firs											
I The state of the	t, Middle, Last)							2. DATE OF DEATH DA	Y	YEAR 3	. TIME OF DEATH
JAMES		ROLAND		McGIN			$\overline{}$	Aug. 1,	1990		5:30 A M
4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs.	M/C	NTHS DA		MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPL Country)	ACE (State or Foreign
215.12.4603		1 🙀 M 2 🗌 F	83	YRS.	,	noons		Jan. 25, 19	07 Maryland		
9a. FACILITY NAME (If not i	nstitution, give s	street and number)		91	b. CITY, TO	WN OR LOCATIO	N OF DE	ATH	9c. COUN	ITY OF DEA	тн
7247 Balto	& Ann	ap Blvd			Glen	Burnie	2		Ann	e ARu	ndel
RESIDENCE OF DE											
10a. STATE	10b. COUNT	•		10c. CITY, T		-				1	0d. INSIDE CITY LIMITS?
Maryland	Anne	ARunde1		Glei	n Bur	nie				1	YES 2 NO
10e. STREET AND NUMBER						101. ZIP CODE			10g. CITI	ZEN OF WH	AT COUNTRY?
7247 Ba1	to & A	nnap Blv	d			21.06	51		U.3	S.A.	
11. MARITAL STATUS		12. WAS DECEDEN	IT EVER IN U.S.	ARMED				IC ORIGIN? (Specify Yes	or No—	14. RACE -	- American Indian,
1 Never Married 2			X YES 2 (	NO		s, specify Cuban YES 2 X NO		, Puarto Rican, atc.)		Specify:	White, etc.
3	orced	139,323,331		WW II	'-		,			opcoy.	White
	CEDENT'S EDU		18a.	DECEDENT'S US	UAL OCCU	PATION		18b. KIND OF BUS	SINESS/IND	USTRY	
Elementary/Secondary	nly highest grade	College (1-4 or 5	+)	(Give kind of work life. Do NOT use r	k done durin etired.)	g most of working	7				
7		None		Storeroo	om C1	erk		Revere	Copp	per &	Brass
17. FATHER'S NAME (First, I	Middle, Last)	TIOTIC			- 4.		ER'S NAI	ME (First, Middle, Maiden			
James		Mod	Ginley						,	I - 1	
19a. INFORMANT'S NAME	(Time/Print)	FICE	Tilley	105 MARINO 41	nnpeer (0-		ola	Noute Number, City or Tow		Jnkno	WIL
Share and the				INU. MAILING AL				ioule number, Gily or low	ri, State, ZIP	Cooe)	
Nancy M. M			T			me as #					
20a. METHOD OF DISPOSI	ion 3   Ban	sovel from State	othe	CE OF DISPOSIT	train comme					City or Town	
4 ☐ Donation S ☐ Othe	er (Specify)	1	Lak	eview N	1emor	ial Par	·k	Syk	esvi:	lle, 1	Maryland
21. SIGNATURE OF FUNER	AL SERVICE LI	DENSEE		22. NAME AND ADDRESS OF FACILITY							
· //	186	all		Singleton Funeral Home #1 Second Avenue, S.W.G				_			
22 DADT I Enter the	discours or	complications the	et serves d the	death De not							
	23. PART I. Enter the diseases, or complications that caused the death. Do not antar the mode of dying, auch as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line.  Approximate interval Between								interval Between		
	IMMEDIATE CAUSE (Final										
disease or condition											
	$\rightarrow$	A.	V 6	Entreal	~ 1	Julville	ul				Merril
disease or condition resulting in death)	$\rightarrow$	a. OUE TO	O (OR AS A CON	SEOVENCE OF:	~ 1	filmell	uly				Merril
resulting in death)	→ 		O (OR AS A CON	SEQUENCE OF:	~ / ~ '	felvell bent	uhr dese	û			Memily 3 yrs
resulting in death)  Sequentielly liet condi	Itione,	b	O (OR AS A CON	isequence of:	~ l	febrell bent	ulis	û			Memil 3 yrs
Sequentially liet cond if any, leading to imm cause. Enter UNDERLY	Itione, ediete yiNG	b		entrul iseouence of: In chem isequence of:	~ / ~ '	febrell bent	ul	û			Memily 3 yrs
Sequentielly liet cond	Itione, ediete yiNG	b	O (OR AS A CON	Detroil SEQUENCE OF): SEQUENCE OF):	~ /	febrell here	ul	û			Menil 3 yrs
Sequentielly liet condi if any, leading to imm cause. Enter UNDERL' CAUSE (Dissesse or in	Itione, ediete YiNG lury	b	O (OR AS A CON	ISEQUENCE OF):	~ /	febrell bent	deser	û			Memily 3 yrs
Sequentially liet condification in the condition of the c	Itione, ediete YING lury	b	O (OR AS A CON	ISEQUENCE OF):							Menily 3 yrs
Sequentially liet cond if any, leading to imm cause. Enter UNDERLY CAUSE (Disease or in that initiated events	Itione, ediete YING lury	b	O (OR AS A CON	ISEQUENCE OF):						100	Munil  3 yrs  WERE AUTOPSY FINDINGS WANLABLE PRIOR TO
Sequentially liet condification in the condition of the c	Itione, ediete YING lury	b	O (OR AS A CON	ISEQUENCE OF):				Part I. 24a, WAS AN	RMEO?		
Sequentially liet condification in the condition of the c	Itione, ediete YING lury	b	O (OR AS A CON	ISEQUENCE OF):				Part I. 24e. WAS AN	RMEO?		WAILABLE PRIOR TO COMPLETION OF CAUSE
Sequentially liet condification in the condition of the c	Itione, ediete YING lury	b	O (OR AS A CON	ISEQUENCE OF):				Part I. 24e. WAS AN	RMEO?		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially liet condification in the condition of the c	itione, ediete viNG lury ST	b	O (OR AS A CON	ISEQUENCE OF):	the under		liven in	Part I. 24e. WAS AN PERFOI	RMEO?		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
resulting in death)  Sequentielly liet cond if any, leading to imm cause. Enter UNDERLY CAUSE (Disease or in that initiated events resulting in death) LA  PART ii. Other significations.	itione, ediete viNG lury ST	b	O (OR AS A CON	SEQUENCE OF): ot resulting in	the under	riying cause g	piven in	Part I. 24s. WAS AN PERFOI	RMEO?		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list condification, leading to immicause. Enter UNDERLY CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other significations.  25. WAS CASE REFERRED EXAMINER?  1  YES 2 NO	itione, ediete viNG lury ST	b. DUE TO c. OUE TO d	O (OR AS A CON	SEQUENCE OF):  Ot resulting in	the under	riying csuse g 26. PLACE OF DI 13 Home 5 Re	piven in	Part I. 24s. WAS AN PERFOI  1 YES :  eck only one)  6 Other (Specify)	RMEO? 2 ♠ NO		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentielly liet condification, leading to immiceuse. Enter UNDERLY CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other significations.  25. WAS CASE REFERRED EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH	itione, ediete ying lury ST Cent condition	b	O (OR AS A CON	SEQUENCE OF): ot resulting in	the under	riying cause g	EATH (Ch	Part I. 24s. WAS AN PERFOI	RMEO? 2 ♠ NO		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially liet condificant, leading to immiceuse. Enter UNDERLY CAUSE (Disease or in that initiated events resulting in death) LA  PART ii. Other significations.  25. WAS CASE REFERRED EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH	itione, ediete viNG lury ST	b	O (OR AS A CON O (OR AS A CON O deeth but no	SEQUENCE OF):  ISEOUENCE OF):  ot reculting in  t 3 □ DOA 4  28b. TIME INJUR	THER: OF 28 RY M 1	26. PLACE OF DE PL	EATH (Ch	Part I. 24a. WAS AN PERFOI 1 YES :  ack only one)  6 Other (Specify)  28d. DESCRIBE HOW	NO NO	CURED	MANIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Sequentially liet condificant, leading to immicrouse. Enter UNDERLY CAUSE (Dissess or in that Initiated events resulting in death) LA  PART II. Other significations are sequentially leaders.  25. WAS CASE REFERRED EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Netural 5 2  Accident  3 Suicide 6	Itione, ediete ying lury ST Cent condition  TO MEDICAL  Pending Investigation  Could not be	b. DUE TO c. OUE TO d	O (OR AS A CON O (OR AS A CON O deeth but no	ISEQUENCE OF):  ISEQUENCE OF):  ot reculting in	THER: OF 28 RY M 1	26. PLACE OF DE PL	EATH (Ch	Part I. 24s. WAS AN PERFOI  1 YES :  eck only one)  6 Other (Specify)	NO NO NO NO NO NO NO NO NO NO NO NO NO N	CURED	MANIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Sequentially liet condificant, leading to immosuse. Enter UNDERLY CAUSE (Disease or inthat initiated events resulting in death) LA  PART ii. Other significations are sequentially significated by the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the significant of the sig	itione, ediete viNG lury ST Cent condition	b. DUE TO c. OUE TO d	D (OR AS A COND O (OR AS A COND O deeth but not be cond or con	SEQUENCE OF):  ISEOUENCE OF):  ot reculting in  t 3 □ DOA 4  28b. TIME INJUR	THER: OF 28 RY M 1	26. PLACE OF DE PL	EATH (Ch	Part I. 24a, WAS AN PERFOI 1 YES :  eck only one)  6 Other (Specify)  28d, DESCRIBE HOW	NO NO NO NO NO NO NO NO NO NO NO NO NO N	CURED	MANIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PART II. Other significations and significations are significated by the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the significant of the	itione, ediete viNG lury ST Cent condition  TO MEDICAL  Pending Investigation  Could not be detarmined	b. DUE TO c. OUE TO d	ER/Outpetten FINJURY Doy, Year) OF INJURY — A	SEQUENCE OF):  ISEOUENCE OF):  Ot reculting in  At 3 □ DOA 4  28b. TIME INJUI  t home, farm, str	THER:   Nursing OF 28   1	26. PLACE OF DI 19 Home 5 Re 1. INJURY AT WORK? 1 YES 2	EATH (Chaldence	Part I. 24a, WAS AN PERFOI 1 YES :  eck only one)  6 Other (Specify)  28d, DESCRIBE HOW	NO NO NO NO NO NO NO NO NO NO NO NO NO N	CURED  r or Rural Ro	MALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PART II. Other signification of the process of the	itione, ediete ving lury ST   cent condition  To MEDICAL  Pending Investigation  Could not be detarmined	b. DUE TO c. OUE TO d	D (OR AS A COND O (OR AS A COND O deeth but not be cond or con	SEQUENCE OF):  ISEOUENCE OF):  Ot reculting in  At 3 □ DOA 4  28b. TIME INJUI  At home, farm, str	THER:   Nursing OF 28   1   1   2   2   2   2   2   2   2   2	26. PLACE OF DI 19 Home 5 Re 1. INJURY AT WORK? 1 YES 2 1. office	EATH (Chaldance	Part I. 24a, WAS AN PERFOI  1 YES :  eck only one)  6 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State to the cause(e) and me	INJURY OC	CURED  r or Rural Ro	MANLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
Sequentially liet conditions, leading to immiceuse. Enter UNDERL'CAUSE (Disease or in that Initiated events resulting in death) LA  PART II. Other significations are significated by the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the significant of the sign	Itione, ediete ying ury ST  Dent condition  To Medical  Pending investigation  Could not be determined  RTIFYING PHYS  DICAL EXAMIN	b. DUE TO c. OUE TO d. HOSPITAL: 1   Inpetient 2 28a. DATE O (Month, 28a. PLACE building	D (OR AS A COND O (OR AS A COND O deeth but not be cond or con	SEQUENCE OF):  ISEOUENCE OF):  Ot reculting in  At 3 □ DOA 4  28b. TIME INJUI  At home, farm, str	THER:   Nursing OF 28   1   1   2   2   2   2   2   2   2   2	26. PLACE OF DI 1 Home 5 Ra 1 C. INJURY AT WORK? 1 YES 2 office	EATH (Chaidance	Part I. 24a, WAS AN PERFOI 1 YES :  ack only one)  6 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State) to the cause(s) and metime, data and place, ac	INJURY OC	CURED  r or Rural Ro  ted.	MANLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  I YES 2 NO
PART II. Other signification of the process of the	Itione, ediete ying ury ST  Dent condition  To Medical  Pending investigation  Could not be determined  RTIFYING PHYS  DICAL EXAMIN	b. DUE TO c. OUE TO d. HOSPITAL: 1   Inpetient 2 28a. DATE O (Month, 28a. PLACE building	D (OR AS A COND O (OR AS A COND O deeth but not be cond or con	SEQUENCE OF):  ISEOUENCE OF):  Ot reculting in  At 3 □ DOA 4  28b. TIME INJUI  At home, farm, str	THER:   Nursing OF 28   1   1   2   2   2   2   2   2   2   2	26. PLACE OF DI 19 Home 5 Re 1. INJURY AT WORK? 1 YES 2 1. office	EATH (Chaidance	Part I. 24a, WAS AN PERFOI 1 YES :  ack only one)  6 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State) to the cause(s) and metime, data and place, ac	INJURY OC and Number	CURED  r or Rural Ro  ted.  he cause(a)	MANLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
Sequentially liet conditions, leading to imm cause. Enter UNDERLY CAUSE (Disease or in that initiated events resulting in death) LA  PART ii. Other significations and the signification in the signif	Itione, ediete ving lury ST  To Medical Pending Investigation  Could not be detarmined RTIFYING PHYS  DICAL EXAMIN  LE OF CERTIFIE	b. DUE TO c. OUE TO d	D (OR AS A COND O (OR AS A CON	ISEQUENCE OF):  ISEQUENCE OF):	the under	26. PLACE OF DI 1 Home 5 Ra 1 C. INJURY AT WORK? 1 YES 2 office	EATH (Chaidance	Part I. 24a, WAS AN PERFOI 1 YES :  ack only one)  6 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State) to the cause(s) and metime, data and place, ac	INJURY OC	CURED  r or Rural Ro  ted.  he cause(a)	MANLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  I YES 2 NO
Sequentially liet conditions, leading to immiceuse. Enter UNDERL'CAUSE (Disease or in that Initiated events resulting in death) LA  PART II. Other significations are significated by the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the significant of the sign	Itione, ediete ving lury ST  To Medical Pending Investigation  Could not be detarmined RTIFYING PHYS  DICAL EXAMIN  LE OF CERTIFIE	b. DUE TO c. OUE TO d	D (OR AS A COND O (OR AS A CON	ISEQUENCE OF):  ISEQUENCE OF):	the under	26. PLACE OF DI 19 Home 5 Ra 10. INJURY AT WORK? 1 YES 2 1, office 29c. LICE	EATH (Chaidence) NO	Part I. 24a, WAS AN PERFOI 1 VES :  ack only one)  6 Other (Specify)  28d, DESCRIBE HOW  28f, LOCATION (Street City or Town, State) to the cause(e) and me time, data and place, at WBER	and Number	CURED  r or Rural Ro  ted.  he cause(a)	MANLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Nutle Number,  and manner as stated.  Month, Day, Year)
Sequentially liet conditions, leading to imm cause. Enter UNDERLY CAUSE (Disease or in that initiated events resulting in death) LA  PART ii. Other significations and the signification in the signif	Itione, ediete ving lury ST  To Medical Pending Investigation  Could not be detarmined RTIFYING PHYS  DICAL EXAMIN  LE OF CERTIFIE	b. DUE TO c. OUE TO d	D (OR AS A COND O (OR AS A CON	ISEQUENCE OF):  ISEQUENCE OF):	the under	26. PLACE OF DI 19 Home 5 Ra 10. INJURY AT WORK? 1 YES 2 1, office 29c. LICE	EATH (Chaidence) NO	Part I. 24a, WAS AN PERFOI 1 YES :  ack only one)  6 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State) to the cause(s) and metime, data and place, ac	and Number	CURED  r or Rural Ro  ted.  he cause(a)	MANLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Nute Number,  and manner as stated.  Month, Day, Year)



FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	CERTIF	FICATE O	F DEATH	REG. NO	).		
	1. DECEDENT'S NAME (First, Middle, Last)	1 11 2 1			2. DATE OF DEATH	/	3. TIME OF DEATH	
	MARJORIE A. N	1 ACON			MONTH 3	AY PEA	10:30 PM	
	4. SOCIAL SECURITY NUMBER 5. SEX 6	AGE (In yrs. last birthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE OF BIRTH	4 8. B/	RTNPLACE (State or Foreign	
	188-20-1333 10M2DF	86 YRS.	MONTHS DAY	HOURS MIN.	(Month, Pey, Year) 03/25/		EW YORK	
	Sa. FACILITY NAME (If not institution, give street and number)	0 4	AP CITY TOW	N OR LOCATION OF DE		Sc. COUNTY O		
~					AIR			
õ	ST JOSEPH HOSPITAL		100	USON		BALTIMORE		
DIRECTOR	10a, STATE 10b, COUNTY	10c, CI	TY, TOWN OR LO	CATION			10d. INSIDE CITY	
=		1					LIMITS?	
	Md		Balti					
3AI	10e. STREET AND NUMBER			10f. ZIP CODE			OF WHAT COUNTRY?	
Ÿ	6111 Marglenn Ave.			21206			.S.A.	
3	11. MARITAL STATUS 12. WAS DECEDENT FORCES? 1	EVER IN U.S. ARMED YES 2 NO		ECENDENT OF NISPAN specify Cuban, Maxica	IIC ORIGIN? (Specify Yen, Puerto Ricen, atc.)	a or No- 14. R	ACE — American Indian, Back, White, etc.	
>	1 Never Married 2 Married IF YES, GIVE WAI		101	ES 2 NO Specify	<i>(</i> :	s	pecify:	
B A		1	1			- 1	White	
핃	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind of	S USUAL OCCUP	MOST of working	16b. KIND OF BU	JSINESS/INOUSTR	Υ	
Ш	Elementary/Secondary (0-12) College (1-4 or 5+)	ille. Do NOT						
MP	/ years	Hous	sewife		Own H			
COMPLETED BY PUNERAL	17. FATNER'S NAME (First, Middle, Last)			18. MOTNER'S NA	ME (First, Middle, Malde	n Surname)		
BE (	Fred L. Lawrenz			Be	rtha Pap	ke		
TO E	19a. INFORMANT'S NAME (Type/Print)	19b. MAILIN	IG ADDRESS (Stra	et and Number or Rural	Route Number, City or To	wn, State, Zip Code	)	
F	Milton Feher	61	ll Mar	glenn Av	e. Ba	lto. M	d. 21206	
	20a. METHOD OF DISPOSITION 1 □ Burial 2 Cremation 3 □ Removal from State	20b. PLACE OF DISPO	DSITION (Name of	cemetery, crematory or	20c. L	OCATION — City of	Town, State	
	4 Donation 5 Other (Specify)	Moreland	d Memo:	rial	Ba	ltimor	e, Md	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22, NAME	AND ADDRESS OF FA	CILITY DO 1 + :		M4 21212	
	- William R. Pava	2 111	Je	Kins Fire	id Home	1905	Md. 21212	
	23. PART I. Enter the diseases, or complications that		not enter the	mode of dying, auc	h aa cardlac or rea	piratory errest,	Approximets	
	ahock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel							
	di an an an atalan	IC SHOC	1				and the second	
	DUE TO (C	OR AS A CONSEQUENCE	OFI:					
_	- 80 5	IDED P PR AS A CONSEQUENCE SED VASCU PR AS A CONSEQUENCE	alaum	OUTO			1	
ō	Sequentially list conditions,	OR AS A CONSEQUENCE	0F):	DIULH				
AT	If any, leading to immediata cause. Enter UNDERLYING	ena Vacci	INA	DOCIDER	17			
음	CAUSE (Disease or Injury that initiated events	OR AS A CONSEQUENCE	OF):	HELIUCI	V/			
E	reaulting in death) LAST							
CERTIFICATION								
AL.	PART II, Other algnificent conditions contributing to d	eath but not resulting	g in the underl	ying ceuse given in		N AUTOPSY DRMED?	24b. WERE AUTOPSY FINDINGS AMJUABLE PRIOR TO	
DICAL					1 □ YES	8.4	COMPLETION OF CAUSE OF DEATH?	
MED							1 TYES 2 NO	
					_			
AN	25. WAS CASE REFERRED TO MEDICAL		20	. PLACE OF OEATH (C/	neck only one)			
PHYSICIAN:	EXAMINER?  1 YES 2 NO 1 No 1 No 1 No 1 No 1 No 1 No 1 No 1	ER/Outpatient 3 🗆 DOA	OTHER:	iome 5 🗆 Rasidence	8 Other (Snecks)			
H	27. MANNER OF CEATH 28a. DATE OF I	NJURY 28b. T	IME OF 28c.	INJURY AT	28d. OESCRIBE HOW	/ INJURY OCCURE	D	
	1 Natural 5 Pending (Month, Day	(, Year)	NJURY	WORK?  YES 2 NO				
ВУ	2 Accident Investigation 28e. PLACE OF	INJURY At home, farm			281, LOCATION (Street	t and Number or R	ural Route Number.	
	3 Suicide 8 Could not be 4 Nomicide determined	tc. (Specify)	,,		City or Town, Sta	te)	•	
Į.	29a. CERTIFIER							
COMPLETED	(Check only							
ő	2 MEDICAL EXAMINER: On the basia of axu	mination and/or investiga	ition, in my opinic	n, death occured at the	time, deta and place,	and due to the ca	use(a) and manner as stated.	
	296. SIGNATURE AND TITLE OF CERTIFIER	11 1	//	29s. LICENSE NU	MBER	29d. DATE SIG	INED (Month, Days, Year)	
BE (	11/2 1/	1/_ /	6	1733	215	107	131/90	
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF DEATH (ITEM 27) (%	pe. Print)					
	31. DATE FILED (MonW., Day, Year) 32. REGISTRAP	TE SIGNATURE						
	ALIC 3 1990 ALIC REGISTRAL	- Gordall						



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 27-mours after death. Page 6 may be retained by the hospital or attending to be secuted within 27 HERBAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-31

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA	L HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF H		MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	
	CHARLES MARVIN	J	NECESSAR	v		JULY 31	1990		
			In grs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6, 8	HRTHPLACE (State or Foreign	
	226-24-2113	1 🛣 M 2 🗆 F	66 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) Feb. 7 1	001	Country) Tennessee	
	9a. FACILITY NAME (If not institution, give street			9b. CITY, TOWN	OR LOCATION OF OR		9c. COUNTY		
DIRECTOR	8191 Kramer Court			Glen B	ırnie		Anne Arundel		
5	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY		10c. CI	TY, TOWN OR LOCA	TION		10d. INSIDE CITY		
E		A 1 - 1		en Burn				LIMITS?	
21	Maryland Anne	Arundel	[ 6]		f. ZIP CODE		10c CITIZEN	OF WHAT COUNTRY?	
AA	8191 Kramer Court								
FÜNERAL		12. WAS DECEDENT EVER II	NILE ADMED	12 WAS DE	21061	NIC ORIGIN? (Specify Ye	USA	RACE — American Indian,	
5	1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, s	ecify Cuban, Mexica	n, Puerto Rican, etc.)	14.	Black, White, atc.	
BY	3 Widowed 4 Divorced	1 L YES	3 2 X NO Specify	γ:		Specify: White			
						16b. KIND OF BI	JSINESS/INDUST	RY	
E	(Specify only highest grade co	College (1-4 or 5+)	life. Do NOT u	work done during m use retired.)	ost of working				
립		None	Motion	Picture	Operator	Theat	ers		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Meide	n Surname)		
	Richard	Nece	ssary		Lavada		Ва	ird	
BE	19a. INFORMANT'S NAME (Type/Print)			G ADDRESS (Street	and Number or Rural	Route Number, City or To	wn, State, Zip Coo	io)	
2	Patricia A. Nece	ssary	Sa	me as #	LO				
	20a, METHOO OF DISPOSITION			SITION (Name of ce	metery, crematory or	20c. L	OCATION — City	or Town, State	
	1 ∰ Burial 2 ☐ Cremation 3 ☐ Ramov 4 ௴ Donation 5 ☐ Other (Specify)	al from State	other place) Meadowri	dge Memo	orial Par	k Elk	ridge,	Maryland	
	21. SHONATURE OF FUNERAL SERVICE LICE	NSEE			ND ADDRESS OF FA	FACILITY ERAL HOME			
	De Annord S	> 1/ chrso	n				DUDNIE	WD 21061	
	23 PART I Enter the diseases or co	mplications that cause	d the deeth. Do			S.W., GLEN			
	ahock, or heart fellure. List only one cause on each line.								
	IMMEDIATE CAUSE (Final disease or condition pauling in death)								
	resulting in death) a.		A CONSEQUENCE					<del>- i</del>	
_		, , , , , , , , , , , , , , , , , , , ,							
ō	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE	OF):					
CAT	cause. Enter UNDERLYING								
IF	CAUSE (Disease or Injury that Initisted events	DUE TO (OR AS	A CONSEQUENCE	OF):		-			
CERTIFICATION	resulting in death) LAST								
	PART II. Other aignificent conditions	contributing to deeth i	but not regulting	In the underlyle	ng ceuse given in	Part I. 24a, WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDINGS	
PHYSICIAN: MEDICAL	Tall III dillor digitillosis della lista			,			DRMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
Ö	-					1 _ YES	2 NO	OF DEATH?	
M								1 TES 2 NO	
ÿ									
<u>S</u>		HOSPITAL:		OTHER:	PLACE OF DEATH (C				
YS	1 TYES 2 NO	1 Inpatient 2 ER/Out 28a, DATE OF INJURY	tpatient 3 DOA		me 5 Rasidence	8 Other (Specify)  28d, DESCRIBE HOV	IN HIRV OCCUE	en.	
<u>a</u>	1 Natural 5 Pending	(Month, Day, Year)	11	NJURY W	YES 2 NO	250, DESCRIBE NOV	INSONT OCCOR		
ВУ	2 Accident Investigation	28e. PLACE OF INJUR	Y — At home, farm			281. LOCATION (Street	et and Number or	Rural Route Number,	
6	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Spi		, , , , , , , , , , , , , , ,		City or Town, Ste	te)	Sec. or make all the	
4	29a. CERTIFIER			E 1 5 1 1 E 2	24.00 12.00	24 27.00			
3 Suicide 8 Could not be detarmined building, etc. (Specify)  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as a second of the cause(a) and							ause(a) and manner as stated.		
8									
BE	296. SIGNATURE AND TITLE OF CERTIFIER	97 A.	1 kg	.0	29c. LICENSE NU	938	-	IGNED (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALIFE OF S	~ L-1	- /	/	0	0	/ 1//0	
	My 140 -	COMPLETED CAUSE OF D	M D	9 -	Agual.	aut na	6/00	Burnie mo	
	31. OATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE	13/	//	,, , , , ,	,	, , ,	
		. Nacidna Par	1.00						

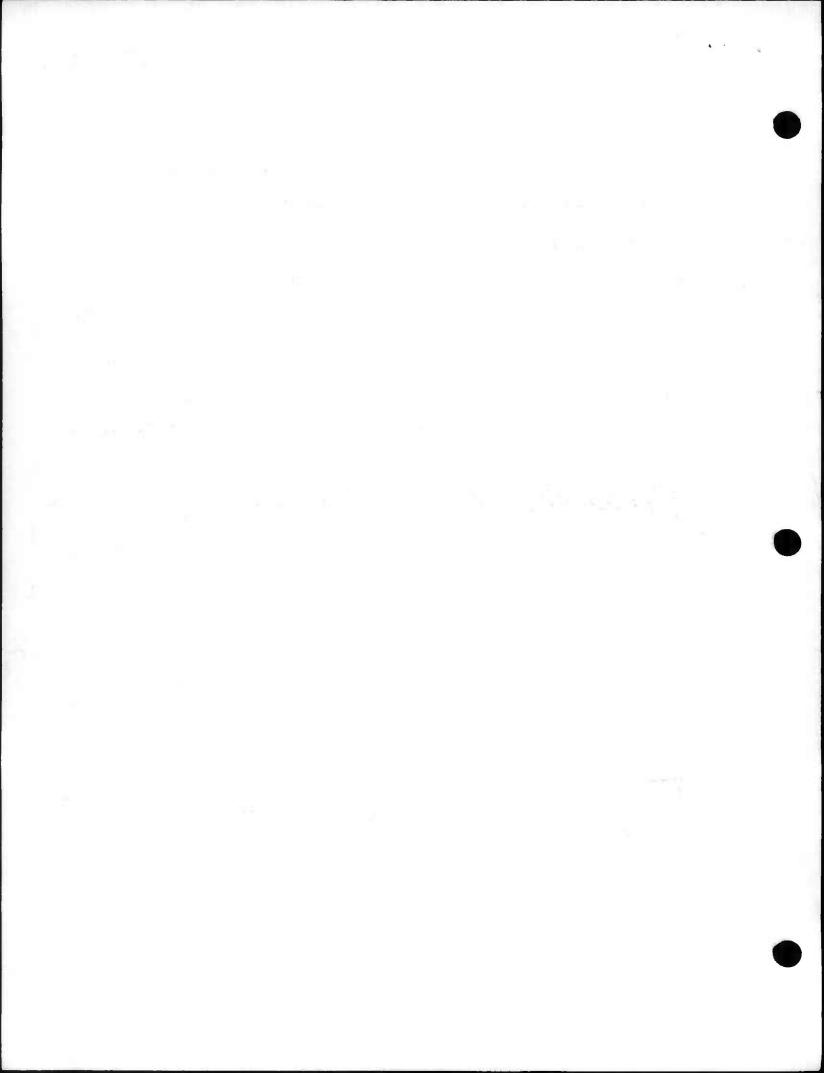
1.811 96

	-34	W	-36	4
	ain	8	=	
	Tet	5	5	1
	P	906	pe	
	E	, p	15	
	9	ecte	Ē	
	Pag	9	10	
	5	le la	Ē	
	dea	\$	еха	
1	fter	th the	23	-
	50	E P	B	
	5	D 0	Ĕ	
	17	III NO	the	
	iệ.	ately and	1,	
î	*	Supple Supple	Ve	
	uted	<u>S</u> <u>E</u>	2	١,
	oge	and and	nati	
	8	ian or to	Ja P	
	ate	ySic	=	
	‡je	p pt	the	
	9	P H	0	
	eath	afte	λ,	١,
ĵ	e d	Mer	1	
	at th	A Due	× =	١.
	E S	De E	a	
)	uire	Sig	WS	
1	reg	De lo	Sh	ı
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be study within 70 hours after death with the State Peor of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified	
Ī	The	9 5	E	ı
	×	Sta	=	l
•	CIA	the	0	
5	HAS	als di	Pe	ı
,	9	おき	art	ı
5	NO	Aft		ı
5	EN	DR.	60	
	A	EG S	2 2	ı
5	-OR	Ple	ter	
	TAL	A R	<u>=</u>	
	OSP	This	N	
	王	FF	F	
	H	H di	2	
	2	22	3 =	

	1 - FOR STATE REGISTRAR	STATE OF I			TMENT OF I			MEN	TAL HYGIENI REG. NO.	E		21002
	1. DECEDENT'S NAME (First, Middle, Last)							2. 0	DATE OF OEATH	Y	YEAR	3. TIME OF OEATH
	MARY C. PAUL							Jī	JLY 30,1			М
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER 1 YEAR	IF UNDE	R 24 HRS.		ATE OF BIRTH Month, Day, Year)		8. BIRTH Counti	IPLACE (State or Foreign y)
	219-10-5513	1 🗆 M 2 💢 F	73						OV.27,19			RYLAND
OR	90. FACILITY NAME (If not institution, give s BEL-FOREST NURSI				BEL A		ION OF DE	9c. COUNTY OF DEATH HARFORD				
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY	1		10c. CIT	Y, TOWN OR LOCA	TION						10d. INSIDE CITY
PHO	MARYLAND		,		BALTIMO	RE						LIMITS?
FUNERAL	10e. STREET AND NUMBER	- 477			10	1. ZIP COD						WHAT COUNTRY?
当	3011 CHESTERFIEL						21213				. S.	
1 5	11. MARITAL STATUS  1 Never Merried 2 Merried	FORCES?	T EVER IN U.S. AR	NO	If yes, sp	ecify Cubi	en, Mexicer	n, Pu	RIGIN? (Specify Yea arto Rican, atc.)	or No		E American Indian, k, White, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE Y	MAR OR DATES		1 TYES	2 (X NO	Specify	:			Spec	"Y"WHITE
	15. DECEDENT'S EDU (Specify only highest grade	CATION COmpleted)			USUAL OCCUPATI		lna		16b. KIND OF BUS	INESS/INC	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	Mon	. Do NOT u	se retired.)	JOSE OF WORK	my		TOTTATO	MACST		
12	NA	NA		CLER	K.K.					MACY		
	17. FATHER'S NAME (First, Middle, Last) MARTIN J. LEPKA					18. MOT			irst, Middle, Meiden ETH VACE			
BE.	19a. INFORMANT'S NAME (Type/Print)			b. MAILING					Number, City or Town			
은	BENJAMIN F. PAUL	(HUSBAN	D)	3011	CHESTI	ERFIE	ELD A	VE	, BALTIM	IORE,	MD.	21213
	20s. METHOD OF DISPOSITION  1 XBuriel 2 Cremetion 3 Rem	oval from State	20b. PLACE other pi	OF DISPO	SITION (Name of ce Y REDEEN	metery, cre (1121D	matory or			LMOR		
	4 Donation 5 Other (Specify)	CENSEE	_ nobi	. HOL	22. NAME A	ND ADDRE	ESS OF FAC	CILIT	γ			υ.
	* Worald We	intes	L.		SCHI	MUNER	FUN	ER	AL HOMES E, BALTO	, IN	C. D. 2	1213
	23. PART I. Enter the diseases, or ahock, or heart failure.	complications the	at causad tha da	ath. Do	not anter tha me	ode of dy	ing, sucl	h as	cardiac or reapi	ratory an	reat,	Approximata interval Between
	immediate Cause (Finel disease or condition resulting in death)		V A									Onset and Death
	resolding in death)	a. Oue to	(OR AS A CONSE	QUENCE C	F):							
N O	Sequentially list conditiona,	b. DUE TO	O (OR AS A CONSE	OUENCE C	Drus	epsi.	٠.					
Ä	if any, leading to immediate ceuse. Enter UNDERLYING		(orrino in contra	00202	,							į
트	CAUSE (Disease or injury that initiated events	DUE TO	OR AS A CONSE	OUENCE C	F):							
CERTIFICATION	reaulting in death) LAST	d										-
C	PART ii. Other significent condition	s contributing to	death but not	reaulting	In the underlying	g ceuse	given in	Part			241	. WERE AUTOPSY FINDINGS
2	400 M								1 TYES 2	- A		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICA		7							_ ′			1 YES 2 NO
Z												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. F	LACE OF	DEATH (Ch	eck o	nly one)			
YSI	1 - YES 2 NO	1 Inpetient 2	☐ ER/Outpatient :	1	4 Nursing Ho		Realdence					
ВУ РН	27, MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE O (Month,	F INJURY Day, Year)	28b, Til	JURY W	JURY AT ORK? YES 2	□ №	28d	I. DEŞCRIBE HOW I	NJURY OC	CURED	
	3 Suicide S Could not be 4 Homicide determined	28s. PLACE building	OF INJURY — At he , etc. (Specify)	oma, farm,	street, fectory, offi	ca		281.	City or Town, State)		r or Rural	Route Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS											a) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	16				29c. LIC	CENSE NUM	MBER		29d. OA1	7 3	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CA	JSE OF DEATH (ITE	M 27) (Typ	e, Print) Mh . 1	1014	1()	Dr.	.J-K.	LVA	uch	
	31. OATE FILED (Month, Day, Year)	32, REGISTR	AR'S SIGNATURE	1 11)	, V V			-	·	- ( ' '		,
	AUG 3 1990 g	ulia Davidso	n-Bindell									

LAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directors after death with the State Dert, of Health and Mental Hygiene prior to burlal, cremation, or removal. The flow 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examinar many		뀰		Ε
AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 72 hours after death with the State Dent, of Health and Mental Hygiere prior to burlal, cremation, or removal th term 28 is marked, or item 23 shows any injury, or other traumatic event, the medical		funeral de		examiner
AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled. To hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, if Hem. 28 is marked, or item 23 shows any injury, or other traumatic event, the		d In by the	or remova	medicai
AL DIRECTOR: After this certificate has been signed by the attending physician and completely an ours after death with the State Dept. of Health and Mental Hygiene prior to burlal, crema 27 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, crema if Hem 28 is marked, or item 23 shows any injury, or other traumatic event,		y fille	tion,	the
AL DIRECTOR: After this certificate has been signed by the attending physician and c 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burk if Hem 28 is marked, or item 23 shows any injury, or other traumatic		ompleteh	il, crema	event,
AL DIRECTOR: After this certificate has been signed by the attending physicis 72 hours after death with the State Dept. of Health and Mental Hygiene prior 14 Hem 28 is marked, or item 23 shows any injury, or other tra		an and c	to buria	umatic
AL DIRECTOR: After this certificate has been signed by the attending ph 72 hours after death with the State Dept, of Health and Mental Hygiene if Hem 28 is marked, or Hem 23 shows any Injury, or othe		ysicia	prior	173
AL DIRECTOR: After this certificate has been signed by the attending hours after death with the State Dept. of Health and Merital Hy if Hem 28 is marked, or item 23 shows any Inlury. Or		ng ph	giene	othe
AL DIRECTOR: After this certificate has been signed by the aff The hours after cleath with the State Dept. of Health and Merria if Hem 28 is marked, or Hem 23 shows any Inlury.		endir	HA	10
AL DIRECTOR: After this certificate has been signed by 12 hours after death with the State Deft. of Health and 17 flown 28 is manched, or item 23 shows any In		the att	Menta	iuny.
AL DIRECTOR: After this certificate has been signed 72 hours after death with the State Dept. of Health 18 feet 28 is marked or feet 23 shows an		3	and	Y
AL DIRECTOR: After this certificate has been 72 hours after death with the State Dept. of 18 hem 28 is marked, or item 23 sho		signed	Health	Ws an
AL DIRECTOR; After this certificate has b 72 hours after death with the State Dept 1f flem 28 is marked, or item 23		<b>199</b>	0	Sho
AL DIRECTOR; After this certificate 172 hours after death with the State 14 flew 28 is marked, or item		as b	Dept	23
AL DIRECTOR; After this certiing the 72 hours after death with the 14 feet and 14 feet or		ficate !	State	Item
AL DIRECTOR: After this 72 hours after death with 14 item 28 is marked		certi	the	0
AL DIRECTOR; After 72 hours after death 1f item 28 is mai		this	with	rked
AL DIRECTOR: 72 hours after 14 item 28 is		After	death	E III
AL DIRECT 72 hours a		OR:	fter	00
42 ×		DIRECT	B SUDO	tem 2
	1	A	2	=

	FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYGIEN REG. NO.	E		
ì	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	Y YEAR	3. TIME OF DEATH	
	EARL PER	RSHING	POOLE			JÜLY 31	1990	3:00 AH	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (H	n yrs. last birtnday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRT	THPLACE (State or Foreign	
	215-01-3726 -	1 M 2 □ F 7	1 YRS.	MONTHS DAYS	HOURS MIN.	Jan. 31		ryland	
	9e. FACILITY NAME (If not institution, give stre	et end number)		9b. CITY, TOWN C	R LOCATION OF OF	ATH	9c. COUNTY OF DEATH		
RO	Harbor Hospital	Center		Balti	more Cit	V	-N/A		
BY FUNERAL DIRECTOR	RESIDENCE OF DECEDENT  10e, STATE 10b, COUNTY		I son CITY	, TOWN OR LOCAT				10d. INSIDE CITY	
E			-					LIMITS?	
	Maryland Anne	Arundel	l G1	en Burni	ZIP CODE		10c CITIZEN OF	1 YES 2 NO	
RA	WALLESON THE PROPERTY.			100				WILL COUNTY	
N.	237 E Woodhill Dr	12. WAS DECEDENT EVER IN	US ADMEO	12 WAS DEC	21061	IIC ORIGIN? (Specify Yes	USA Or No.   16 PA	CE — American Indian	
교	1 Never Merried 2 Merried	FORCES? 1 YES	2 NO	If yes, ep	ecify Cuben, Mexico	n, Puerto Ricen, etc.)	Bia	CE — American Indien, ck, White, etc.	
BY	3 Widowed 4 Divorced		III	1 L YES	2 NO Specify	<i>/</i> -	Spi	White	
유	15. DECEDENT'S EDUCA	ITION	16a. DECEDENT'S	USUAL OCCUPATION OF done during mo	ON at working	16b. KIND OF BUS	SINESS/INDUSTRY		
	(Specify only highest grade or Elementery/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT us	e retired.)	st or working				
AP.	12th	None	Comptr	oller		Baltimor	e Gas &	Electric	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Meiden	Surneme)		
BE (	William	S.	Poole		Bertha	На	ıslup		
TO B	19e. INFORMANT'S NAME (Type/Print)	-	19b. MAILING	ADDRESS (Street a	nd Number or Rural i	Route Number, City or Tow	n, Stete, Zip Code)		
ř	Jeanette Augsburg	er	4708	Winksley	Court,	Ellicott (	City, Ma	ryland 21043	
	20e. METHOO OF OISPOSITION 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Remov	20b.	PLACE OF OISPOS other place)	ITION (Name of cer	netery, crematory or	20c. LO	CATION — City or	Town, State	
	4 Donetton 5 Other (Specify)		Baltimor				timore,	Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE			D ADDRESS OF FA	ERAL HOME OF			
	Darel !	> 1/ weke	20	1 SEC	OND VAE	SW CIV	PERMIT	, MD, 21061	
	23. PART I. Enter the diseases, or co	implications that caused	the death. Do n	ot enter the mo	de of dying, auc	h as cerdlec or man	ordey arreal, 4	Approximate	
	shock, or haert fellure. Li	st only one ceuse on as	ech line.		*		guo.	Onset and Death	
	IMMEDIATE CAUSE (Finel disease or condition	1011/	E 4	Incir	16 2		10	CHAMINER	
	resulting in death) a.	DUE TO (OR AS,A	CONSEQUENCE OF		1	, . /	/ /	Ke y	
2		Acrite	= 31	1457	one or	ie p	leec/	nel	
9	Sequentially list conditiona, If any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	F): /	1	/	7)		
3	cause, Enter UNDERLYING CAUSE (Disease or Injury	Gen.	ter17	hera	11111	seular	VISCE	150	
ᄪ	that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	7: 1 /					
CERTIFICATION	resulting in death) LAST	1-1-1	nati	70110	VI				
Ö	PART II. Other aignificent conditions	contributing to deeth b	ut not reaulting	in the underlyin	a ceuse alven in	Part I. 24s. WAS AN	AUTOPSY 2	4b. WERE AUTOPSY FINDINGS	
8	1.054 111P		T1/12	F		PERFOR	. /	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDI	Cellulitis	e Date	PINCL	1: 1:	1354	1 TYES	XNO	OF DEATH?	
Σ	X lela	7001		1 / _ )				1 - YES 2 X10	
AN	25. WAS CASE REFERRED TO MEDICAL			26 P	LACE OF OEATH (Ch	neck only one)			
PHYSICIAN:	EXAMINER?	HOSPITAL:	retired 2 DOA	OTHER:					
≚	27. MANNER OF DEATH.	28e. DATE OF INJURY	28b. TIM	E OF 28c. IN	JURY AT	6 Other (Specify) 28d. OESCRIBE HOW	NJURY OCCURED		
	5 Pending	(Month, Day, Year) 5-8-90	INJ	URY	ORK? YES 2 □ <b>X®</b> Ô	Subject f	fell or	tripped over	
ВУ	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJURY	— At home, farm,		:0	281, LOCATION (Street	end Number or Run	al Route NumberCUTD	
윤	4 Homicide 8 Could not be	building, etc. (Spec		dewalk				Itlimore City	
COMPLETE	29e. CERTIFIER 1 19 CERTIFIVING DIVINICAN. To the heat of my knowledge death accurred at the time date and place and the STE AND CONTROL OF THE PROPERTY OF TH								
M M	Check only							e(e) and manner as stated.	
8	/2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner as stated.								
B	29b. SIGNATURE AND TITLE OF CERTIFIER	11 MI A	1		29c. LICENSE NU	MBER	29d. DATE SIGN	ED (Month, Day, Year)	
2	118-gruc/A	1/20/	AT.1 AT	0.1.4			/-	2/-70	
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type	, Print)	L	v 54. B	2/1/11.	14 217 = 0	
	TIMO F. Hrg.	all and	3001	2.4	anove.	V 17. 10	d/7. /1/	日のかりひ	
	31. DATE FILED (Month, Day, Year)	Sendan A	Company					j	



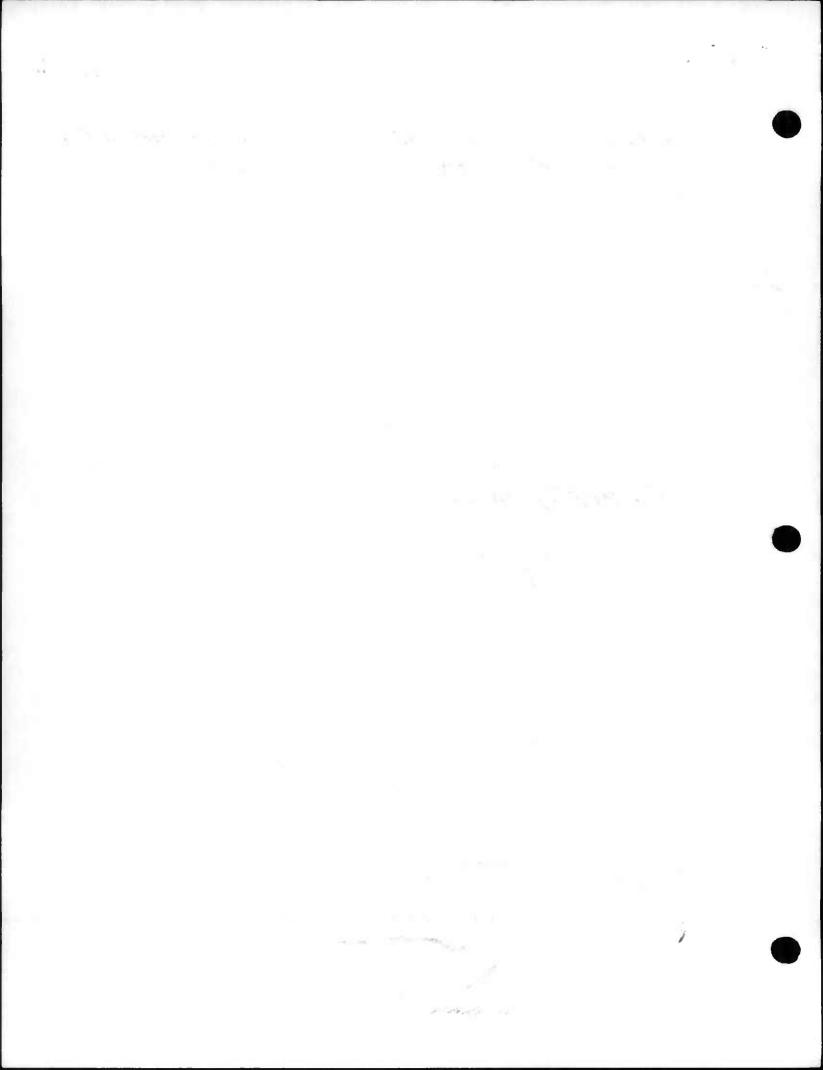
BALTIMORE, MARYLAND 2120

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY FUNERAL DIRECTOR

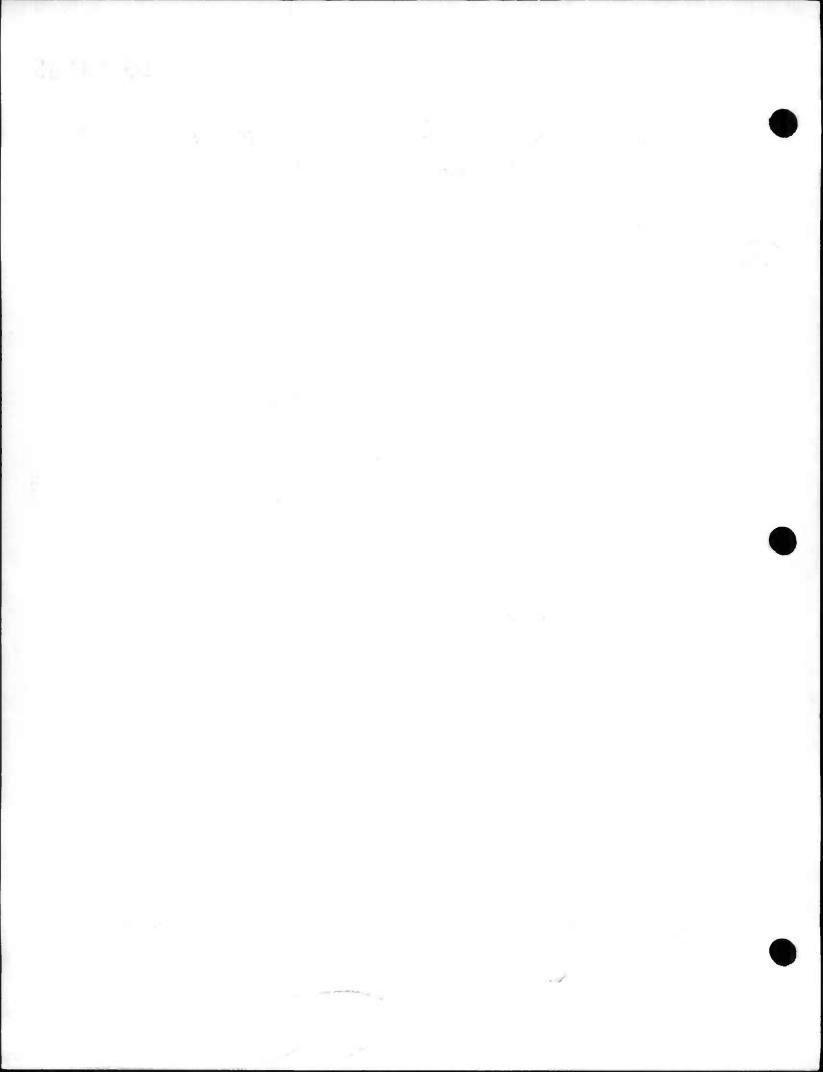
Ŀ		
		-
Г		-
ŀ		悪
۰		75
۲		=
ŀ		_
b		100
٤		-
۴.		-
۰		16
٠		-
1		-
ŀ.		-
		-
•		40
ď.		-
		1000
ï		6
		=
ì		3
•		23
	cei	-
1	≥	-
	8	-
0	=	-
	90	8
	-	60
	-	ē
	Ç	
2	_*	-
	5	9
	2	-
•	E S	-
	Ë	
,	30	Ξ
	9	40
-	O	5
	-	613
	700	_
,	-2	43
1	3	1200
	Φ	(5)
1	0	-
	ä	E-
i		3
ŧ.	0	20
	~	
١,	a.	
	es.	45
١,	ĕ	=
b	0	=
	0	0
i	5	
	obs.	-
5	-	ö
	T T	0
-	rtal +	y, or
-	ental F	ITY, 07
200	Mental F	Jury, or
OLD WILL	Mental F	njury, or
y use annual	nd Mental F	injury, or
of all arrow	and Mental P	y injury, or
on on to	and Mental P	ny injury, or
on of the arrow	th and Mental F	any injury, or
non of nice and	ulth and Mental F	any injury, or
Street of District	salth and Mental F	s any injury, or
organ of the william	Health and Mental F	ws any injury, or
organist of the design	Health and Mental F	ows any injury, or
town out to market in	of Health and Mental F	hows any injury, or
on old to parific up	of Health and Mental h	shows any injury, or
non old to make the	t. of Health and Mental F	shows any injury, or
town out to possible upon	pt. of Health and Mental F	3 shows any injury, or
to pool signed of the district	ept. of Health and Mental h	23 shows any injury, or
ing one of pulling the man	Dept. of Health and Mental H	23 shows any injury, or
ties over signed by the way	e Dept. of Health and Mental H	n 23 shows any injury, or
to the own signed by the will at	ite Dept. of Health and Mental H	em 23 shows any injury, or
מנכ וומס ססכוו מולווסם כל ווס מנים	tate Dept. of Health and Mental H	tem 23 shows any injury, or
thate the book agree of the area	State Dept. of Health and Mental H	item 23 shows any injury, or
meate the book office of the area	State Dept. of Health and Mental H	r item 23 shows any injury, or
different ties over signed by the wife	he State Dept. of Health and Mental H	or item 23 shows any injury, or
בו מוויימור וומי הסבו מולוומים כל חום מייים	the State Dept. of Health and Mental H	or item 23 shows any injury, or
columnate that been signed by the area	h the State Dept. of Health and Mental H	1, or item 23 shows any injury, or
a col cincate that con signed of the	ith the State Dept. of Health and Mental H	ed, or item 23 shows any injury, or
is certained the poor signed by the district	with the State Dept. of Health and Mental H	ced, or item 23 shows any injury, or
this continued has been signed by the area	with the State Dept. of Health and Mental H	rked, or item 23 shows any injury, or
this conducate has been signed by the area	th with the State Dept. of Health and Mental H	arked, or item 23 shows any injury, or
to this columnate has been signed of the most	ath with the State Dept. of Health and Mental H	narked, or item 23 shows any injury, or
High time continued that begin again at the	eath with the State Dept. of Health and Mental P	marked, or item 23 shows any injury, or
Cite and columnate has been signed by the most	death with the State Dept. of Health and Mental P	s marked, or item 23 shows any injury, or
1. Allot this coldinate has been signed by the most	r death with the State Dept. of Health and Mental P	is marked, or item 23 shows any injury, or
M. Allot this columnate has been signed by the most	ter death with the State Dept. of Health and Mental P	Is marked, or item 23 shows any injury, or
IOT. Allei uns cel uncate mas soon signed of the most	ifter death with the State Dept. of Health and Mental H	28 is marked, or item 23 shows any injury, or
CIOTI. Allei una columente inta poci agrica ay un anci-	after death with the State Dept. of Health and Mental H	28 is marked, or item 23 shows any injury, or
COLOTT. Allei une columente inte com signed sy un anomi	s after death with the State Dept. of Health and Mental P	n 28 is marked, or item 23 shows any injury, or
ALCION. Allei ulla cel ulleate liea deci agrice aj ale anor	urs after death with the State Dept. of Health and Mental H	m 28 is marked, or item 23 shows any injury, or
June Cloth. Allei alla cel amene lies com agrice of alle and	ours after death with the State Dept. of Health and Mental H	em 28 is marked, or item 23 shows any injury, or
DIRECTOR. ALICE LINE COLUMNICA DE LA COLUMNICA	hours after death with the State Dept. of Health and Mental P	Item 28 is marked, or item 23 shows any injury, or
L DIRECTOR. ALICE LINE COLUMNATOR INC. SIGNAL OF LINE LINES	hours after death with the State Dept. of Health and Mental H	I tem 28 is marked, or item 23 shows any injury, or
AL DIRECTOR. ALIGN WITS COLUMNS INC. INC. INC. INC. INC. INC. INC. INC.	72 hours after death with the State Dept. of Health and Mental P.	if Item 28 is marked, or item 23 shows any injury, or
DAL DIRECTOR. ALIGN WITS COLUMNS TO THE STATE OF THE WIND	72 hours after death with the State Dept. of Health and Mental H	: If Item 28 is marked, or item 23 shows any injury, or
ENAL DIRECTOR. ATTENDED THIS COLUMN STATE OF THE WAY	in 72 hours after death with the State Dept. of Health and Mental H	T: if Item 28 is marked, or item 23 shows any injury, or
METAL DIRECTOR. Aller alls columnate has been agreed by all and	hin 72 hours after death with the State Dept. of Health and Mental P	NT: if Item 28 is marked, or item 23 shows any injury, or
DIMENSE DIRECTOR. Sites will be considered by the will	rithin 72 hours after death with the State Dept. of Health and Mental H	ANT: if Item 28 is marked, or item 23 shows any injury, or
LUNELPAL DIRECTOR. ALIGN UNIS COLUMNATE HES COLUMNICA DI MICH.	within 72 hours after death with the State Dept. of Health and Mental P.	TANT: if Item 28 is marked, or item 23 shows any injury, or
CONFIDE DIRECTOR. ALIGN WIS COLUMNS INC. 1823 CO. 1981 C. 183 CO.	1 within 72 hours after death with the State Dept. of Health and Mental P	RTANT: if Item 28 is marked, or item 23 shows any injury, or
TE FUNE FIRE DIRECTOR. SILES UNIS COLUMNAS INSTITUTES OF THE WINDOW	ed within 72 hours after death with the State Dept. of Health and Mental P	ORTANT: if Item 28 is marked, or item 23 shows any injury, or
THE PUMERAL DIRECTOR. ALIGN WITH SOUTHWARE HAS BOOK SIGNAL BY SHOWN	fied within 72 hours after death with the State Dept. of Health and Mental H	PORTANT: If Item 28 is marked, or item 23 shows any injury, or
THE PUMERAL DIRECTOR. ALIGN WITH SOUTHWARE HAS BOOK SIGNAL BY BIRD WITH	filed within 72 hours after death with the State Dept. of Health and Mental H	IPORTANT: If Item 28 is marked, or item 23 shows any injury, or
IN THE PURENT DIRECTOR SINGLES CONTINUES OF THE PURENT SINGLES OF	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be nothing

_	HEGISTHAH		OLITTI	1105	II CI	DEA		nc	G. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	0 1	2				2. DATE OF DEATH MONTH DAY YEAR			AR	TIME OF DEATH		
	4 SOCIAL SECURITY NUMBER	GE (In yrs. lest birthde	oteet				July 3			8. BIRTHPLACE (State or Foreign			
	217.01.9213	5. SEX 6. A	74 YRS	MONT	HS DAYS	-	MIN.	7. DATE OF BIRTH (Month, Day, Year) NOV. 15, 191		Country)			
	9e. FACILITY NAME (If not institution, give			9b.		OR LOCAT		ATH		9c. COUNTY OF DEATH			
ا ق	Harbor Hospital	Center			Balt	imore	7			City			
ᇤᆝ	RESIDENCE OF DECEDENT  100. STATE 10b. COUNT	Y	10c. 0	CITY, TOV	WN OR LOC	ATION					100	I. INSIDE CITY	
FUNERAL DIRECTOR					len Burnie (Ferndale)					1 YES 2 X			
ا≽	10e. STREET AND NUMBER				101. ZIP CODE					10g. CITIZEN OF WHAT COUNTRY?			
	316 Eugenia Avenue				21061					U.S.A.			
BY FUR	11. MARITAL STATUS  1 Never Married 2 Merried  3 Wildowed 4 Divorced			2 NO If yes, specify Cuban, Me			an, Mexica	n, Puerto Rican,			14. RACE — American Indian, Black, White, etc. Specify: White		
	15. DECEDENT'S EDU	16e. DECEDEN	16e. DECEDENT'S USUAL OCCUPATION 166				16b. KIND	OF BUSIN	ESS/INDUST	RY	<del></del>		
COMPLETED	(Specify only highest great	(Specify only highest grade completed)  Elementary/Secondery (0-12) College (1-4 or 5 +)			(Give kind of work done during most life. Do NOT use mtired.)								
뢰	8	No	Chauff	Chauffeur &			3	J	. H A	Andrews Co.			
S	17. FATHER'S NAME (First, Middle, Last)		18. MOT			HER'S NA	ME (First, Middle	, Melden Su	imeme)				
	George	Po	teet	et Mary						Hodges			
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAIL	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or					ty or Town,				
2	Joan L. Chesky		2 E	Benme	ere R	oad,	G1er	Burni	e, Mo	1. 210	61		
	20a, METHOD OF DISPOSITION		20b. PLACE OF DIS	POSITION	N (Name of c	emetery, cre	matory or		20c. LOCA	TION — City	or Town,	State	
	1 M Buriel 2 ☐ Cremetion 3 ☐ Ren 4 ☐ Constion 5 ☐ Other (Specify)	noval from State	Glen Ha	ven	Memo	rial	Park		Glen	en Burnie, maryland			
	21, SIGNATURE OF PUNERAL SERVICE LI	CENSEE	02011 110	1	22. NAME	AND ADDRE	ESS OF FA	CILITY		DOLII		maryrana	
	Singleton Funeral Home Glen Burnie, maryland 21061												
	ahock, or heart failura. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Metastatic Color Carcingnic  DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  b.												
	PART ii. Other significant conditions contributing to death but not resulting in the underlying cause					given in							
MEDICAL			PERFORMED? 1 □ YES 2 ☑ NO						AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO				
	NA												
<u>8</u>	25. WAS CASE REFERRED TO MEDICAL EXAMMER? / HOSPITAL: OTHER:												
2	EXAMINER?  1 YES 2 NO  HOSPITAL: 1 Il Inpatient 2 ER/Oulpatient 3 DOA  4 Nursing Home 5 Realdence 6 Other (Specify)												
PHYSICIAN:	1 Netural 5 Pending (Month, Day, Year)			TIME OF INJURY	URY WORK?				ED				
) BY	2 See PLACE OF INJURY Al home, farm								281. LOCATION (Street and Number or Rural Route Number,				
ш	4 Homicide Gould not be determined building, etc. (Specify)							NA					
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beet of sxemination and/or investigation, in my opinion, death occurred at the time, date end place, and dua to the cause(e) and menner se stated.												
ш	29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Mc							onth, Day, Year)					
0 8	30 NAME AND ADDRESS OF PEDSON W	HO COMPLETED CALLES O	F DEATH (ITEM 27)	Time Di	seder	M D	193	21		1	31	190	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  Victor R. Hychorovich 3001 S. Hanover St. Bultimore, MD												
	31. DATE PILED (Month, Day, Your) 32. REGISTRAR'S SIGNATURE												



H		
CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for		once.
2		듉
should		otified
57		=
pag		å
lirector,		r musi
funeral d		28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
the	Mal	-
3	Ĕ	100
.5	N U	nec
filled	00, C	he r
tely	mat	7
ple	ē	len Jen
100	लं	ē
P	DE L	草
E -	2	Ĕ
Cia	ŏ	E
E	D	1
0	ien	ŧ
iệ.	롲	9
tte	tal	0 .
96	Ven	5
N th	B	=
P	æ	Š
6	eaft	20
S	Ĭ	Š
a a	7.	60
has	9	1 23
cate	State	ten
ertif	the	10
his c	with	red.
11 16	#	Jar
Aft	dez	2
8	ter	9
5	10	0

l	FOR STATE REGISTRAR	STATE OF M			ENT OF H	EALTH AND I	MENTA	L HYGIENE		50	21303	
	1. DECEDENT'S NAME (First, Middle, Last)		= 7	4.				OF DEATH			TIME OF DEATH	
	Lucy	R Potts					MONT	H DAY		YEAR	0715 M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		MDER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH		. BIRTHPLA	CE (State or Foreign	
	213-20-1702	1 🗆 M 2 💢 F	64	YRS. MON	THS DAYS	HOURS MIN.		13/25		_	NORTH OLINA	
	9a. FACILITY NAME (If not institution, give str	reet and number)	0.1	9b.	CITY, TOWN O	R LOCATION OF DE		3/23	9c. COUNT	Y OF DEATH		
DIRECTOR	HARBOR HOSPITA	AL CENTI	ER		BALTI	MORE						
E I	10a. STATE 10b. COUNTY			10c. CITY, TO	WN OR LOCAT	ION	10d. INSIDE CITY LIMITS?					
	MD	ID DAT MINOR										
	MD ————— BALTIMORE  100. STREET AND NUMBER 101. ZIP COD							COUNTRY?				
FUNERAL	1402 TOWSON S	2 TOWSON STREET 212						- 1				
2	11. MARITAL STATUS	12. WAS DECEDENT				N? (Specify Yes	or No-	USA 4. RACE —	American Indian,			
	1 Never Married 2 Married	FORCES? 1	YES 2 NO	0		city Cuben, Mexica 2 XNO Specify		Rican, etc.)		No— 14. RACE — American Indian, Black, White, etc. Specify:		
BY	3 Widowed 4 Divorced					34				V	WHITE	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of		18a. DEC	EDENT'S USU	AL OCCUPATIO	N et of working	168	. KIND OF BUS	INESS/INOU	STRY		
Ξ.	Elementary/Secondary (0-12)	College (1-4 or 5 +)	) ille.	Do NOT use ret	ired.)							
	8th			HOMEM	IAKER							
סָ	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First,	Middle, Maiden S	Surname)			
BE	IRON CAN	VINESS				UNKNO	NWC					
	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING ADI	ORESS (Street a	nd Number or Rural i	Route Nurr	ber, City or Town	, State, Zip (	Code)		
요	ANN GLENN			5207	PLAIN	FIELD A	AVE.	VE. BALTO,, MD 21206				
- 1	20a. METHOD OF DISPOSITION  1 Burial 2 Cremation 3 Remo	wal from State	20b. PLACE C	OF DISPOSITIO	N (Name of cer	netery, crematory or		20c. LOC	DCATION — City or Town, Stata			
- 1	4 Donation 5 Other (Specify)		LO	UDON	PARK	CEMETER	RY	В	ALTI	MORE	MD	
- 1	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	92			D ADDRESS OF FA		WENC :	TIMIT:	האר ז	TOME THE	
	- ChAttell	a)	da								HOME, INC D 21230	
	23. PART i. Entar the diseases, or c	omplications that	caused the dea	th. Do not							Approximate	
	ahock, or heart feilure. I	List only one caus	se on each ilne.								interval Between Onset and Death	
- 1	I IMMEDIATE CAUSE (Fine)								2011 00 00-00-0			
	e. // Clastalu   On S   / an Cer											
-	o. Metastatic Tonsillar Cancer  OUE TO (OR AS A CONSEQUENCE OF):  b. Carbal Vascular Accelent											
ੁ∣	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING  CAUSE (Disease or later)  CAUSE (Disease or later)											
₹ I	E.A. LINDESTANIO	Arten	osile	rotic	Card	wase	ula	- De	seas	10_		
CERTIFICATION	that initiated events	DUE TO	(OR AS A CONSEC	UENCE OF):								
	reaulting in death) LAST	. Seiza	ne D	esor	der	•						
ᄀ	PART if. Other aignificant condition					a cause given in	Part i.	24s, WAS AN	AUTOPSY	24b. WE	RE AUTOPSY FINDINGS	
₹	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given				PERFORMED?			AM	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
ا ۾								1 TYES 2	□ NO		OF DEATH?	
Σ							_			11	YES 2 NO	
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL			26 P	LACE OF DEATH (C)	and only	nne)					
[ 말	EXAMINER?	HOSPITAL:	7 50/0-4-4-4-4-8		THER:							
× ×	27. MANNER OF DEATH	26a. DATE OF		28b. TIME O		ne 5 🗆 Residence		er (Specify)  ESCRIBE HOW II	NJURY OCC	UREO		
۵	1 Natural 5 Pending	(Month, D		INJURY	W	YES 2 NO	10.00					
В	2 Accident Investigation	28a. PLACE O	F INJURY — At ho	me, farm, stree			28f, LO	CATION (Street a	and Number	nd Number or Rural Route Number,		
	3 Suicide 8 Could not be 4 Homicide detarmined		atc. (Specify)		,			y or Town, State)				
U TAG CERTIFIED												
P	Check only Check only Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.											
Ō	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(a) and menner as stated.									nu menner as stated.		
29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER									29d. DATE SIGNED (Month, Day, Year)			
TO B										90		
F	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	SE OF OEATH (ITE			( )	Δ	11.			^	
	Dept. of Medic	ene	3001	S. Ha	inove	r St.	la	ltimo	u ,	m	1)	
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE									
	LAUG 3 1990 Aug	a paridon	Market									
											OHMH-16 Rev 1/89	



L OR ATTEND DIRECTOR: / hours after d TO THE HOSPITAL (TO THE FUNERAL IN TO THE FUNERAL IN TO THE FUNERAL IN TO THE FUNERAL IT IN TO THE FUNERAL IT IN TO THE FUNERAL IN THE FUNERA

BE

2

State, Zip Code 20g LOCATION Walles Tanklin & . 3315 23 PART Enter the disasses, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or reepiratory arrest show, or heart failure. List only one cause on each line. Approximeta intarvai Batwean Onset and Death 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE TES 2 NO OF DEATH? 1 YES 2 NO 26d. DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 1 SERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, end due to the cause(s) and manner ee stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occured at the time, date end piece, end due to the ceuse(e) end menner ee stated 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year, 90 LEFED CAUSE OF DEATH (ITEM 27) (Typ July Davidson - Rondal DHMH-18 Rev 1/89

PHILLIP

374

YEAR 990

9c. COUNTY OF DEATH

10g. CITIZEN OF WHAT COUNTRY?

Specify:

3. TIME OF PEATH

more

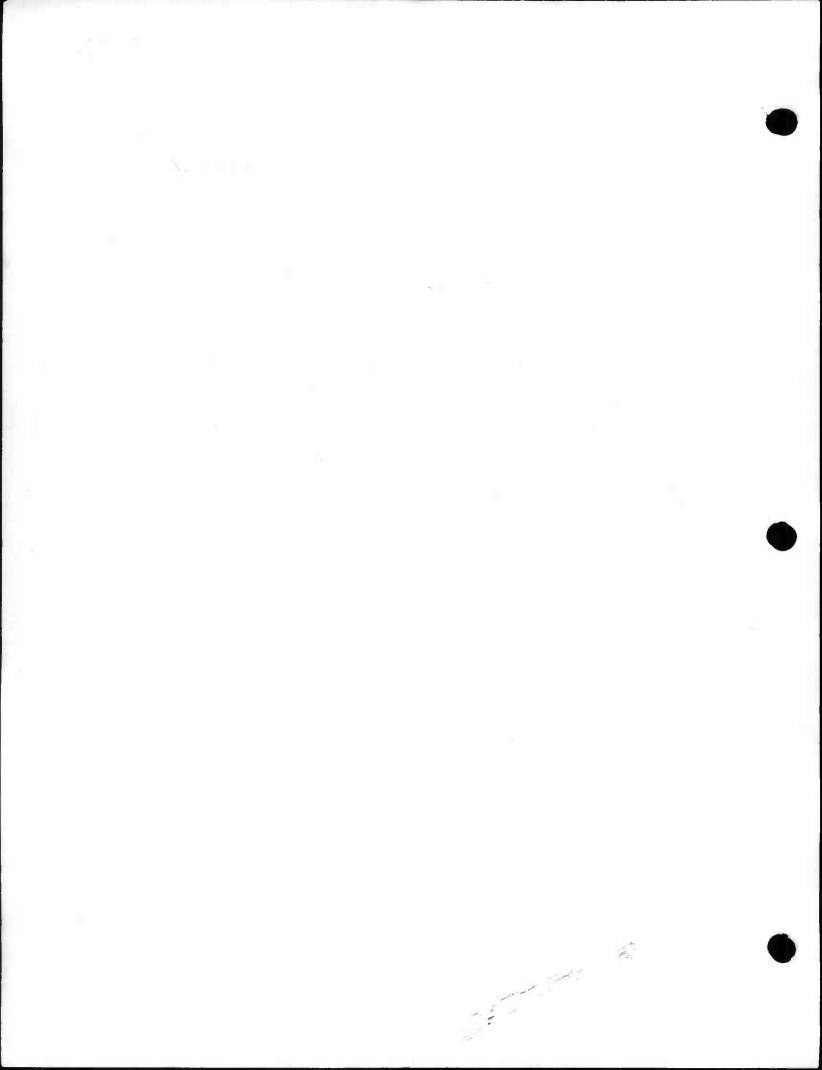
10d. INSIDE CITY

14. RACE — American Indien Bleck, White, stc.

1 NES 2 NO

Blac

6. BIRTHPLACE (State or Foreign Country)



Pages 1, 2, 3 should

permit. I

detached for use as the burial-transit

the funeral

filled in by

the attending physician and completely fille Mental Hygiene prior to burial, cremation,

een signed by the

has been of P

certificate h

the

with this

. After th

DIRECTOR: /

FUNERAL within 72 I

표

223

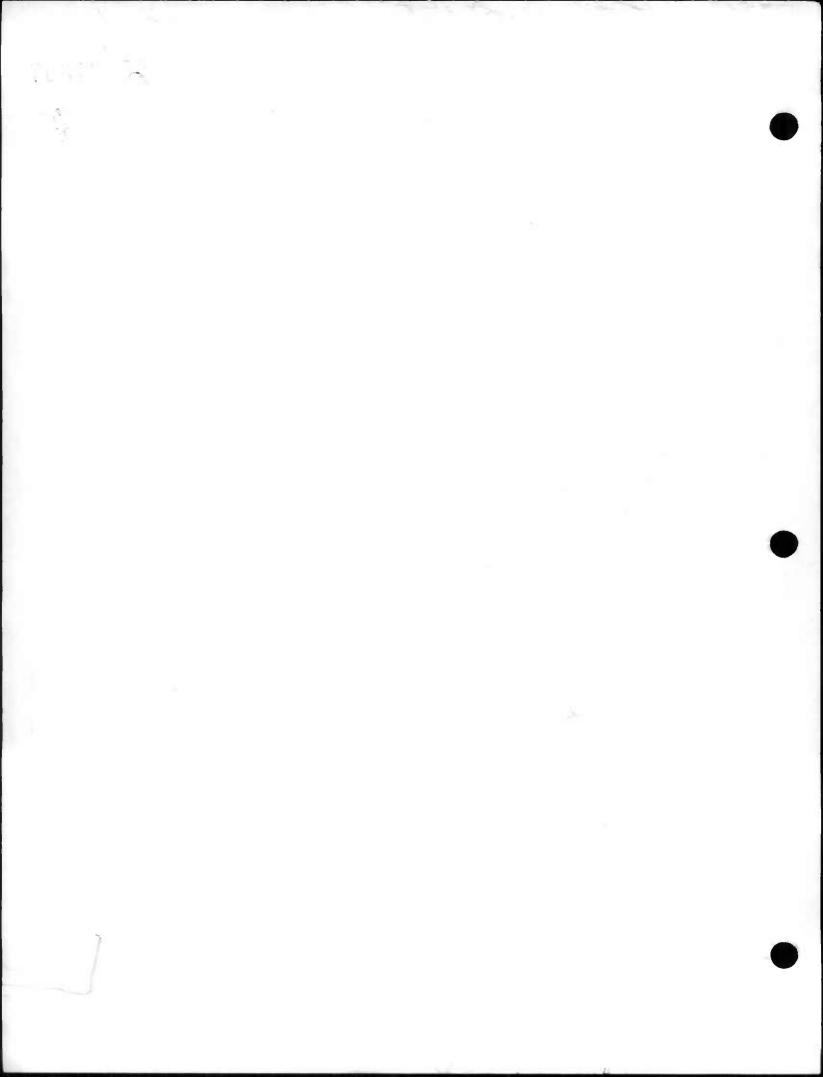
removal.

6

ó	within
13140	executed
<	9
, P.O. BOX	ificate
o .	pay
7.	feath
Ď	the
2	that
200	Paniiras
I	790
¥	The
OF VI	DUVCIPIAN.
DIVISION OF VITAL RECORDS, I	CONTROL OF ATTENDIAGE DENCINEAR. The few comings that the death certificate be executed within
$\leq$	90
_	COLTAI

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 2. DATE OF OEATH 1. OECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH Thomas P. Sti P. Stratemeyer 20:25 M homers 90 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrg. lest birthday) 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS 1 W M 2 | F 216-05-2157 11-18-1917 Maryland 9a. FACILITY NAME (If not Institution, give street and number) 9c. COUNTY OF CEATH 9b. CITY, TOWN OR LOCATION OF DEATH Scot etimare Francis MD DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Baltimore City, Maryland XX YES 2 NO 10e. STREET AND NUMBER 10f. ZIP COOE 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 21224 United states 318 South Robinson Street 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yee, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES XXNO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? 1 TYPES 2
IF YES, GIVE WAR OR DATES 2 NO 1 Never Married 2 Merried Specify White BY 3 Widowed 4 Divorced WWIT COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. OECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) Standard Oil of Ohio Office Manager once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Martha Cooney T George Stratemeyer 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Balto., MD 21224 Margaret Stratemeyer 318 S. Robinson St. 20e. METHOD OF DISPOSITION
1 X Burlel 2 Cremetton 3 Removal from State
4 Donatton 5 Other (Specify) 20c. LOCATION — City or Town, State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or Baltimore, MD Sacred Heart of Jesus Cem 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY examiner linabeth Lilly & Zeiler, Inc. Funeral Home 700 South Conkling St. Balto. 21224 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart failure. List only one cause on each line. **Onset and Daath** IMMEDIATE CAUSE (Final the disease or condition cardia resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF): Coronary CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Item 23 shows any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE pertension 1 YES 2 1-NO OF OEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL OTHER: nt 2 ER/Outpatient 3 DOA me 5 - Residence 6 - Other (Specify) 0 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF OEATH 28b. TIME OF 28c. INJURY AT WORK? 284 DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28t, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 05 6 Item 28 4 Homicide ET 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. COMPL MPORTANT: IF 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE D22396 ASSOC PROF-▶ 872/90 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) >al 4940 32. REGISTRAB'S SIGNATURE 31. OATE FILED (Month, Day, Year) Julia Tavidson-Randelle



BALTIMORE, MARYIAND-21203-3146

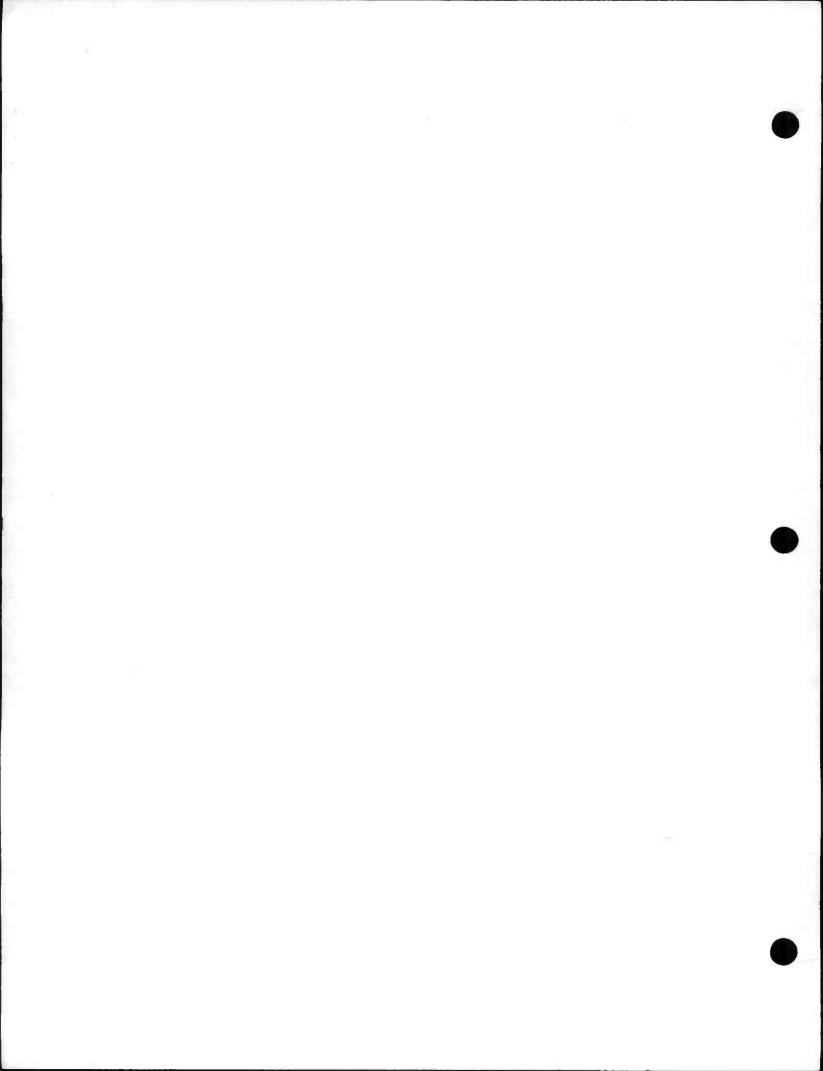
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by 10 mounts. The FINNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be different be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL	HYGIENE
	CERTIFICATE OF DEATH		REG. NO.
Middle Leet		2 DATE O	E DEATH

	1 - FOR STATE OF REGISTRAR		MENT OF HEALTH AND	MENTAL HYGIENE REG. NO.				
	1. OECEDENT'S NAME (First, Middle, Last)  WILLIE  S	AMUEL		2. DATE OF DEATH DAY		3. TIME OF DEATH  12 A M		
	De EACH ITY NAME (If not inetitution, the street and number)	The street and number)  10 M 2 F 70 YRS. MONTHS DAYS HOURS MIN. /Month, Day, Year) 9 Country) 5  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH						
DIRECTOR	RESIDENCE OF DECEDENT	14	BALTIMORE	CITY	BALTIMO	10d, INSIDE CITY		
	10a. STATE 10b. COUNTY		TIMORE, CITY			LIMITS?		
FUNERAL	100. STREET AND NUMBER 1202 OAKHURST PLA		101. ZIP CODE 2121		10g. CITIZEN OF W	А		
В	1 Name Married 2 V Married FORCES?	ENT EVER IN U.S. ARMED  1 YES 2 NO  WAR OR DATES	13. WAS DECENDENT OF HISPAL If yes, specify Cuban, Maxica 1 TYES 2 NO Specifi	n, Puerto Ricen, etc.)	or No— 14. RACE Black Specif	- American Indian, , Whita, atc.		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  3 r d  College (1-4 or	Mile Do MOT use a	k done during most of working	BETHLE	HEM STE	EL		
BE CO	17. FATHER'S NAME (First, Middle, Last) SAMUEL JIM		TIS					
10	ERNESTINE SAMUEL	1202	OAKHURST PL.	-BALTIMOR	E, MD.			
	20a. METHOD OF DISPOSITION 1	K I'N G MEM	ORIAL PARK	RA	NDALLST	OWN, MD.		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		WM.C. MARCH		1 E. NO	RTH AVE.		
	23. PART i. Enter the disease, or complications to shock, or heart failure. List only one of IMMEDIATE CAUSE (Finel disease or condition resulting in death)	erdiae	Arest	ch as cardiac or respi	ratory arreet,	Approximate interval Between Onset and Death		
CERTIFICATION	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST	TO (OR AS A COMBEQUENCE OF):	rcepholopi	elly				
MEDICAL	PART II. Other significant conditions contributing	to death but not resulting in	the underlying cause given in	Part i, 24a. WAS AN PERFOR	MED?	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. PLACE OF DEATH (C					
	27. MANNER OF DEATH  1 Natural 5 Pending  28s. DATE (Month)	2 ER/Outpetient 3 DOA 4 OF INJURY 26b. TIME INJUI	OF 28c. INJURY AT WORK?  M 1 YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCURED			
TED BY	2 Accident Investigation 3 Suicide 8 Could not be detarmined 28e. PLAC	E OF INJURY — At home, farm, str ng, etc. (Specify)	reet, factory, office	28f. LOCATION (Street City or Town, State)		Route Number,		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of MEDICAL EXAMINER: On the bests of					i) and menner as stated.		
TO BE C	296 SIGNATURE AND TITLE OF CERTIFIER Sher A Hostum	i MP	29c, LICENSE NU D246	IMBER 198	≥ 7-3	(Month, Day, Year) 0 - 90		
F			290, LICENSE NI D246 YHELCHTS	Are B	ALTIMA	RE 21215		
	AUG 3 1990 Julia Davids	TRAR'S SIGNATURE				DHMH-18 Rev 1/89		



Pages 1, 2, 3 should

	permit		
Model.	al-transit		
a punk	e buri		
	-	`	
Ì	10	7	١
ľ	put.	Ì	,
alla	ge		ouc I
ופח חא	od blue		e pa
I Cron	5 sho		notifi
ay Le	page.		t pe
0 0	irector		E .
11. 14	eral d		mine
בו חבשו	the fun	2	i exa
000	in by	remo	edica
Z4 III	filled	00 O	he m
dul continued de execution within 24 mont after trage o may be retained by the	pletely	remat	ent, 1
יחובת	1 com	urial, c	ic ev
e care	an and	to be	nmat
Calle	hysici	e prior	er tra
מפותו	guipi	Hygien	r oth
Gean	e atten	entai	ury, o
an ap	与中	and M	y Inj
Hes u	signed	tealth	WS an
N redu	peen	it. of 1	short
Ine id	te has	ite De	эт 2
JAN:	rtifica	he Sta	or He
PHYSI	this c	with	rked,
DING	After	death	в ша
AI IEN	CTOR	s after	28
L UK	L DIRE	2 hour	i item
STIN	NERA	thin 72	NT: N
# #	THE FL	iled wi	PORTA
2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or re	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at or

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			ENTAL HYGIENI REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	Leon Elm	er Snea			2. DATE OF DEATH DA	VE	3. TIME OF D	45 PM
	214-20-119	5. SEX 1 M 2 F 6. AGE (In	6. AGE (In yrs. last birthday)  F UNDER 1 YEAR  WONTHS DAYS HOURS MIN.				7. DATE OF BIRTH (Morth, Dey, Year) 04-24-1926 Maryland		
TOR	90. FACILITY NAME (If not institution, give structured of the stru	*		Baltir	R LOCATION OF DEAT	тн	9c. COUNTY	OF DEATH	
DIRECTOR	10e. STATE 10b. COUNTY Maryland		260	own or Locat Baltin				10d. INSIDE (LIMITS?	
FUNERAL	100. STREET AND NUMBER 401 Yale Avenue	)			ZIP COOE 21 229		10g. CITIZEN USA	OF WHAT COUNTR	177
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 K YES IF YES, GIVE WAR OR DAT KOPEA.	2 NO	If yes, spe	ecity Cuban, Mexican, 2 NO Specify:	ORIGIN? (Specify Yes Puerto Rican, etc.)		RACE — American Black, White, atc. Specify: White	
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of work life. Do NOT use n	ual occupation done during mostired.)	st of working	166. KIND OF BUS		PAY	
	17. FATHER'S NAME (First, Middle, Last) William Albert	Sneath	1400	ory w	16. MOTHER'S NAME	E (First, Middle, Meiden :	Surname)		
TO BE	19a. INFORMANT'S NAME (Type/Print) Edward F. Alle					ute Number City or Town			,
	20s. METHOD OF DISPOSITION  1  Burisl 2 K Cremation 3 Remo  4 Donation 5 Other (Specify)	20b.	PLACE OF DISPOSITI	ON (Name of cen		20c. LO	CATION — City	or Town, State Maryla	
	21. SIGNATURE OF UNERAL SERVICE LICE George E. Ma	NSEE MAN	LE	22. NAME AN	ID ADDRESS OF FACI				
	IMMEDIATE CAUSE (Final	MCTMTAL DUE TO (OR AS A	CONSEQUENCE OF):	anter the mo	da of dylng, such	as cardiac or reapl	ratory arrest	, Appro intervi Onset	ximata al Batween and Daath
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b. IF CPA 1°C FAI / URE DUE TO (OR AS A CONSEQUENCE OF):  C. SEVENCE A NEW 1 A  DUE TO (OR AS A CONSEQUENCE OF):  d.								
A	PART II. Other algorificant conditions	contributing to death bu	t not resulting in	the underlying	g cause given in P	Part I. 24s. WAS AN PERFOF	MED?	24b. WERE AUTOP AMAILABLE PI COMPLETION OF DEATH? 1 YES 2	RIOR TO OF CAUSE
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO	HOSPITAL: 1 Propertient 2 - ER/Outpe		THER:	ACE OF OEATH (Chec				
ВУ РН	27. MANNER OF OEATH  1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME (	M 1 🗆	PRK? YES 2 NO	28d. DESCRIBE HOW I			
_	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, atc. (Speci		et, factory, offic	•	261. LOCATION (Street : City or Town, State)	and Number or I	Rural Route Number,	
COMPLETED	CONSTRUCTION TO THE STATE OF TH	SEAN: To the best of my knowledge On the basis of examination						ause(a) and manner	as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	16 E	5	1	St. AGNE	51	► Ju	IGNEO (Morith, Day.	1970
-	30. NAME AND ADDRESS OF PERSON WHO  ON HOW CAU  31. DATE FILED (Month, Day, Year)	COMPLETED CAUSE OF DEA	St Agi	ver Hosp	. 900 CATO	W AVE. BAH	timone,	MD 212	2.29
	T 1 21 1000	Allo - 7 4000	11. 0						

ore, 18 1 1990

C 1. 17

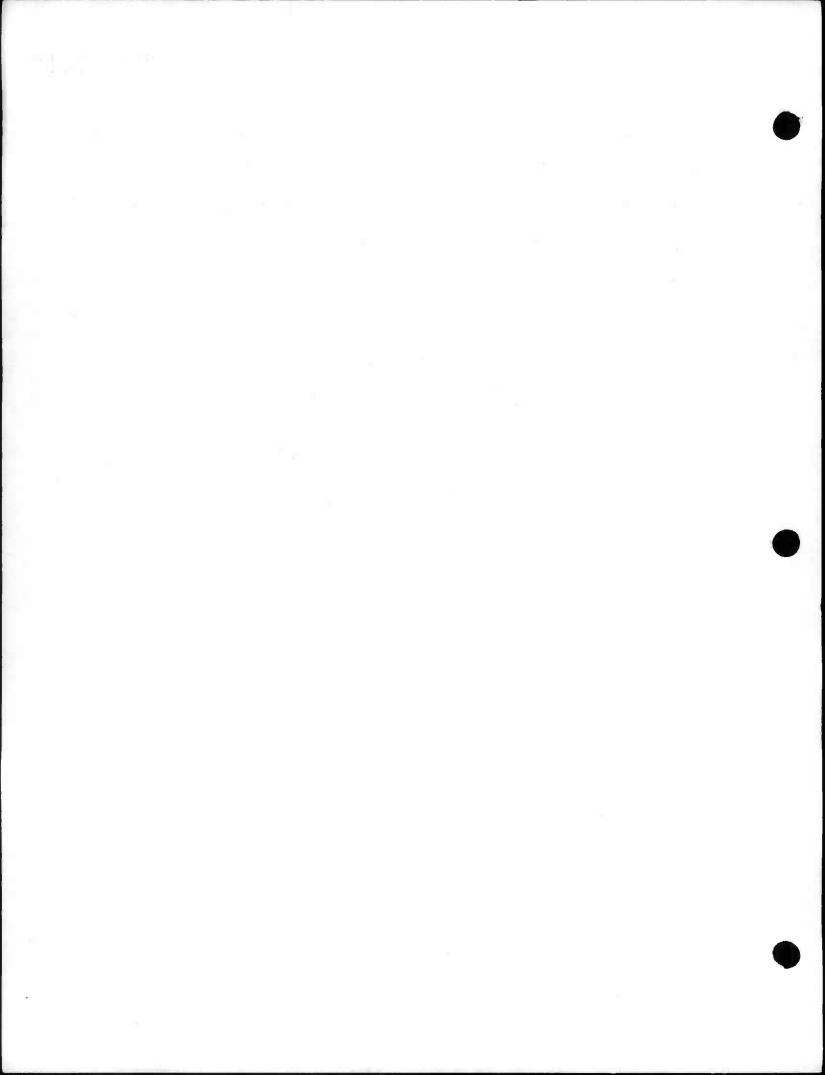
5	permit. Pages 1, 2, 3 should
BALTIMORE, MARYLAND 21243-3146	may be retained by it humanist amening physician.  r. page 5 should be all the true in the burial-transit at be notified at once.
	icate be executed within 24-riours after death. Page 6 in physician and completely filled in by the funeral director, he prior to burial, cremation, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by us have a more ding physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be accounted that the burial-transit permit. Pages 1, 2, 3 should be distributed by the State Dept. of Health and Mertal Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be note.
۵	TO THE HOSPITAL ( TO THE FUNERAL D be filed within 72 hr IMPORTANT: If IN

							30 21310
	FOR STATE REGISTRAR	STATE OF MARYLAND /		OF HEALTH AND I	MENTAL HYGIEN REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)	0			2. DATE OF DEATH DA	Y YE	3. TIME OF DEATH
	Arnold	Sample	-		8 7	9	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. less	t birthday) IF UNDER WONTHS	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		SIRTHPLACE (State or Foreign Country)
	215-30-0138			TOWN OR LOCATION OF DE	7-26-3	9c. COUNTY	inginia
TOR	9a. FACILITY NAME (If not institution, give st FRAMUS SUCH KO RESIDENCE OF DECEDENT	y Hospital	Bal	timore, M	D	Bal	timore cty.
DIRECTOR	10e. STATE 10b. COUNTY	Plinme	10c. CITY, TOWN O	DR LOCATION			10d. INSIDE CITY LIMITS?  1 YES 2 NO
	10e. STREET AND NUMBER			10f. ZIP CODE	_	10g. CITIZEN	OF WHAT COUNTRY?
E E	524 North	Gilmore		212-2	3	US	A
BY FUNERAL	11, MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 N IF YES, GIVE WAR OR OATES	10	WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexica 1 YES NO Specify	n, Puerto Ricen, etc.)		RACE — American Indian, Black, Whife, atc. Specify: Black
	15. DECEDENT'S EDUC (Specify only highest grade	CATION 16e. DE	CEDENT'S USUAL OF	CCUPATION during most of working	16b. KIND OF BUS	SINESS/INDUST	
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	nemo la	auning most or working			
COMPL	17. FATHER'S NAME (First, Middle, Lest)	F 1/		16. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)	_ 1
l w l	George	Elliott	`	Vira	linia	Dan	900
TO B	19a. INFORMANT'S NAME (Type/Pigs)	hhim	b. MAILING ADDRESS	S (Street and Number or Rural-	Boute Number, City or Tow	n, State, Zip Coo	ie)
	20a. METHOD OF DISPOSITION	ovel from State 20b. ALACE	OF DISPOSITION (Na	ame of cerpetery, crematory or	20c. LO	САТІОН — СНУ	or Town, State
	1 Buriel 2 Cremetton 3 Reme 4 Donatton 5 Other (Specify)	Name of the part o	Zion	Cemet	eryB	alto	Cotu
1 1	21. SIGNATURE OF FUNERAL BERVICE LIC	ENSEE	22.	NAME AND ADDRESS OF FA	CILITY	11 N	carroll F/A
	- Wen	(arrall	2 14	RISTA U	Whareh	15%	7
	23. PART I. Enter the diseees, or o			the mode of dying, suc	ch es cerdiec or reap	ratory arrest	, Approximete
	immediate cause (Finei	List only one ceuse on each line					Onset end Death
	diseese or condition resulting in death)	. Ideno CI	7 E br	ain meda	stases.		
		DUE TO (OR AS A CONSE	OUENCE OF):				
RTIFICATION	Sequentially list conditione, if any, leading to immediate	D. OUE TO (OR AS A CONSE	OUENCE OF):				
2	CAUSE (Diseese or injury	c. DUE TO (OR AS A CONSE	OHENCE OED-				
Ē	thet initiated events resulting in deeth) LAST	שטב וט (טוו אם א טטווטבי	overior or j.				
lii lii		d					
AL	PART II. Other eignificent condition	e contributing to deeth but not i	reeuiting in the ur	nderlying ceuee given in	Part I. 24e. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL					1 _ YES 2	NO	OF DEATH?
ME					_		1 TES 2 NO
Z							
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHE				
PHYSICIAN:	1 TYES 2 NO 27. MANNER OF DEATH	1) Inpatient 2 ER/Outpatient 3	28b. TIME OF	zsing Home 5 - Realdence	6 Other (Specify) 28d. DESCRIBE HOW	NJUSY OCCUR	FO
	1 Natural 5 Pending	(Month, Day, Year)	INJURY	WORK?	Ess. Segonise non		
) BY	2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE OF INJURY — At he	oma, farm, street, fac	tory, office	281. LOCATION (Street		Rural Route Number,
TED	4 Homicide determined	building, etc. (Specify)			City or Town, State,		
COMPLET	29e, CERTIFIER 1 CERTIFYING PHYSI	ICIAN: To the best of my knowledge, de	eath occurred at the	fime, data and place, and du	e to the cause(s) and ma	nner as stated.	
JMC	One)	ER: On the basis of axamination and/or					ause(s) and manner se stated.
E C(	296. SIGNATURE AND TITLE OF CERTIFIE	R		29c. LICENSE NU	MBER	29d. DATE SI	IGNED (Month, Day, Year)
0	Speake /	1				D 81	12/40
2	30. NAME AND AGORESS OF PERSON WH	O COMPLETED CAUSE OF DEATH //TE	184 27) (Time Driet)			- /	

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, Year)

DHMH-16 Rev 1/89



	,			
+		Pages 1, 2, 3 should		
BALTIMORE, MARYLAND 21203-3148	urs after death. Page 6 may be retained by the hospital or attending premise.	in by the funeral director, page 5 should be detached for use as the bungering permit,	removal.	edical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending provided and the control of the company of the control	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the business permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First	. Middle, Last)							2. DATE OF DEATH		T	3. TIME OF DEATH	
/	Margar	et There	esa	S	-h	h	ort	MONTH DA	W (	YEAR 70	2035 M	
4. SOCIAL SECURITY NUM	0	5. SEX		rs. last birthday)	IF UNDER 1	YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	7. DATE OF BIRTH 8. BIRT			
217-01-531	70	YRS.		_	HOURS MIN.	(Month, Dey, Year) 0/ 20 20			Country) Md.			
9e. FACILITY NAME (If not in	P	1 M 2 F	70	1115	ah CITY T	R LOCATION OF GE						
Peninsula G			1			isbu		.ain		UNTY OF CEATH		
RESIDENCE OF DE												
10e, STATE	10b. COUNT	Y		10c, CITY	r, TOWN OR	LOCATIO	ON			Т	10d. INSIDE CITY	
M	Wic	omico			Delmo	7/7					LIMITS?	
10e. STREET AND NUMBER		onecas			20078	-	ZIP CODE		10g CIT		HAT COUNTRY?	
St. Francis		WIA Pana	nahuna	Road		101.	21875			4.S.+		
	Heada	Y					210/7					
11. MARITAL STATUS  1 Never Married 2	Marriad	12. WAS DECEDEN						NC ORIGIN? (Specify Yes in, Puerto Rican, etc.)	or No-	Black.	- American Indien, White, etc.	
3 Widowed 4 Div		IF YES, GIVE	MAR OR DATE	S	1[	YES :	2 NO Specify	y:		Specify	White	
		l.						1			made	
(Specify on	CEDENT'S EDU ly highest grade	completed)	16	Give kind of w life. Do NOT us	vork done du			16b. KINO OF BUS	SINESS/INC	JUSTRY		
Elementary/Secondery (	0-12)	College (1-4 or 5	+)		,							
0				DOOR	eeper							
17. FATHER'S NAME (First, A								ME (First, Middle, Melden	Surname)			
Adam Schu	vert						Mary	Hagen				
190. INFORMANT'S NAME								Route Number, City or Tow			M 21875	
Joan S. Go	mez			Storn	ancis	Med	adows Pa	rsonsburg	Kd.	Velan	v., 11d.	
20e. METHOD OF OISPOSIT		novel from State	20b. Pt				etery, crematory or			City or Tov		
4 Donation 5 Othe		TOTAL TIOM State		Gru	een M	oun	t (remax	tory Bo	iltim	one,	Md.	
21. SIGNATURE OF FUNERA	AL SERVICE LI	CENSEE	Λ		-		D ADDRESS OF FA			622	·	
► (.// 6		9 3.	11-		Ch	anle	21 S. 70i	ler & Son	Inc.	0229	1	
Year		30.	<i></i>									
23. PART I. Enter the c shock, or i		List only one car			ot enter ti	he mod	le of dying, suc	h as cardiac or respi	ratory an	rest,	Approximate interval Between	
IMMEDIATE CAUSE (FI							- / -				Onset and Death	
disease or condition resulting in desth)	$\rightarrow$	·	wx/c	br	ain	00	eath-					
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		DUE TO	OR AS A CO	ONSEQUENCE OF	<b>7</b> :							
		b.	K	andre	rulm	enu	y ar	rest				
Sequentially ilst condi- if any, leading to imme		DUE TO	(OR AS A CO	DNSEQUENCE OF	<b>ገ</b> ።		V					
cause, Enter UNDERLY CAUSE (Disease or in)		С.		170	cute	M	yo caroli	of before	· ·			
that initiated events		DUE TO	OR AS A CO	ONSEQUENCE OF	7: 0	4						
resulting in death) LAS	ST	d										
PART ii. Other signific	ant conditio	no contributing to	a death but	net manifolms i	la shalasad		,	Part i. 24a, WAS AN		Lan	Inches Allegan Enterior	
PART II. Other signific	ant condition	ns contributing to	o death but	not resulting i	in the uno	errying	cause given in	PERFOR		240.	WERE AUTOPSY FINDINGS AVAILABLE PRIDE TO	
								1 TYES 2	O(NO		COMPLETION OF CAUSE DF DEATH?	
											1   YES 2   NO	
25. WAS CASE REFERRED 'EXAMINER?	TO MEDICAL						ACE OF DEATH (Ch	eck only one)				
1 TYES 2 NO		1 Dinpatient 2	☐ ER/Outpeti	ent 3 🗆 DOA	OTHER:		5 🗆 Residence	6 Cher (Specify)				
27. MANNER OF DEATH		28a. DATE O		28b. TIM	E OF 2	Bc. INJU	JRY AT	28d. DEŞCRIBE HOW I	NJURY OC	CURED		
	Pending	(Month,	Day, Year)	INU	URY	1 Y	RK? ES 2 NO					
2 Accident 3 Suicide	Investigation	28e. PLACE	OF INJURY -	At home, ferm, s	street, factor	y, office	,	28f. LOCATION (Street	end Numbe	r or Rural R	oute Number,	
4 Homicide	Could not be determined	building	, etc. (Specify)	)				City or Town, State)				
29e. CERTIFIER												
(Check only								to the cause(e) end ma				
2 MEI	DICAL EXAMIN	ER: On the basis of	examination a	edfor investigatio	ili, in my opi	inlon, de	with occurred at the	ilme, date and place, ar	nd due to ti	he ceuse(e	end manner as stated.	
29b. SIGNATURE AND TITL	E OF CERTIFIE	NOW.	6		2000	_	29c. LICENSE NU	MBER	29d. DA1	E SIGNED	(Month, Day, Year)	
		000	19	ecuat	CV	7	11173	.61	•	5/1/	90	
30. NAME AND ADDRESS	F PERSON W	HO COMPLETED CAL	USE OF DEAT	H (ITEM 27) (1/104)	Print)	D						
13P17 4	GAK	WAI.	MID	Kn	18	By	5266	SHISBUR	-11.1	1/2		
31. DATE FILED Month; Day	1990)	32. REMISTR	AR'S GIGNAT	URE		,/		-111-041	7/1	W.		
AUG	31	990 Julia	Davidso	URE Andel	No.							

1101" 4

.

E 9 5 40

0 4 6

ing it is a second of the second of

BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 29-mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR				CE	RTIFI	CATE C	OF D	EATH		REG. NO.					
1. DECEDENT'S NAME (First, Middle	le, Last)								2. DATE OF	DEATH	v	YEAR	3. TIME O	F DEATH	
Leste	r	Neil	son .		Sc	haefe	r		July	3(		990	3:50	0 P	M
4. SOCIAL SECURITY NUMBER	5. 5	SEX		in yrs. last i		IF UNDER 1 YE	$\overline{}$	IF UNDER 24 HRS.	7. DATE OF (Month, E	BIRTH		8. BIRTI	HPLACE (Sta	ite or Forei	ign
212-05-2922	1 (	X M 2 - F	7:	8	YRS.	MONTHS DA	4 87/	IOURS MIN.	May 3		2		rylar	nd	
9e. FACILITY NAME (If not institution	on, give street i	and number)	,			9b. CITY, TO	WN OR	LOCATION OF DE		V 17.	_	INTY OF D			
North Arundel Hos	pital,	301 Hos	pital	Drive	1	Glen_E	Burn	ie			An	ne An	undel		
	COUNTY				10c. CITY,	TOWN OR L	OCATIO	N					10d. INSID		
Maryland	Anne	Arunde	1		Ser	verna	Par	k					1 TYES	2 💢 N	0
300 Fernwood	Desires							21146			10g. CIT	USA	WHAT COUN	ITRY?	
11. MARITAL STATUS		WAS DECEDER	IT EVER II	N U.S. ARM	ED	13, WAS		DENT OF HISPAN	IIC ORIGIN?	Specify Yes	or No—	14. RAC	E — Americ	en Indien	,
1 Never Merried 2 X Merrie 3 Widowed 4 Divorced	ed	FORCES?				If yes	s, speci	fy Cuban, Mexica NO Specify	n, Puerto Ric	an, etc.)		Spec	ck, White, at	ite	
15. DECEDEN (Specify only high	T'S EDUCATIO	ON olsted)		16e. DEC	EDENT'S L	JSUAL OCCU	PATION	of working	18b. K	IND OF BU	SINESS/IN	DUSTRY			
Elementary/Secondary (0-12)		ollege (1-4 or 5	+)	life. L	Do NOT use	retired.)	ng most	or working							
12th	2	years		Per	sonne	el Mar	nage	er	We	ster	n Ele	ectr	<u>ic</u>		
17. FATHER'S NAME (First, Middle,	Lasi)							18. MOTHER'S NA	ME (First, Mic	idle, Maiden	Sumeme)				
Clarence W.		aefer						Matilda				uffne	er		
19a, INFORMANT'S NAME (Type/Pr				19b.				Number or Rural I	Route Number	City or Tow	n, State, Z	ip Code)			
Helen Schaefe	er					ne as	_								
20e. METHOD OF DISPOSITION 1 ☐ Burlel 2 X Cremetion 3	☐ Removal	from State	201	other place	(90			tery, cremetory or					Town, State		
4 Donation 5 Other (Spec				Met	ro C	remato			AH 5774	Bal	timo	re, I	Maryl	and	
22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME 1 SECOND AVE. S.W., GLEN BURNIE, MD 21061															
23. PART I. Enter the disease	-01 (	disations th	at course	d the dea	th Oon								-	Z 1.U proximel	
immediate cause (Final disease or condition	fallure. List	only one ca	use on e	ech iine.			o mod	o or dynng, suc	il es colun	or reap	1101019	rrout,	Inte	set and	tween
resulting in death)	a	DUE TO	O (OR AS	A CONSEO	UENCE OF	):							1//	84410	40.1
		Conse	TLATE		-	Mobe	574	4					17:	na	1.
Sequentially list conditions, if any, leading to immediate		DUETO	OR AS	A CONSEC			V	)					11	1	
cause. Enter UNDERLYING		MYOU	unu	N IN	Ari	coy		*					1/4	jus	
CAUSE (Disease or Injury that initiated events	,	DUE TO	OR AS	A CONSEC	UENCE OF	):								1	
resulting in death) LAST	d.														
						- 45 1	-t-t		Post I			. 1		70704 54	10000
PART II. Other significant o	onditions c	ontributing t	o death i	but not re	eaulting I	n the unde	rlying	cause given in	Part I.	24a. WAS AI PERFO	RMED?	7 24		E PRIOR T	O
									-	1 TYES	2 🗌 NO		OF DEATH	TION OF CA	IUSE
													1 TYES	3 2 N	0
25. WAS CASE REFERRED TO ME EXAMINER?		OSPITAL:				OTHER:	26. PL/	CE OF DEATH (C/	heck only one	)					
1 TYES 2 -NO		Inpatient 2		patient 3		4 - Nursing		5 🗆 Residence							
27. MANNER OF-DEATH  1 Natural 8 Pend	lloa	28a. DATE C (Month,	Day, Year)		26b. TIM	URY	Bc. INJU WOR	IK7	28d. DE\$C	RIBE HOW	INJURY O	CCURED			
	rtigation							S 2 NO							
3 Suicide 6 Coul 4 Homicide deter	d not be mined		g, atc. (Spe		ne, tarm, i	dreet, factory	, office		City of	Town, State	ena Numi	per or Hure	I Route Numb	20%	
29e. CERTIFIER															
(Check only		-						and place, end du ath occured at the					e(e) and man	nner en st	ated.
29b. SIGNATURE AND TITLE OF	CERTIFIER	-	A	۱۸ -		. ·	Т	29c. LICENSE NU	MBER	1	29d. D	ATE/SIGNE	EED (Mounts, D	lay, 'Marj	
1/1/	/		1	AVE				MDDZ	6666	1	1	120	10		
Paul J. Young-H							alen	Burnie	Marvlar	nd. 21	061	1		===0.6	
31. DATE FILED (Month, Day, Year)							JI CI I	During, 1	, wi y I ui	, j	9/1				
AUG 3 1990		Davids	001-No	Horas		-									

1161

The state of the state of

examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
af.	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
ne funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely lilled in by the funeral director, page 5 should be detached
r death. Page 6 may be retained by the hospi	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 hours after death. Page 6 may be retained by the hospi

	FOR STATE REGISTRAR	STATE OF MAR		RTMENT OF		MENTAL HYGIENI REG. NO.	E	
1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	Rebeco	CA ST	even:	SON (	Flossie)	MONTH DA	90	
		5. SEX 6. A	GE (In yrs. last birthda)	F UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE OF BIRTH	8. B	IRTHPLACE (State or Foreign
	218-16-1750A	1 M 2 X F	85 YRS.	MONTHS DAY	HOURS MIN.	(Month, Day, Year) 12-25-	04	ountry) MD
	9e. FACILITY NAME (If not institution, give stre	set end number)		9b, CITY, TOW	N OR LOCATION OF DE		9c. COUNTY C	
œ	Saint Agnes H	*			imore, M			
DIRECTOR	RESIDENCE OF DECEDENT	ODPICAL		Dare	111020, 1			
ĕ	10e. STATE 10b. COUNTY		10c. C	TY, TOWN OR LO	CATION			10d. INSIDE CITY LIMITS?
ā	MD		E	Baltimo	re, MD			1 🔀 YES 2 🗌 NO
	10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
BY FUNERAL	740 Poplar Gro	ve St			21216		US	A
51		12. WAS DECEDENT EVE FORCES? 1 Y	R IN U.S. ARMED			IC ORIGIN? (Specify Yes	or No- 14. F	RACE — American Indian, Black, White, etc.
۱۱ ح	1 Never Merried 2 Merried 3 N Widowed 4 Divorced	IF YES, GIVE WAR O			ES 2 NO Specify			Specify: RIAIV
8				l				DIFCE
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of		(Give kind o	'S USUAL OCCUP	NTION most of working	16b. KIND OF BUS	SINESS/INDUSTR	RY
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOI	use retired.)		Do ale	: - a T-	
ξ					- SAS			ndustry
ဗ	17. FATHER'S NAME (First, Middle, Last) Andrew Jones					ME (First, Middle, Maiden Satterfi	177-	
H H	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Town		
2	John L. Thomps	0.0	1.70			ve, Balt		
	20g, METHOD OF DISPOSITION	T			cemetery, crematory or		CATION — City	
	1 🖾 Burial 2 🗌 Cremation 3 🗆 Remo	val from State	other place) Mt Cal		connectry, crematory or		en Bu	
- 1	4 Donation 5 Other (Specify)	INSEE C	041	22. NAMI	AND ADDRESS OF FA	CILITY		
- 1	Marillo.	1 200	344	Bro	wn & Tho	mpson Fu		
_	quince	r. Bir	M.	P.0	. Box 44	33, Balt	imore	, MD. 21223
	23. PART I. Enter the diseases, or co shock, or heert fellure. L			not enter the	mode of dying, suc	h aa cardiac or reapi	ratory arrest,	Approximate Interval Batween
		The state of the s			1-0			Onset and Death
	disease or condition resulting in death)	A cute DUE TO FOR	MYOC	ardia	al Into	arction		6 hrs
z I	Sequentially list conditions,	Anew DUE TO (OR	ria					2 days
CERTIFICATION	If any, leading to immediata cause. Enter UNDERLYING	Acute	AS A CONSEQUENCE	OF):	1 Rla	0-1		2 1
일		DUE TO COR	AS A CONSEQUENCE	INTEST	nal ble	ecv		Zacys
	that initiated events resulting in death) LAST							
ij								
CAL	PART II. Other algnificant conditions	-		_		Part I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
<u> </u>	Atherbsechootic	Coronary	Vascula	r Disea	se	1 □ YES 2		COMPLETION OF CAUSE OF DEATH?
띨		,						1  YES 2 NO
-								
₹	25. WAS CASE REFERRED TO MEDICAL			20	L PLACE OF DEATH (Ch	eck only one)		
S	EXAMINER? 1 ☐ YES 2 ☑ NO	HOSPITAL:	Outpatient 3 🗆 DO/	OTHER:	Home 5 🗆 Residence	6 Other (Specify)		
PHYSICIAN: MEDI	27. MANNER OF DEATN	28a, DATE OF INJU (Month, Day, Ye		TIME OF 28c.	INJURY AT WORK?	28d. DEŞCRIBE NOW I	NJURY OCCURE	ED
BY P	1 Netural 5 Pending 2 Accident Investigation	(MONII, Day, 10	-/		YES 2 NO			2
	3 Suicide 6 Could not be	28e. PLACE OF INJ building, etc.	IURY At home, fars	m, street, factory,	office	28f. LOCATION (Street City or Town, State)		tural Route Number,
=	4 Homicide determined		,					
COMPLETED	290. CERTIFIER (Check only	CIAN: To the best of my b	mowledge, death occ	urred at the time,	date and place, and due	to the cause(e) and ma	nner as stated.	
8	anal	R: On the basis of examin	nation and/or investig	ation, in my opinic	n, death occured at the	time, date and place, er	nd due to the ca	use(e) and manner as stated.
C	29b. SIGNATURE AND TITLE OF CERTIFIER	h			29c, LICENSE NUI	MBER	29d. DATE SIG	GNED (Month, Day, Year)
0	John Sour	V DO			St Agnes	: Horpital	▶83	190 0023 hr
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	F DEATH (ITEM 27) (7	ype, Print)			, ,	
	JEFFREY SAG	EL DO	st agnes	HOSPIT	AL 9000	Caton Av	e Ba	190 0023 hr 4, MD 21229
	31. DATE FILED (Month, Day, Year)	file Davidous						
	AUG 3 1990 3	giftie Devidour	-American	3				
	0				<u>-</u>			DHMH-16 Rev 1/89

0.0. 7

in many the

4 10 1

	1117
5	within
2	esecuted
<	90
5	certificate
1	death
2	the
Ē	that
	ramines
1	24
•	The
DIVISION OF VITAL RECORDS, F.O. DOA 13149	no attending paysician. The law requires that the death certificate be executed within
NOIS!	ATTENDING
5	90

Pages 1, 2, 3 should

or attending physician.

21203-3146

burial

50 De

887

ă

page 5 s

removal. medical

in and com to burial, c

the attending physician Mental Hygiene prior to

Health and been signed by or. of Health and shows any is

has be Dept. h the State D

After t

d within 72 hours after d RTANT: If Item 28 is

五五百

223

marked, this with

69

IMPORTANT: If

9

29b. SIGNATURE AND TITLE OF CERTIFIER

once.

H notified

9

must

examiner

the cremation,

event,

traumatic

other

6 injury, (

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HANGIENE HERCELLA N
CERTIFICATE OF DEATH STATE REGISTRAR 1 -DECEDENT'S NAME (First, Middle, Last) 1990 MARCELLA 08 02 TYLER 12:40 M 6. BIRTNPLACE (State or Foreign Country) 7. DATE OF BIRTN 4 SOCIAL SECURITY NUMBER 5. SEY 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. DAY8 HOURS 1 M 2 DE VBS 216-24-2395 11-25-9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH Se. FACILITY NAME (If not institution, give street and number) THE JOHNS HOPKINS HOSPITAL DIRECTOR BALTIMORE CITY BALTIMORE RESIDENCE OF DECEDENT 10c CITY TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 10b. COUNTY MDBALTIMORE CITY COCYES 2 NO 10g. CITIZEN OF WHAT COUNTRY? 10e. STREET AND NUMBER 101. ZIP CODE FUNERAL USA 2827 EAST BIDDLE STREET 21213 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or Noif yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2020 Married Specify BLACK 1 TYES 2 NO Specify: BY 3 Widowed 4 Divorced ETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY 15. DECEDENT'S EDUCATION (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 12th Grade Unemployed 18. MOTHER'S NAME (First, Middle, Maiden Surname) 17. FATHER'S NAME (First, Middle, Last) John R. Jones Elizabeth Foster 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a, INFORMANT'S NAME (Type/Print) 2 EAST BIDDLE STREET/BALTO. MD. 21213 Milton 20s METNOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State 4 Donation 5 Other (Specify) BALTIMORE CEMETERY BALTIMORE, MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM.C. MARCH F.H. 1101 E. NORTH AVE. 23, PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heert fellure. List only one ceuse on each line Interval Between **Onset and Desth** IMMEDIATE CAUSE (Finel 1 neurone 240 disease or condition\_ pirano resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): 50 Feculent Enesis CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If sny, leading to immediate cause. Enter UNDERLYING Metastuhe Clastino CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST Neg 24b. WERE AUTOPSY FINDINGS 24e. WAS AN AUTOPSY PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part i. MEDICAL PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 TYES 2 NO PHYSICIAN: 26, PLACE OF DEATN (Check only one) 25. WAS CASE REFERRED TO MEDICAL HOSPITAL: OTHER: 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 🗆 N ng Nome 5 🗆 Residence 6 🗆 Other (Specify) 28s. DATE OF INJURY 26d. DESCRIBE NOW INJURY OCCURED 27. MANNER OF DEATN 26b. TIME OF 26c. INJURY AT WORK? INJURY 1 Natural 2 Accident 5 Pending M 1 YES 2 NO BY Investigation 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 6 Could not be COMPLETED 4 Homicide determined 1 📈 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

wind 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) HORING Sulti JOHNY "32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) Julia Davids

29d, DATE SIGNED (Month, Day, Year)

8/2/90

29c. LICENSE NUMBER

2120

J. 1

=

FOR

BALTIMORE, MARYLAND 21203-3146

fer death. Page 6 may be resigned by the hospital or attending physician.

the funeral director, page 5 should be jatached for use as the burial-transit permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-10urs after death. Tage 6 may retain TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 months filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be now.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO.

	1 - REGISTRAR		CE	RTIF	CATE	OF	DEATH		REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE C			YEAR	3. TIME OF	DEATH	П
	Thurman				Tille	tt	Jr .	8		2	90	6:02	Α	м
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les	t birthday)	IF UNDER 1 Y		IF UNDER 24 HRS.	7. DATE O	F BIRTH Day, Year)		8. BIRTI	PLACE (State	or Foreign	$\neg$
	212-20-5942	1 50 M 2 □ F	61	YRS.	MONTHS D	AYS	HOURS MIN.		6-29		N	Ď		
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, TO	OWN O	R LOCATION OF D	EATH		9c. COL	INTY OF E	EATH		
5	2563 McCullou	iah Stree	+		,	Ral	timore							
DIRECTOR	2563 McCullou RESIDENCE OF DECEDENT													=
뿐	10a. STATE 10b. COUNTY	,			Y, TOWN OR							10d. INSIDE LIMITS	?	- 1
	MD			BF	LLTLM	_	E CITY					3C Ø YES		4
FUNERAL	10e. STREET AND NUMBER					101.	ZIP CODE			10g. CI		WHAT COUNT	HY?	_
9	2563 McCulloh	V			1 1 111		21217			<u> </u>	USA			_
교	11. MARITAL STATUS  1 Never Married 2 Married		YES 24 1	NO	If y	es, spi	ENDENT OF HISPA polly Cuban, Mexico	en, Puarto Ri		or No	14, RAC Blac	E — American k, White, stc.	Indian,	
В	3 Widowed 4 Divorced	IF YES, QIVE V	AR OR OATES		1 [	YES	2 NO Speci	fy:			Spec	BLA	CK	
	15. DECEDENT'S EDU	CATION	16a, DE	CEDENT'S	USUAL OCC	UPATIC	N	16b.	KIND OF BU	SINESS/IN	IDUSTRY			$\dashv$
	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5	(G life	ive kind of a Do NOT u	work done dun se retired.)	ing mo	at of working							
7	12th Grade			emni	loved	_	Disable	e d						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			01110	7 0 37 0 0.		18. MOTHER'S NA		liddle, Maiden	Surname)				П
	Thurman Tille	t Sr.					Carrie	0		Но	1104	au		
8	19a, INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (S	Street a	nd Number or Rural		er, City or Tow			A.4		
2	Romain Tillet	t	2	563	McCu	11	oh Str	eet/l	Balti	mor	e, A	1d. 2	1217	
	200 METHOD OF DISPOSITION	- 1 2	20b. PLACE	OF DISPO	SITION (Name	of cen	netery, cremetory or		20c. LC	CATION -	- City or T	own, State		П
	11 <sup>1</sup> Burial 2 ☐ Cremation 3 ☐ Ram 4 ☐ Donation 5 ☐ Other (Specify)	oval from Stata	- WESI		STAR	C	EMETER	Y	CAI	ONS	VILI	E, $M$ .	D	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE					D ADDRESS OF F							
	Mmam.	( may			WM	. C	. MARCI	H $F$ . $P$	4. 11	01	E. $I$	ORTH	AVE	
	23. PART i. Enter the diseases, or	complications the	t caused the di	ath. Do	not antar th	na mo	da of dving, su	ch sa card	iac or reap	iretory a	rreat.	Appr	oximeta	
	shock, or heart failure.											intary	ral Between	
	disease or condition Congoctive heart failure										t and Dea			
	a. Congestive heart failure  Due to (or as a consequence of):											$\dashv$		
-														
CERTIFICATION	Sequentisity list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSE	QUENCE 0	F):									$\neg$
AT	csuse. Enter UNDERLYING											ļ		
Ĕ	CAUSE (Disease or Injury that initiated events	DUE TO	(OR AS A CONSE	QUENCE O	F):									
H	resulting in death) LAST	d												
	PART ii. Other significant condition	ns contributing to	death but not	resuiting	in the und	erlyin	r cause diven i	Part i	24a. WAS AF	ALITOPS	V 24	b. WERE AUTO	PSV FINDING	28
DICAL	Chronic alcoho		death sat not		iii did oild		g outdoo giveir ii		PERFO	RMED?		AVAILABLE I	PRIOR TO	
		7115111							1 X YES	2   NO		OF DEATH?		
Σ								—	HEAD	ONLY		1 🔀 YES	2   NO	
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL	T				26 01	ACE OF OEATH (C	heat only on	-1					$\dashv$
[ [	EXAMINER?  1  YES 2  NO	HOSPITAL:	SD/Outpetient	2 DO4	OTHER:									$\neg$
H	27. MANNER OF GEATH	28s. OATE O		28b, TII	AE OF 2		e 5 KResidence	7	CRIBE HOW	INJURY O	CCURED			$\dashv$
	Natural 5 ☐ Pending	(Month, I	Day, Year)	IN	JURY M	WC	YES 2 NO							
B	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE	OF INJURY — At h	ome, farm,	street, factor	_		28f. LOC	ATION (Street	and Numb	per or Rural	Route Number		$\dashv$
	4 Homicide 8 Could not be detarmined	building	, etc. (Specify)					City	or Town, State	)				
9	29e. CERTIFIER	101011111111111111111111111111111111111	dentes total						41					
COMPLETED	(Check only one) 2 MEDICAL EXAMIN	ER: On the best of										(a) and manne	e an etetad	
8			Aprillmentori all'avot		on, in my opi			1111111111111	and piece, e					
BE	296. SIGNATURE AND TITLE OF CERTIFIE	144	n				29c. LICENSE NU			29d. D		D (Month, Day,	Year)	
5	30. NAME AND ADDRESS OF PERSON W	HO COMMISSION ON	ICE OF DEATH #T	M ar a	a Defeat		C	CME			8/	2/90		_
-					o, rnnt)		111 5	01			-1±-	MO	2120	Λ <sub>1</sub>
	Frank J. Peretti	M I) -	"COTTOTO	P3+-			111120		-		-3 I TO			
	31. DATE FILED (Month, Day, Mar)	32. REGISTR	ASSISTA AR'S SIGNATURE	IIL			lll Pe	ani Sc	•		aito	.,MD.	2120	OI

DHMH-16 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAN			LITTI	IVAL	_ 01	DLA		п	EG. NO.			
i	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF I	DEATH		YEAR	3. TIME OF DEATH
No.	SHANTAE		VAUG	HN								1990	9:30 A M
	4, SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	st birthday)	IF UNDER	R 1 YEAR	IF UNDER	R 24 HRS.	7. DATE OF B				PLACE (State or Foreign
1		1   M 2   XF	4	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day		_	Countr	y)
A C			4	THS.						11-8	_	MD	
	9s. FACILITY NAME (If not institution, give str	reet and number)			9b. CITY	r, TOWN C	R LOCATI	ION OF DE	ATH		9c. COU	INTY OF D	EATH
DIRECTOR	THE JOHNS HOPKI	NS HOSPI	TAL		BAT	LTIM	ORE				BAT.	ттмог	RE CITY
E	RESIDENCE OF DECEDENT										DITE	111101	(D OIII
M	10+. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY
£	MD			R	alt:	imor							LIMITS?
	10s. STREET AND NUMBER			_ P	uic.	-		_					
₹		-				101	. ZIP COD				10g. CI1	IZEN OF Y	VHAT COUNTRY?
	143 Abermarl	e St					212	02				USA	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A	RMED					HC ORIGIN? (S		or No-	14. RACE	— American Indien,
	1 Never Merried 2 Merried	FORCES? 1	YES 2X	NO		If yes, sp	ecity Cub	en, Mexica Specify	n, Puerto Ricer	1, etc.)			w. White, etc.
B≼	3 Widowed 4 Divorced	IF 123, GIVE V	AN ON DAILS			rea	2 -110	Specify	,.			Spot	y. DIUCK
	15. DECEDENT'S EDUC	ATION	16a D	ECEDENT'S	LISUAL C	CCUPATIO	N.		16h KIN	D OF BUS	INESS/IN	DUSTRY	
쁘	(Specify only highest grade	completed)	S.	Give kind of a. Do NOT u	work done	during mo	st of world	ing	100.11				
5 1	Elementary/Secondery (0-12) N / A	College (1-4 or 5	+)						1				
충	,			N/	A								
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						16. MOT	HER'S NA	ME (First, Middl	e, Malden	Sumame)		
	Micheal Evan	s Sr.					Mi	chel	lle Va	augh	n		
BE	19e, INFORMANT'S NAME (Type/Print)		1	9b. MAILING	ADDRES	S (Street o	nd Numbe	or or Rural I	Route Number, (	City or Town	n. Stete. Zi	in Code)	
2	Michelle Vau	ghn	1						alto.				
9		61111						_	ILU.				
70	20e METHOD OF DISPOSITION 1 D Burlel 2 Cremetion 3 Remo	oval from State	20b. PLACE	OF DISPO	SITION (N	ama of ce	netery, cre	matory or				- City or To	
1	4 Donation 5 Other (Specify)	22/22/21/21	_ Mt (	Calv	ary					G1	en	Burn	nie, MD
	21. SIGNATURE OF FUNERAL BEIWICE DIC	ENSEE			22			ESS OF FA					
	11/1 m 1/2	0	an	,		Bro	wn	& Th	nomps	on F	. Н.		
	Cherry	-4	20			P.C	. B	ox 4	4433,	Bal	to.	, MI	21223
	23. PART I. Enter the diseases, or o shock, or heert fellure.				not ente	r the mo	de of dy	ying, suc	h es cerdiec	or reepi	retory s	rrest,	Approximate Interval Between
	IMMEDIATE CAUSE (FINAL									Onset and Death			
- 1	disesse or condition resulting in death)	DUE TO	tone	ALLA	ber	. 1	15th	V 55	34110	100	u. e		Bureles
	,										-		
-	disease or condition resulting in death)  a. a dutt regulatory distress syndrome  But to (or as a consequence of):  Sequentisity list conditions, our to (or as a consequence of):  Use to (or as a consequence of):												
CERTIFICATION	Sequentisliy list conditions, if any, leading to immediate	OUE TO	(OR AS A CONS	EOUENCE C	or):			1100					
¥Ι	ceuse. Enter UNDERLYING												
윤	CAUSE (Disease or Injury that initiated events	OUE TO	(OR AS A CONS	EOUENCE C	DF);								+
E	reculting in desth) LAST												
声		d											
	PART ii. Other significant condition	s contributing to	deeth but not	resulting	In the u	nderivin	a cense	given in	Pert I. 24	. WAS AN	AUTOPSY	7 241	. WERE AUTOPSY FINDINGS
EDICAL		200 200 200		~ .			9	3		PERFOR			AVAILABLE PRIOR TO
8 1	- neutru	werry	5 915	un					1	YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
		/								pendi	n	- 1	1 TES 2 NO
2											-7-		
BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					24 5	ACE OF	OF ATH (C)	and and and				
0	EXAMINER?	HOSPITAL:			OTHE		LACE OF	OEATH (CA	neck only one)				
2	1 TYES 2 NO	1 Inpatient 2	ER/Outpatient	3 DOA	4 🗆 Nu	irsing Hor	ne 5 🗆 F	Residence	6 Other (S	pec/fy)			
Ξ	27. MANNER OF DEATH	26a, DATE Of	F INJURY Day, Year)	26b. Til	ME OF	26c. IN	JURY AT		28d, DESCR	BE HOW I	NJURY O	CCUREO	
7	1 Natural 5 Pending Investigation	(,,,,,,,,,,	,,,	] "	М		YES 2	□ NO					
	a Decision	26s. PLACE	OF INJURY — At I	home, farm,	street, fa	ctory, offic	00		26t, LOCATIO	ON (Street	end Numb	er or Rural	Route Number,
	4 Homicide 6 Could not be	building	, etc. (Specify)						City or 7	own, State)			
4	29e. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the beat o	f my knowledge,	deeth occur	red at the	time, dat	e end plac	e, end due	o to the cause(	e) end me	nner as st	lated.	
COMPLETED	one) 2 MEOICAL EXAMINE	R: On the basic of	examination end/o	r investigat	ion, in my	opinion,	death occ	ured at the	time, date en	d place, ar	nd due to	the couse(	e) end manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	B 4					1 000 11	CENSE NU	11050		204 04	TE OLONE	D (Month, Day, Year)
BE	AND THE OF CENTRE	111			11	A	49G. LI	CONSE NU	moen		290. 0/	are atune	(mornii, bey, rear)
5	Harry 1			3/	VIIL	1 ,		18	036			8/1	190
F	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAL	JSE OF DEATH (IT	EM 27) (Typ	e, Print)		, .					-	. 0
	LAURIA IBSEN	1 John	s Hook	inc 1	Hoch	de	66	OUN	. Wol	te \$	× B	alti	more MD
		32 BEGISTE	AR'S SIGNATURE		-4								
	31. DATE FILED (Month, Day, Year)	Ja. MEGIOTA											

BALTIMORE, MARYLAND 21203-3146

豐	10	-
Pe Pe	30e	pe
ma	0,0	net
9e 6	rect	E
E	ल	ne
ath.	nue	am l
er de	the f	6
aft	A	lica
Since	d in	a a
17	E E	he
thin	stely	1, 1
Wi	mple	100
ontec	00 7	ic e
900	300	mat
2	ician	13
cate	Ships	9 6
entif	D.	5
th.	tend	6
de	And at	ury,
the	th A	=
tha	per	a de
ulres	Sign	\$ ¥
red	Heen	S = 5
S.	as t	23 2
The	ite h	E
AN	tifica	2 -
SICI	eg i	E 10
F	this	T's
NG	ther	ma a
ND	9	18
EW	DE C	28 an
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be in	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5	be filed writin f2 flours after dearn with the State belt, or regult and mental rygene prior to outset, cremission, or removes.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be in
A	31	=
SPI	NER	N.
¥	E F	FILE
王	E:	P 6
2	₽.	8 3

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

	FOR 1 - STATE REGISTRAR	STATE OF M	ARYLAND / DEI Cert			EALTH AN DEATH	ID MEN	NTAL HYGIEN REG. NO.		<i>5</i> U	21311
	1. DECEDENT'S NAME (First, Middle, Last) HENRY W	HENRY W	AGNER	JR.				DATE OF DEATH	19	VEAD .	20 A M
	4. SOCIAL SECURITY NUMBER 219 14 2097	5. SEX 1 XM 2   F	8. AGE (In yrs. lest birth	MONTHS	DAYS	HOURS M	7. I	OATE OF BIRTH	924	Country)	CE (State or Foreign
OR	9a. FACILITY NAME (If not institution, give str LOCH RAVEN VA HO					R LOCATION O		Y	9c. COUNT	Y OF DEATH	
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  MARYLAND  BALTIM	ORE		CITY, TOWN		ION					I INSIDE CITY LIMITS?  YES 2 1 NO
FUNERAL	9311 CARLISLE AVE	NUE				ZIP CODE L236			U.S	A.	COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W WWII	EVER IN U.S. ARMED X YES 2 NO AR OR DATES	13.	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- If yes, specify Cuban, Maxican, Puarto Rican, etc.)  1  YES 2 NO Specify:					14. RACE — Bleck, Wi Specify: WHITE	American Indian, lita, atc.
RE DOMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)  N/A  N		(Give kir	NT'S USUAL ( od of work done IOT use retired.,	during mo	N st of working		POST O		STRY	
E 60	17. FATHER'S NAME (First, Middle, Last) HENRY W. WAGNER,	SR.				18. MOTHER	,	First, Middle, Maiden	Sumame)		
þ	19a. INFORMANT'S NAME (Type/Print) MARJORIE WAGNER (	WIFE)						Number, City or Tow ALTIMORE			21236
	20a. METHOD OF DISPOSITION 1 🔀 Burial 2 🗆 Cremation 3 🗆 Remo 4 🗆 Donation 5 🗀 Other (Specify)	val from State	BEL ATR						AIR,		
	21. SIGNATURE OF FUNERAL SERVICE LICE	I. Lo	etre			JNEK F BELAIR			INC.	MARY	LAND 21236
	23. PART I. Enter the diseases, prospective. L. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	. Sew	ceused the death. se Dn eech line. POUT	kinso				e cerdlec or reep	ratory arre	et,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditione, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  b.  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  METHICILLIN RESISTANT SHAMALO COLLUS ALREUS INFECTION  1 VES 2 HOO  246. WAS AN AUTOPSY PREFORMED? 1 VES 2 HOO  1 VES 2 HOO  1 VES 2 HOO  1 VES 2 HOO								MILABLE PRIOR TO MPLETION OF CAUSE DEATH?		
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO	HOSPITAL:	ER/Outpatient 3 🗆 0	OTHE	ER:	ACE OF DEAT		Other (Specify)		1	
BY	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF (Month, Di	b. TIME OF INJURY M	1 🗆 '	YES 2 N	0	d. DESCRIBE HOW	. DESCRIBE HOW INJURY OCCURED			
City or Town, State)											
COMPLET	(Check only		my knowledge, death o camination and/or inves								d manner as stated.
TO BE (	296 SIGNATURE AND TITLE OF CERTIFIER	ND	SE OF DEATH (ITEM 27	Georgia Diam		29c. LICENS	E NUMBE	R	29d. DATE	I 9	onth, Day, Year)

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mouns after death. Page 6 may be returned by the mountain or attending physician.	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 around a match for use as the bunial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	es 1, 2, 3 should
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once	

	REGISTRAR			CERTIF	ICATE	: UF	DEAL		RE	G. NO.		
į	1. OECEOENT'S NAME (First, Middle, Last)  Miniam Re						2. DATE OF DEATH MONTH DAY YEAR					
1	Miriam R.	T		Wanco					9,19		30:30 P. M	
	4. SOCIAL SECURITY NUMBER 219-16-5031	5. SEX	6. AGE (In yr. 71	s. last birthday) YRS.	IF UNDER	DAYS	HOURS	24 HRS. MIN.	7. DATE OF BI (Month, Day, June	Manri	Co	ATHPLACE (State or Foreign untry) [aryland
1	9a. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY	. TOWN C	OR LOCATION	ON OF OE			c. COUNTY O	
OR	1013 S. Potomac St.								ryland		-	
5	RESIDENCE OF DECEDENT			1 6 7 6								
DIRECTOR	100. STATE 10b. COUNTY	-			v, town o ltime		Mar	vlan	d			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
	10e. STREET AND NUMBER						. ZIP COD			-10	0g. CITIZEN C	F WHAT COUNTRY?
FUNERAL	1013 S. Potomac					21	224			U.S.	A.	
5	11. MARITAL STATUS	12. WAS DECEDENT							HC ORIGIN? (Sp. n, Puarto Rican,		No- 14. R	ACE — American Indian, lack, White, etc.
BY F	1 Never Married 2 Married   FORCES? 1 YES 2 NO   IF YES, GIVE WAR OR DATES						2 NO			atta		ite
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	164	Give kind of	work done	durina ma	ON ost of working	ng	18b. KIND	OF BUSINE	ESS/INDUSTR	Y
E	Elementary/Secondary (0-12)	College (1-4 or 5+)	)	Cafete:					For	od Se	nui ce	
N N	17. FATHER'S NAME (First, Middle, Last)	0					18. MOT	HER'S NA	ME (First, Middle			
	Clarence Morg	an							ane Mai		,	
96	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	S (Street a		Q/	Route Number, Ci		State, Zip Code	
임	Thomas Phillips								lto. Mo			
	20s. METHOD OF DISPOSITION		20b. PL	ACE OF DISPO	SITION (No	ame of ce	metery, crer				FION — City o	r Town, State
	Buriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)					emet	ery			Bal	timore	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIN				ND ADDRE							
	George A. Web	er & Sons	Inc.		G	eorg	e A.	Web	er & S	ons I	nc.	7
EDICAL CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Avtevio Sclerutia (evelvouscular disease)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST  Onset and Death  Onset and Death  Onset and Death  Oue TO (OR AS A CONSEQUENCE OF):  Due TO (OR AS A CONSEQUENCE OF):  Due TO (OR AS A CONSEQUENCE OF):											
빙	d											
Σ	TOURING SOUTH								WAS AN AU PERFORME YES 2	ED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
₹	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF	DEATH (Ch	neck only one)			
PHYSICIAN:	EXAMINER?  1 VES 2 NO	HOSPITAL:	ER/Outpatie	nt 3 🗆 DOA	OTHE		ne 5 □ B	lealdence	6 Other (Sp.	activ)		
Ϋ́	27. MANNER OF DEATH	28a. DATE OF	INJURY	28b. TIN	AE OF	28c. IN	JURY AT	- SHUFFICE			URY OCCURE	0
	1 Netural 5 Pending	(Month, D	wy, Ybar)	IN	JURY M		ORK? YES 2	□ NO	11.5. 11.5.00			
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	ent investigation  28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)  28f. LOCATION (Street and Number or Rural City or Fown, State)							iral Route Number,			
COMPLETED	29a. CERTIFIER (Check only nne) 2 MEDICAL EXAMIN	The transfer of the state of th										ne(s) and menner as stated.
	295. BIONATURE AND TITLE OF CERTIFIE	IN.					280:440	ENSE NU	MBER	T	29d. DATE SIG	NED (Moeth, Day, War)
BE	/dee	-		9			D	199	123		▶ X/	3/90
2	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUS	SE OF DEATH	(ITEM 27) (Typ	Prime		I	601	Loc	LR	wen	Bhd 2123
	31. DATE FILED (Month, Day, Year)	32. REGISTRA		IRE Anda 92								

DHMH-16 Rev 1/89

ang physician. the burial-transit permit. Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the normal recognition of the control of the contr	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be commented to the funeral director, page 5 should be commented to the funeral director.		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at enter
produce	potrell	J	Į,
ē	8		8
d b	E D		e p
etaine	shou		otifie
9	30e 5		90
may	or, pa		nst
30e 6	direct		E
P.	leral		E E
r dea	the fur	ri Fi	еха
s afte	9	emov	dical
hour	ui pe	00	H
n 24	by fill	ation	the
withi	nplete	Crem	vent,
cuted	100 p	urial,	ile e
e exe	an an	top	ELLA
ate b	ysici	prio	r ta
ertific	ng ph	giene	othe
sth C	tendi	a H	6
he de	the at	Ment	njury
that t	Pd Pa	and h	Im
lires	signe	Health	WS 3
requ	peen	1. 0	sho
e law	has	Ded	n 23
E :	icate	State	Ten
SICIAI	certif	the	, 00
PHY	this	With	rked
DING	After	death	E
TEN	10R:	after	28 1
DR AI	MEC	SUNO	me.
TAL (	ME	2	Ξ
OSPI	UNEF	rithin	ANT
분	HE F	Med w	OF
2	0	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMP

1 - STATE REGISTRAR	STATE OF MARY		MENT OF H		IENTAL HYGIENE REG. NO.				
1. DECEDENT'S NAME (First, Middle, Lest)  Patricia D	ovila Uhita	1			2. DATE OF DEATH MONTH 31	90	3. TIME OF DEATN		
4. SOCIAL SECURITY NUMBER 217-50-4207			IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3 9 5	Cou	THPLACE (State or Foreign intry)  Iaryland		
9a. FACILITY NAME (If not institution, give 3821 Boarman		S		ltimore		9c. COUNTY OF	DEATH		
RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT  MD a	TY .		TOWN OR LOCAT				10d. INSIDE CITY LIMITS? 1  YES 2 NO		
100. STREET AND NUMBER 3821 Boarman	Avenue		10f.	21215	10g. CITIZEN OF	F WHAT COUNTRY?			
11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	8 2 NO		ENDENT OF HISPANI Helfy Cuben, Maxican 2  NO Specify:	CE - American Indian, ack, White, etc. ecity: Black				
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		16a. DECEDENT'S U: (Give kind of wo life. Do NOT use	ork done during mos	iness/industry rical					
17. FATHER'S NAME (First, Middle, Lest) Napolean De	oyle			I ME (First, Middle, Maiden S nie Ashe	iurname)				
19a. INFORMANT'S NAME (Type/Print) Evelyn Doyle		E-5 W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			oute Number, City or Yown, ue Balto	.,MD.	21215		
20s. METHOD OF DISPOSITION 1.1 Burlal 2 Cremation 3 Red 4 Donation 6 Other (Specify)	moval from State		E OF DISPOSITION (Name of cometery, crematory or Plece) Nat'l Mem. Park Laurel,						
21. SIGNATURE OF FUNERAL SERVICE L	- Hector	#281		Phillip	s Funera	l Home	N.Monroe 1721-27		
23. PART I. Enter the diseases, or ahock, or heert fellure immediate CAUSE (Finel disease or condition resulting in death)	. List only one ceuse on				as cardiac or reapir	atory arreat,	Approximate Interval Between Onset and Death		
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST	b. DIABETE DUE TO (OR A:	S MELLI S A CONSEQUENCE OF)  S A CONSEQUENCE OF)	LLITUS ENCE OF):						
PART II. Other significant condition	ons contributing to deeti	but not resulting in	g cause given in	Part I. 24a. WAS AN / PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
	1 YES 2 NO								
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/O		OTHER: 4   Nursing Horr	ACE OF DEATH (Che					
27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation		r) INJU	M 1 🗆	PRK? YES 2 NO		HOW INJURY OCCURED			
3 Suicide 6 Could not b determined	building, etc. (S				281. LOCATION (Street a City or Town, State)		ei noute Number,		
(Check only	SICIAN: To the best of my kr						ee(a) and manner as stated.		
29b. SIGNATURE AND TITLE OF CENTIF	94.	~		29c. LICENSE NUN	ABER OY2		NED (Month, Day, Year) August 199		
ARTHUR M. LEB				E BALT	TIMORE 2	1215			

BALTIMORE,
13146,
BOX
P.0.
RECORDS,
VITAL
OF
Z

MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, oremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

		S	0 21320
	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (Fist, Middle, Lyst) NEILIE	2. DATE OF DEATH	VEAR 3. TIME OF DEATH P
	L SOCIAL SECURITY NUMBER  L SEX    SEX   S	7. DATE OF BIRTH	BIRTHPLACE/(State or Foreign Country)
HO	CILITY NAME (If not institution give shoot and sumble)	DEATH 9c. COUNT	Y OF DEATH
DIRECTOR	106. COUNTY 106 CITY, TOWN OF LOCATION	re	10d. INSIDE CITY LIMITS?  1 YES 2 NO
	104. STREET AND NUMBER TO THE CODE		EN OF WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Nijdowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If yes, specify Suban, Mexic 1 YES 2 NO Specify Suban, Mexic 1 YE	en, Puerto Rican, atc.)	A. RACE TAmerican Indian, Brack, White, atc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  16a. DECEDENT'S USUAL OCCUPATION (Ope kind of work done during most of working most of working)  If the Do NOT use retired.)	16b. KIND OF BUSINESS/INDU	STRY
BE COMP	17. FATHER'S NAME (First, Middle, 1887) Bradley Harrish	ANE (First, Middle, Malden Sumane)	'ns Brada
TO B	196. INFORMANT'S NAME (Typerform) 1 STON 186. MAILING ADDRESS (STONG Number) of Rure	Route Number, City or Town, State, Zip	40, Md 21216
	1 Buriel 2 Genetion 3 Removal from State  4 Donation # Dither (Specify)	M Barro	Cota, Md
	21. BIGHATUNE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF F	y Josth	taryoll F/k
	23. PART i. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, au shock, or heart failure. Liet only one cause on each line.  IMMEDIATE CAUSE (Final	ch as cardiec or reepiratory arre	et, Approximete interval Batween Onset and Death
	disease or condition resulting in death)  s	to VS Centre	ACadent
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	- Anterior	
111	CAUSE (Disease or injury that initiated events resulting in death) LAST		
MEDICAL CE	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in	n Part I. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AWILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (C	Check only one)	1 123 2 100
YSIC	EXAMINER?  1 YES 2 AO  HOSPITAL: 1   Inpetient 2   ER/Outpetient 3   DOA   4   Nursing Home 5   Residence	6 C Other (Specify)	
ВУ РН	27. MANNER OF DEATH  1 Natural 5 Pending Investigation  280. DATE OF INJURY (Month, Day, Year)  280. TIME OF RIJURY WORK?  M 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCC	VRED
0	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)	281. LOCATION (Street and Number of City or Town, State)	or Rurel Route Number,
COMPLET	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and do one)  MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the state of the basis of examination end/or investigation, in my opinion, death occurred at the state of the basis of examination end/or investigation.		
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NO  29c. LICENSE NO  29c. LICENSE NO	UMBER 29d. DATE	SIGNED (Month, Day, Year)

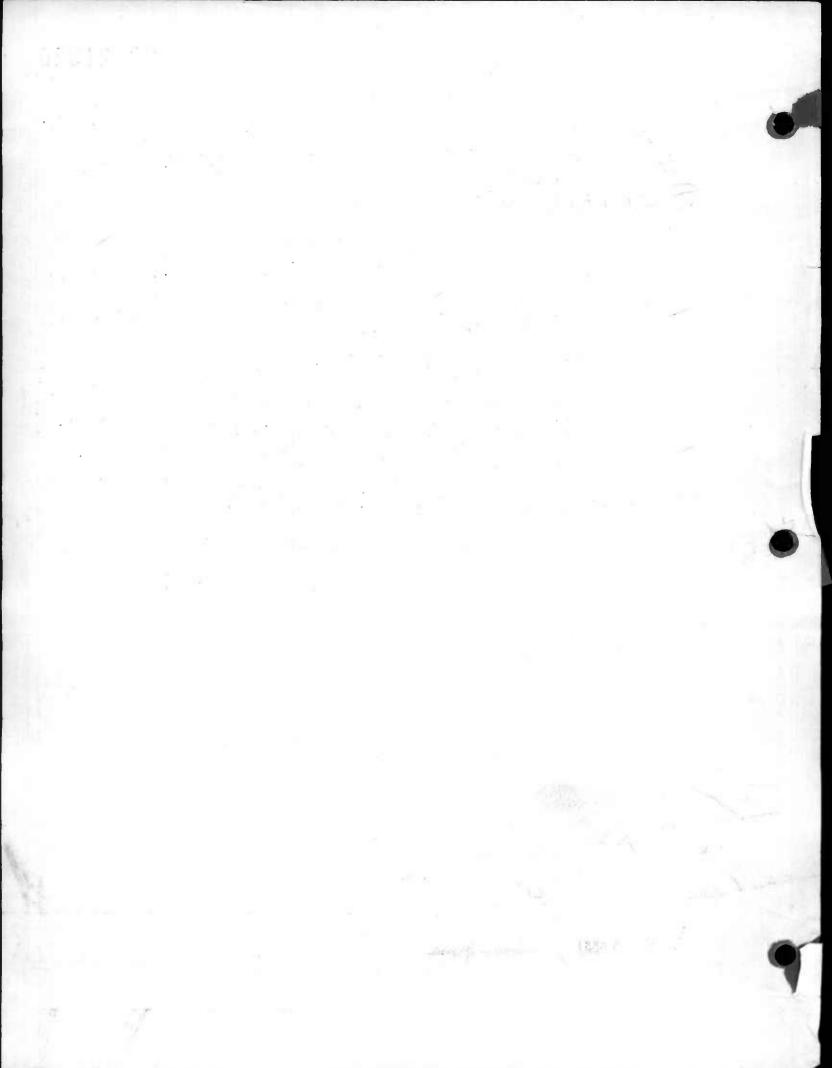
PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

REIDER M.D. 7445 FORNALE

32. REGISTAR'S SIGNATURE.

06,

BRANCH Rd Sle



	her this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be state Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	
	Pages 1	
	ermit.	
M.	ransit p	
NG PHYSICIAN: The law requires that the death certificate be executed within the control of the hospital or attending physician.	ourlal-tr	
Gulp!	s the 1	
atter	use a	
pital o	ed for	
the hos	detach	once.
od by	Pe De	od at
retain	5 shor	notifie
ay be	page	t be
3е 6 п	rector,	snm.
h. Pag	eral d	mine
er deat	the fun val.	i exal
Irs aft	in by	edica
Ě	filled ion, or	the m
within	pletely	rent.
cuted	nd corr	tic en
be exe	cian ar	rauma
tificate	physical property of the prope	ther t
ath cer	tendin al Hygi	0 TO
the de	the at	inlury
s that	ned by	any
equire	en sig of Hea	narrad or them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
J ME E	has be Dept.	23 8
N: The	State State	item
YSICIA	s certif	nd be
NG PH	fler thi	marke

TO BE COMPLETED BY FUNERAL DIRECTOR

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENI REG. NO.	9	0 21321							
- 2	1. DECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH MONTH DA	Y YEAR	3. TIME OF DEATH							
- 1	GEORGE J. WALDHAUSER	08 0		- 11·40A M							
1	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		THPLACE (State or Foreign intry)							
	219 42 5836 1 V M 2 F 78 YRS. MONTHS DAYS HOURS MIN.  98. FACILITY NAME (If not institution, give street end number)  99. FACILITY NAME (If not institution, give street end number)	08 28 11	9c. COUNTY OF	MARYLAND							
DIRECTOR	GREATER BALTIMORE MEDICAL CENTER TOWSON		BALTI								
<u></u>	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION			10d. INSIDE CITY							
	MARYLAND BALTIMORE ESSEX  100. STREET AND NUMBER		1 YES 2 NO								
FUNERAL		21221									
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENOENT OF HISPA		or No- 14. R	ACE — American Indian, lack, White, etc.							
	1 ☐ Never Married 2 ☐ Married FORCES? 1 ☐ YES 2√☐NO If yes, specify Cuban, Mexic IF YES, GIVE WAR OR DATES 1 ☐ YES 2√☐NO Specify Cuban, Mexic IF YES, GIVE WAR OR DATES			*White							
ВУ	3 Widowed 4 Divorced			MILLICE							
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT user retired.)	16b. KIND OF BUS	INESS/INDUSTR	1							
	Elementary/Secondary (0-12)   College (1-4 or 5 +)	Baltimo	no ditr								
MP	12 yrs. 4 yrs. Police Lt.										
8		AME (First, Middle, Maiden									
BE		Frances Scl									
2	196. INFORMANT'S NAME (Type/Print)  196. MAILING AGORESS (Street and Number or Rural  COORDING TO A Title of the Coordinate of the Coordin										
-	George J. Waldhauser, Jr. 924 Thompson Blvd. B										
	20a. METHOD OF DISPOSITION  1 Pauriel 2 Cremetory 3 Removal from State 4 Donetton 5 Other (Specify) Baltimore Ci										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF F	eral Home									
	Janes 7401 Belair		. Md.	21236							
	23. PART / Enter the diseases, or complications that caused the death. Do not enter the mode of dying, su-			Approximate							
- 1	shock, or heart fallure. List only one cause on each line.		,	Interval Batween Onset and Death							
-	IMMEDIATE CAUSE (Final disease or condition										
	a. ACUTE MIOCARDIAL INFARCTION  DUE TO (OR AS A CONSCOUENCE OF):										
_	3										
일	Sequentially list conditions, if sny, leading to immediate										
2	couse. Enter UNDERLYING CAUSE (Disease or Injury CAUSE (Disease or Injury			73ym							
CERTIFICATION	that initiated events oue to (or as a consequence of): resulting in death) LAST										
H	d.										
2	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in	Part I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS							
5	Col stage and design	PERFOI		AVAILABLE PRIOR TO COMPLETION OF CAUSE							
		I   TES 4	- NO	DF DEATH?							
Σ				1 VES 2 HO							
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (C	heck only one!									
[ ]	EXAMINER? HOSPITAL: OTHER:										
14S	1 VES 2 NO 1 No Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 27. MANNEB OF DEATH 28e. OATE OF INJURY 28b. TIME OF 28c. INJURY AT	28d. DESCRIBE HOW	INJURY OCCURE								
BY PH	1. Netural 5 Pending (Month, Dey, Year) INJURY WORK? 1 YES 2 NO	200. DEGOTIOE NOW									
	3 Suicide 6 Could not be determined determined	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
Ē	29e. CERTIFIER										
COMPLETED	(Check only one)  1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and du one)  2 MEDICAL EXAMINER: On the bests of examination end/or investigation, in my opinion, death occurred at the			se(e) end menner as stated.							
ш	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NI		29d. DATE SIO	NED (Month, Day, Year)							
TO B	Down Myers W D220	▶ 8	-1-90								
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  DONNA MYERS, M.D. G.B.M.C.										
	Alig 3 1990 July Devidor - Supplementary										
	I AUG V INV A I										

6

1203-3146

BALTIMORE, MARYCAND

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR 1 - STATE REGISTRAR		STATE OF M	ARYLAN				HEALTH A		ENTAL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)			1 I. Ziethen			1	2. DATE OF DEATH MONTH, DAY YEAR 2 1990		3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMB	BER '	1 5. SEX 7	6. AGE (In )	rrs. lest birthde	y) IF UN	IDER 1 YEAR	IF UNDER 2	4 HRS.	7 DATE OF BIRTH		8. BIRTH	IPLACE (State or Foreign
	218-14-2255		1   M 2   F	94	YRS	MONTE	#S DAYS	HOURS	MIN.	(Month, Day, Year) March 9,	1896	Mai	ryland
	9e. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. C	TY, TOWN	OR LOCATION				NTY OF D	
DIRECTOR	Augsburg Lutheran Home					Baltimore				Baltimore			
SE I	10e. STATE 10b. COUNTY			10c.	CITY, TOW	N OR LOCA	TION			10d. INSIDE CITY LIMITS?		10d. INSIDE CITY	
붑	Maryland Baltimore				Baltimore							1 TYES 2 1 NO	
	10e. STREET AND NUMBER					10f. ZIP CODE					10g. CITI	ZEN OF V	WHAT COUNTRY?
FUNERAL	6811 Campfield Road					21207				Unit	ed :	States	
3	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED					13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes				ee or No— 14. RACE — American Indian, Black, White, atc.			
>	1 Never Merried 2 Merried   FORCES? 1 YES 2 MNO   IF YES, GIVE WAR OR DATES					If yes, specify Cuban, Mexican, Puerio Rican, atc.)  1 YES 2 NO Specify:					Specify:		
ВУ	3 Widowed 4 Divo	orced	l			1	Cauca					casian	
COMPLETED		EDENT'S EDU y highest grade		10	6a. DECEDEN (Give kind	of work do	one during m	ION lost of working	,	16b, KIND OF BUS	USINESS/INDUSTRY		
3	Elementary/Secondary (0		College (1-4 or 6+			o NOT use retired.)					c	4	,
₽ E				lairdr	esse	r/Fil	V			of Maryland			
၂ ႘	17. FATHER'S NAME (First, M							16. MOTH		E (First, Middle, Maiden			
BE	Frank Nagle								ne Davaug				
2	19e. INFORMANT'S NAME (7									ute Number, City or Tow			
	Howard Zieth	•		_					-	eonix, MD			
	20° METHOD OF DISPOSIT 1 X Burial 2 - Crematic	on 3 🗆 Rem	oval from State	0	LACE OF DIS ther place)				,			ATION — City or Town, State	
	4 Donation 5 Other (Specify) Dulaney Valley Memorial Gardens Timonium, Maryland												
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Loring Byers Funeral Directors,													
	Joseph	J.W.	Alles	rer			8728	Liber	ty R	oad Randa	11st	own,	MD 21133-478
	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, ehock, or haert fellure. List only one cause on each line.  Approximate interval Batwean												
	immediate cause (Fig		List only one caus	se on eac	n line.								Onset and Death
	disease or condition resulting in death)	<b>→</b>	_	CH	F								
	DUE TO (OR AS A CONSEQUENCE OF):												
z	ABCAD												
임	Sequentielly liet conditions, oue to (or as a consequence of):  If eny, laeding to immediate												
<u>&amp;</u>	ceusa. Entar UNDERLYING CAUSE (Diseasa or Injury												
that Initiated events DUE TO (OR AS A CONSEQUENCE OF):													
E	resulting In deeth) LAST												
	PART ii. Other significa	ant condition	na contributing to	daath but	not resulti	ng in the	undertyi	ng cause gi	iven in P			241	b. WERE AUTOPSY FINDINGS
CAL			_								COMPLETION OF C		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC										_   '   '   '	Borno		OF DEATH?  1 YES 2 NO
										_			1 1 160 1 110
PHYSICIAN:	25. WAS CASE REFERRED 1	TO MEDICAL	T				26.	PLACE OF DE	ATH (Chec	ck only one)			
잃	EXAMINER?  1 YES 2 NO		HOSPITAL:	EB/Output	fact 1 🗆 DO		HER:			Other (Specify)			
¥	27. MANNER OF OEATH		28a. DATE OF			TIME OF		JURY AT		28d. DESCRIBE HOW	INJURY OC	CUREO	
	1 Natural 5	5 Pending (Month, Day, Year) INJURY				INJURY	V	WORK?					
ВУ	2 Accident Investigation 28s. PLACE OF INJURY — At home, farm, street, factory, office 28s. LC						281. LOCATION (Street and Number or Rural Route Number,						
	3 Suicioe 6 Could not be building, etc. (Specify) 4 Homicide determined												
COMPLETED	29e. CERTIFIER												
M M	(Check only 1 2 GEHTH-YING PHYSICIAN: 10 the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner as stated.												
Ö	2 MEDICAL EXAMINEN: On the cause of examination and/or investigation, in my opinion, death occurred at the time, date end piece, end due to the cause(s) and manner ee stated.												
BE (	29b. SIGNATURE AND TITLE								NSE NUME		29d. DA		D (Month, Day, Year)
10 B	2-8	2/2	*					T	7	37573		8(1	190
-	38. NAME AND ADDRESS O	F PERSON WI	HO COMPLETED CAUS	SE OF OEAT	H (ITEM 27) (	Type, Print)	)						

Ave.

Heights

Baltinone

MO

20715

7220 Park

32. REGISTRAR'S SIGNATURE

Jef

2.6011

31. DATE FILEO (Month, Day, Year)

OHMH-16 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR

eta	S		
9	9		
34	pag		
E	00,		
9	ect		
200	9		
ė.	Bra		
eat	5		
D in	he	G.	
aft	8	E G	
Sin	=	9	
9	8	9	
ų.	=	ion	
듩	5	ша	
¥	를	Cre	
per	COU	<u>e</u>	
DOG	8	P	
8	1 3	9	
2	Cia	0	
ate	SE	d	
THE STATE OF	0 0	ene	
če	-	2	
tte.	tten	Teg	
de	9	len	
the state	\$	2	
hat	5	a	
55	ne	att.	
in.	S	운	
5	Ben	ď	
MP.	S	ept	
9	h	e D	
	catt	Stat	
M	É	96	
S	8	th th	
표	#	*	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be reta	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sh	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	
8	R.	D Ja	
E	2	aft	
R	RE	Urs	
07	0	8	
K	R	7	
SS	INE	黄	
포	E	3	
ᆂ	품	fled	
2	2	99	
		_	

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	TMENT	OF H	EALTH AND I	VIENTAL	HYGIEN REG. NO.	E		
-	1. DECEDENT'S NAME (First, Middle, Last)		Ü					OF DEATH	W W	3. TIME OF DEATH	
	PAUL	ZAIKEN					Jul		1990	11:30 P.	Mw
	4. <b>social security number</b> 048-01-1139	5. SEX 8. AGE (1	in yrs. last birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE O (Month, JUN	PERTH Dev. Year) P 30,	1909 N	BIRTHPLACE (State or Foreign Country) Massachusett	
	9a. FACILITY NAME (If not institution, give str	eet and number)		9b. CITY	, TOWN C	R LOCATION OF DE			9c. COUNTY	OF DEATH	
TOR	12505 Regwood Rd.				Нус	les			Balt	cimore Co.	
DIRECTOR	Maryland 106. COUNTY	Baltimore Co.				ION				10d. INSIDE CITY LIMITS? 1 YES 2 X NO	)
AL	10e. STREET AND NUMBER			10f	ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?		
Ë	12505			21082 U.S.A.							
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	I IF YES, GIVE WAR OR DATES				ENDENT OF HISPAN belty Cuban, Mexica 2 NO Specify	n, Puerto R	14. RACE — American Indian, Black, White, etc. Specify: White			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	USUAL O work done se retired.)	ork done during most of working					usiness/industry /Aberdeen		
2	12 Vrs.	4 VIS.	Engine	er			M:	artin	Marietta / P.Ground		
OM	17. FATHER'S NAME (First, Middle, Last)	1100	ETIGITIE			18. MOTHER'S NA				200 7 1 10100	110
BE C	N:	ickolas Z	aiken		14	Ro	se	Kı	ruleck		
10 8	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRES	S (Street a	nd Number or Rural I	Route Numb	er, City or Tow	n, State, Zip Co	de)	
٦	Mrs. Selma Zaik	en	125	05 R	eawo	od Rd.	Hvd	es. Ma	arvlanc	21082	
	20a. METHOD OF DISPOSITION  ↑ XBuriel 2 □ Cremetion 3 □ Ramo	oval from Stata	other place)	SITION (N	ame of cer	netery, crematory or	0	100	N102	or Town, Stata	
	4 Donation 5 Other (Specify)		ork U. M	Tr.		Church			ork, N	1d.	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  E.F. Lassahn Fune 11750 Belair Rd. Kingsville, Md.								ne		
	23. PART i. Enter the diseases, or c			not antai	the mo	de of dying, suc	h aa card	lac or reap	Iratory arreat		
	shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Ca. Pvo State										
z	Atheroscherotic Heart Dis.										
CERTIFICATION	if sny, leading to immediate										
S	CAUSE. (Disease or injury  CAUSE (Disease or injury  DUE TO (OR AS A CONSEQUENCE OF):										
	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE C	HF):						İ	
<u> </u>		1									
PHYSICIAN: MEDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTO PERFORMED 1 PES 2								RMED?	24b. WERE AUTOPSY FINDI AMILABLE PRIOR TO COMPLETION OF CAU OF DEATH?	
ME				_			_			1 TES 2 NO	
Ä	as were over perspects to we have	·									
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHE	R:	ACE OF GEATH (Ch					
¥.	1  YES 2 NO	1 Inpatient 2 ER/Outs 26a. DATE OF INJURY	26b. Til			e 5 M Residence			INJURY OCCUP	RED	
<u>-</u>	1 Netural 5 Pending	(Month, Day, Year)	in In	JURY M	WC	WORK?		28d. OEŞCRIBE HOW INJURY OCCURED			
TED BY	2 Accident Investigation 3 Suicide 6 Could not be datarminad	Y — At home, farm, street, factory, office colly)			26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLETED	29e. CERTIFIER (Check only One)  1 CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(a) and manner as stated.  2 CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) end menner as stated.										
ш	29b. SIGNATURE AND TITLE OF CERTIFIET		1			29c. LICENSE NU	MBER	-	29d. DATE S	SIGNED (Month, Day, Year)	
0	Manner De	117803 > 8-1-90				3-1-90					
2	Warren Israel M. D. Ruxton Towers Apt. Baltimore Md. (296-5632)										
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGN	IATURE	-				, ,	- /		
	AUG 3 1990 4	lie Savidson Br	ndelle								

12

or attending physician.

the hospital

ned by

Page 6 may be retain

after death.

21203-3146

MARYLAND

BALTIMORE,

į.	9	2	. 8
	fter	the	2
	10	4	die.
	NOW.	Di Di	5 8
	27	E S	, a
	hi	tely	10
5	-M	nple	5
	De le	000	1
2	Dex	and	Total Control
2	8	ian	
	ate	ysic	5
3	lifica	4	2 4
,	83	ding	2
	#	tten	9
20	de	e a	Tall and
í	\$	to A	2 5
	that	pe pe	D T
?	Sã	ig.	ad a
í	inba	S US	le de
	W	8	
1	7.00	has	3 6
	=	ate	Tale to
-	IAN	tific	2 2
	SIC	le ce	
)	E	this	4
	NG	fter	and a
2	8	. H	2
2	E	6	28
DIVISION OF WINE INCOMES, 1.5. DOX 10129,	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after dea	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral properties of the funera	Within 72 hours after death with the blate begit, of health and mental hygiene prior to burial, tremater, or removed.
1	A	AL L	7 91
	J. J.	ER	S E
	오	5	TAB

五五百

2 2 3

BE

2

Vantonte mo

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MD

32. REGISTRAR'S SCHATURE

334

MILL ST

VASANT DATTA

90 21324 ATWELL PHYLLIS M. FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. OECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATN 6:35 AM Phyllis 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR | IF UNDER 24 HRS. DAYS 213-24-3278 HOURS 1 M 2 X F 67 YRS. a MD 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH DIRECTOR Colton Villa Washin stown aton 10a STATE 10h. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY HAGERSTOWN WASHINGTON MD. 1 XYES 2 NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP COOE 10g. CITIZEN OF WHAT COUNTRY? 21740 44 WOODSIDE DRIVE USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. BACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO If yes, specify Cuben, Mexican, Puerto Rican, etc.}

1 YES 2 NO Specify: 1 Never Married 2 Married Specify BY 3 Wildowed 4 Divorced WHITE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY 15. OECEDENT'S EDUCATION (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) NURSING HOME NURSES AIDE 9 17. FATHER'S NAME (First, Middle, Last) 18, MOTHER'S NAME (First, Middle, Melden Surname) HELBERT McINTIRE ZELMA LESLIE BE 190. INFORMANT'S NAME (Type/Print)
LINDA L. PRICE 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 SAME AS # 10 20a. METNOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION - City or Town, Stats 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removal from State GEORGE WASHINGTON CEMETERY ADELPHI, MD. Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL BERVICE LICEN MURIEL H. BARBER FUNERAL HOME 21525 LAYTONSVILLE ROAD LAYTONSVILLE, MD. 20882 cal 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mods of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line. intervai Batween Onset and Death **IMMEDIATE CAUSE (Final** disease or condition\_ COPD m resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINOINGS MEDICAL DM 13 CNO CHA COMPLETION OF CAUSE 1 YES 2 1 NO OF DEATH? 1 TYES 2 T NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 YES 2 40 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Nome 6 Residence S Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCUREO 5 Pending investigation 1 Natural 1 YES 2 NO BY 2 Accident 26s. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be ETED 4 Homicide determined 29a. CERTIFIER
(Check only one)

The Method Examines to the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

The Method Examines to the best of assemble in supplication in the first of the first of the date and place and due to the cause(s) and manner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. IMPORTAL 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

0 (8019

▶ 7.31,23

MAGERSTOWN, MD 21740

42810 nc

.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State bept, of Health and Mental Hyglene prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
--	---

									90	21325
	FOR STATE REGISTRAR	STATE OF MARYLA		RTMENT OF			MENTAL HYGIEN REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	16.15					2. DATE OF DEATH MONTH DA	NY .	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	RITY NUMBER S. SEX S. AGE (In yrs.			R IF UNDER	24 HRS	7. DATE OF BIRTH		0 BIRTH	PLACE (State or Foreign
- 4	219-28-6660	1 M 2 D E	7 YRS.	MONTHS DAY		MIN.	(Month, Day, Year)	_	Country	1)
- 1	9a. FACILITY NAME (If not institution, give s	0		9b. CITY, TOW	/N OR LOCATI	ON OF DE	1/22/0		NTY OF OR	FATH
œ										
8	MERCY MEDICAL CENTER RESIDENCE OF DECEDENT			I BAL	TIMOI	RE				
DIRECTOR	10a. STATE 10b. COUNTY			ry, town or Lo	CATION					10d. INSIDE CITY LIMITS?
	MD.		Bi	ALTIMO						1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER				10f. ZIP COD			10g. CIT	IZEN OF W	HAT COUNTRY?
필	501 W. FRANKL				212			<u> </u>	J.S.	
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes		n, Maxica	IIC ORIGIN? (Specify Yea n, Puarto Rican, atc.) /:	or No—	Black Specif	
	15. DECEDENT'S EDU		16a. DECEDENT'S				16b. KIND OF BUS	SINESS/INI		HITE
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during ise retired.)	nost of world	ng				
	17. FATHER'S NAME (First, Middle, Last)	,			18. MOT	HER'S NA	ME (First, Middle, Meiden	Surname)		
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	G ADDRESS (Stre	et and Number	or Rural F	Route Number, City or Tow	n, State, Zij	Code)	
	20e. METHOO OF DISPOSITION  1   Burtlel 2   Cremetion 3   Removel from State  4   Donetion 5   Xther (Specify)   In - State   Cemoval									
	21. SIGNATURE OF FUNE AL SERVICE LIC			22. NAM	E AND ADDRE	SS OF FA	CILITY			
	Dunaul/1	Une	7-31-8	Sta	te Ar	ato	my Board	, Ва	lto	., Md.
	23. PART I. Enter the diseases, or o	complicatione that ceused	the death. Do	not entar tha	moda of dy	ing, aucl	h as cardiac or reap	iretory ar	rest,	Approximate
	immediate cause (Final	List only one ceuse on ee	ch line.							Interval Between Onset and Daeth
	disease or condition resulting in death)	. Ardi	12ti	on 7	2011	4 1	ma.			
	rosumy in dastri)	DUE TO (OR AS A	CONSEQUENCE C	PF):						
RTIFICATION	Sequentially liet conditions, If any, laeding to immediata  DUE TO (OR AS A CONSEQUENCE OF):									
S	cause. Enter UNDERLYING CAUSE (Disease or injury	c								
H	that initiated eventa resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE C	OF):						
CER	Tooding in death) Exo.	d								-
	PART II. Other significant condition	s contributing to death bu	at not reauiting	in the underl	ying cause	given in			24b.	WERE AUTOPSY FINDINGS
MEDICAL	1. Delya	hation					PERFOR			AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
A	> Confin	tru He	- t -	tail,						1 TES 2 ANO
	7. Add.	cel 145	ca ki	1000	· cul.	N	fice			
X	25. WAS CASE REFERRED TO MEDICAL				B. PLACE OF	EATH (Ch	eck only one)	٠		
Sic	EXAMINER?  1 YES 2 INO	HOSPITAL: 1 ∰Inpatient 2 ☐ ER/Outpu	etlent 3 🗆 DOA	OTHER:	Home 5 🗆 R	ealdence	S Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	28b. T/I	ME OF 28c.	INJURY AT WORK?		28d. DESCRIBE HOW	NJURY OC	CURED	
BY	1 Natural 5 Pending 2 Accident Investigation				YES 2	] NO				
8	3 Suicide S Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Speci	— At home, farm,	street, factory,	offica		26f. LOCATION (Street City or Town, State)		r or Aural A	loute Number,
COMPLET	296. CERTIFIER  (Check only 1 CERTIFYING PHYS)	CIAN: To the best of my knowle	edge, death occur	red at the time.	data and place	, and due	to the cause(a) and ma	nner as sta	ited.	
J.W.	(Oriota trily	R: On the basis of examination								) and manner as stated.
	29b, SIGNATURE AND TITLE OF CERTIFIE	R			29c. LIC	ENSE NUR	MBER	29d. DA	TE SIGNED	(Month, Day, Year)
B	Enflow of.	(m)	)	100	1	207	CP	•	2/1.	-182
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	TH (ITEM 27) (7/2)	e Print)	11000	15	12 04500	ma	44	//

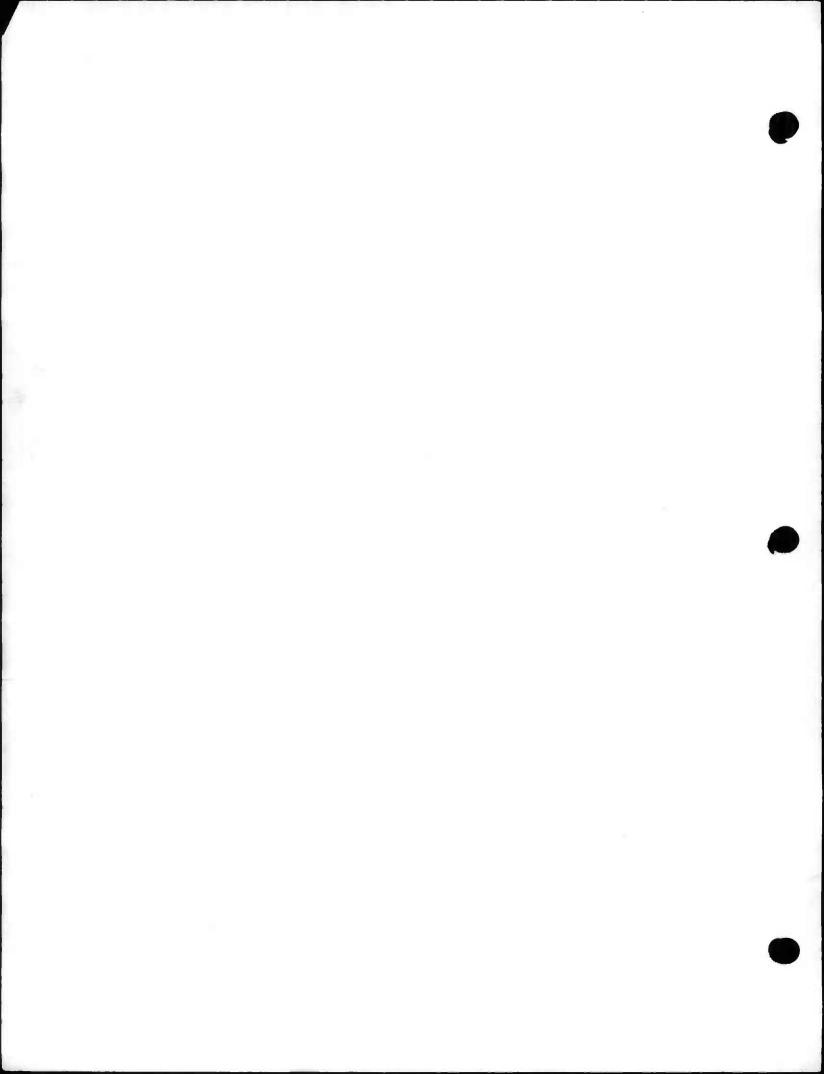
EUGENE

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type,

6 1990 Luke Tavidson

31. DATE FILED (Month, Day, Year)

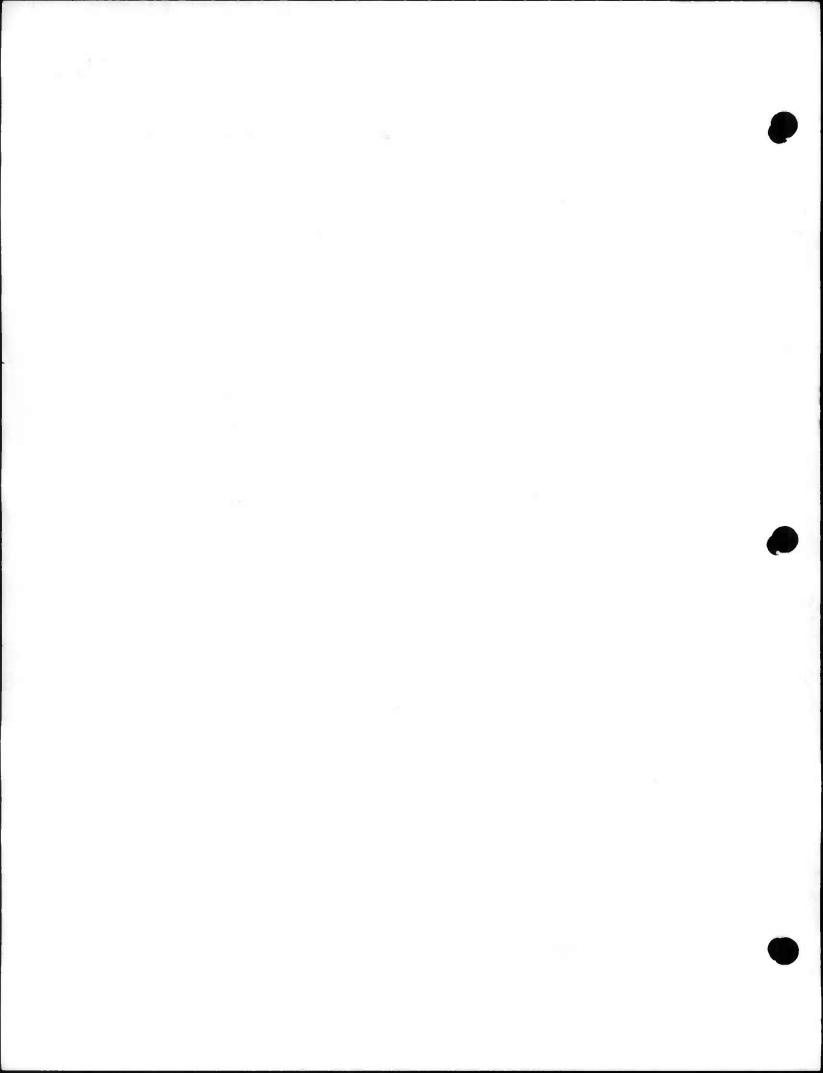
AUG



DHMH-16 Rev 1/89

20180		otifie
200		D 0
oceni, pa		must b
TO COLLEGE	urs after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	im 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notifie
and had an	or removal,	nedical e
1	stlon,	the
2000	crema	vent,
200	burial,	atic e
O'COUNT O	or nonc	traum
ALL STATE	vglene	other
atterna	ntal H	y, or
010	d Me	iniu
000	th an	any
Sign .	Heal	0WS
98	pt. o	3 sh
1100	e De	ш 2
III Call	Stat	r ite
3	the	1, 0
	with	rke
AIRE	death	s marked, or
5	after	28 1
2	50	E

	REGISTRAR		· · ·	ENIH	CALE	OL	DEAL	п	H	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)			(	Sr.)				2. DATE OF D	DEATH	,	3. TIME OF DEATH	
	1.0	NDRICKS	BIRKE	TT,	<b>37.</b>		,		8 -	. 4	-	90 1640 PM	4
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	st birthday)	MONTHS 1	DAYS	HOURS	24 HRS. MIN.	7. DATE OF B (Month, Day	( Year)		BIRTNPLACE (State or Foreign Country)	
	218-03-1852 1x2 M 2 □ F 72					3 - 1 - 18			_				
_	9a. FACILITY NAME (If not institution, give street and number)				9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH					NTY OF DEATH			
Q	St. Agnes Hospital				Baltimore City								
ច្ឆ	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNTY	,		10c, CIT	Y, TOWN OF	R LOCAT	ION					10d. INSIDE CITY	-
DIRECTOR	Maryland			Ra	ltim	ore	City	,				LIMITS?	
	104, STREET AND NUMBER	-		1 20			ZIP CODE				10a, CIT	IZEN OF WHAT COUNTRY?	
FUNERAL	1508 Ramsay St.							1223	t .			USA	
Z I	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. A	RMFO	13 W	MS DEC			C ORIGIN? (S	necity Yes	or No-	14. RACE — American Indian.	-
	1 Never Married 2 X Married		YES 2		11	yes, sp		n, Mexicar	n, Puarto Rican		01 110	Black, White, etc.	
BY	3 Widowed 4 Divorced		WII			☐ FES	2 ( <u>2</u> ) NO	Specify	v.			White	
ETED	15. DECEOENT'S EDUI (Specify only highest grade			ECEOENT'S Give kind of a					16b. KIN	D OF BUS	INESS/IN	DUSTRY	٦
ш	Elementary/Secondary (0-12)	College (1-4 or 5+	- H	e. Do NOT us	se retired.)	unng mo	ist of workin	g					
릴	8th.		В	rickl	ayer					Cons	truc	ction	
COMPL	17. FATNER'S NAME (First, Middle, Lest)						18. MOTH	VER'S NAI	ME (First, Middle	e, Maiden S	Surname)		
BE	Thomas H. Birke	tt, Sr.					Eli	zabe	th	Nar	er		
0	19a. INFORMANT'S NAME (Type/Print)		1	9b. MAILING	AODRESS	(Street a	and Number	or Rural F	Route Number, C	ity or Town	, State, Zi	p Code)	
٦	Doris M. Birkett	e <sup>4</sup>		1508	Rams	ay S	St.;	Ba1t	imore,	Md.	21	1223	
	20s. METHOD OF DISPOSITION  1X Burial 2 Cremation 3 Ram	oval from State	other t	OF DISPO						20c. LOC	CATION —	City or Town, Stata	
	4 Donation 6 Other (Specify)	don P						Ba1t	imor	re, Maryland			
	21. SIGNATURE OF FUNERAL SERVICE LICENSES  22. NAME AND ADORESS OF FACILITY HOWARD H. Hubbard Funeral Home, Inc.												
	* Jackie N.	Shan	nor.		- 1							re, Md. 21229	
	23. PART I. Enter the disesses, or o												Π
	shock, or heart failure.	List only one cau	se on sech fin	a,								Interval Batween Onset and Death	
	IMMEDIATE CAUSE (Final disesse or condition	Nomen	20 11 111	1/1/11	ma Ca	1	tra	1001	chao.	-	buil	The state of the s	
	reaulting in deeth)	DUE TO	(OR AS A CONSI	EOUENCE O	F):/	7	0///(	10U	Slage	Por	rivo	Interstilit	-
z		h			0					11-0	ww	aus.	
CERTIFICATION	Sequentielly liet conditiona, if any, leeding to immediate	DUE TO	(OR AS A CONSI	EOUENCE O	F):								
<u>გ</u>	CAUSE (Disease or Injury	c											
4	thet initiated events resulting in deeth) LAST	OUE TO	(OR AS A CONSI	EOUENCE O	F):								
HH HH	Tooling in addity Error	d,											_
	PART II. Other significant condition	s contributing to	daeth but not	resulting	In the un	deriyin	g ceuse ç	lven in	Part I. 24s	. WAS AN			
EDICAL	Prostate CA								1.0	PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
	Vical Esopha	altas							''	163 2	Dyno	OF DEATH? 1 ☐ YES 2 ☑ NO	
Σ	Hypertensin	7			-				_				
PHYSICIAN:	25. WAS CASE BEFERRED TO MEDICAL					28. P	LACE OF D	EATH (Ch	eck only one)				H
Sic	EXAMINER?	HOSPITAL:	ER/Outpatient	3 □ DOA	OTHER 4 Num		ne 6 🗆 Re	aldence	6 Other (Sp	nectful			٦
H	27. MANNER OF DEATH	28a. DATE OF	INJURY	28b. TIN	IE OF	26c. IN.	JURY AT		28d. DESCRI		NJURY OC	CCURED	1
>	1 Natural 6 Pending	(Month, D	ay, Year)	IN.	JURY		ORK? YES 2	] NO					
B	2 Accident Investigation 3 Suicide 8 Could not be	26a. PLACE O	F INJURY — At I	nome, farm,	street, facto	ory, offic	:0				and Numbe	er or Rural Route Number,	
ETED	4 Nomicide determined	bullaing,	atc. (Specify)						City or io	wn, State)			
Ĭ.	29e. CERTIFIER 1 CERTIFYING PNYS	ICIAN: To the best of	my knowledge, e	death occum	ed at the ti	me, date	and place	, and dua	to the causels	and men	ner as sti	ated.	
COMPL	CONSCR ONLY											the cause(a) end menner ee stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIE	R					29c. LICI	ENSE NU	ABER		29d. DA	TE SIGNED (Month, Day, Year)	-
BE			Moder	1/ 1/	alde	1							
5	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUS	SE OF DEATH (IT	EM 27) (Type	, Print)	4							+
	Marcha Ray	mendo (	MAKTHA R'S SIGNATURE	RAY	YUNI	(00	#40C	BAL	PWIN	CT b	ALT	8-4-90 DMO 4228	
	31. DATE FILED (Month, Day, Year)  AUG 0 6 100	OZ. IIEGIGITO	IN O DIGITAL OIL			1							



3. TIME OF OEATH

8. BIRTHPLACE (State or Foreign

12:00 NOON

1990

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

ELEANOR

Η.

5. SEX

BAILEY

5	with	
2	executed	
<	8	
	certificate	
3	death	
2	the	
5	that	
	requires	
	N/P	
(	The	
2	PHYSICIAN:	
DIVISION OF VIEW DECORDS, F.O. DOA 13149,	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	
Ę	S.	
	HOSPITAL	
	-	

_		577-20-4318	3	1 🗆 M 2 🖵 F	78	YRS.	MONTHS	AYS HOURS	MIN.	FEB.	1,19	12	MD.	
pinous		9e. FACILITY NAME (If not in	stitution, give s	treet end number)			9b. CITY, T	WN OR LOCA	TION OF D	EATH		9c. COUN	TY OF DEATH	н
m	6	MONTGOMERY		NERAL HO	SPITA	L		LNEY				M	ONTGO	MERY
es 1,	DIRECTOR	10e. STATE	10b. COUNT	Y		10c. CIT	Y, TOWN OR	OCATION					100	d. INSIDE CITY
permit. Pages 1, 2,		MD.	MONT	GOMERY		S	LVER	SPRING	J				10	LIMITS?
E.ad		10e. STREET AND NUMBER			_			10f. ZIP CO	DE			10g. CITIZ	EN OF WHAT	T COUNTRY?
	FUNERAL	13808 LI	EIBIG	ROAD				20	904			U	SA	
nal-tr	5	11. MARITAL STATUS  1 Never Merried 2 Merried FORCES? 1 YE								NIC ORIGIN?		or No-	Black, W	
the bunal-transit	B√	3 Widowed 4 Divorced			AR OR DATE	S	1 [	YES 2 X N	O Specif	lly:			Specify	HITE
			EDENT'S EDU		16	a. DECEDENT'S	USUAL OCC	IPATION	.,	16b. K	IND OF BUS	SINESS/INDU		
38 38	COMPLETED	Elementary/Secondary (C	ly highest grade 0-12)	College (1-4 or 5+	,	me. Do NOT us	ie retired.)	ng most of wo						v
9 6	MP	12		2		INVES!	CMENT	OFFIC	ER		BANK	ING		
at once.	8	17. FATHER'S NAME (First, M						111		AME (First, Mic		Surname)		
M 70	B	CLAUDE	НОВ	BS		T			FIE		AY			
should be deficient	2	SIDNEY BA	AILEY							- AIR			771	
be c		20e. METHOD OF DISPOSIT			20b. PL	ACE OF DISPOS					_		ity or Town,	State
ector, p	Ì	1 St Buriel 2 □ Cremetic 4 □ Donation 5 □ Other		oval from State	C	OLESVI	LLE CI	METER	Y				LLE,	
iner dir		21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE /	040		22. NA	ME AND ADD	RESS OF FA	ACILITY RBER F				
e Tuneral dir J. examiner		Mure	NX	1,150	rhe	1								LE,MD.2088
niled in by the funeral director, page on, or removal.  he medical examiner must be		23. PART I. Enter the d												Approximate
De Le		shock, or h		List only one cau	se on each	ilne.								Interval Between Onset and Death
the		disease or condition resulting in death)	<b>→</b>	. META	YS TH	FIC INSEQUENCE O	home	Can	cer					lur
completely lal, cremat event, t	i	in double,		DUE TO	(OR AS A CO	INSEQUENCE O	F):							1
	NO	Sequentially list conditions,  OUE TO (OR AS A CONSEQUENCE OF):												
the attending physician and or Mental Hygiene prior to buria njury, or other traumatic	ATI	If eny, leeding to immediate cause. Enter UNDERLYING							j					
physical property of the prope	FIC	CAUSE (Disesse or inju		CDUE TO	(OR AS A CO	NSEQUENCE O	F):							
Hygie	CERTIFICATION	reculting in death) LAS	т	d										
Mental Mental		PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS												
ned by the ath th and Memta any injury,	MEDICAL	PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSI								AILABLE PRIOR TO				
signed Health	ED									_	1 YES 2	200		DEATH?
t. of l	. Y		_											163 20 100
certificate has been signed by the State Dept. of Health and the continuous shows any in	CIAN:	25. WAS CASE REFERRED T	O MEOICAL					28. PLACE OF	DEATH (C	heck only one)				
ne Sta	S	1 TES 2 DO		HOSPITAL:	ER/Outpatie	ent 3 🗆 DOA	OTHER:	g Home 5 🗆	Residence	8 🗆 Other	Specify)			
with th	F	27. MANNER OF DEATH	Pending	28e. DATE OF (Month, D.		28b. TIN	IE OF 2	c. INJURY AT WORK?	_	28d. DESC	RIBE HOW	INJURY OCC	URED	
offer this c eath with marked,	BY	2 Accident	Investigation	20° BLACE O	E IN HIRV	At bons from	M Contract	1 YES 2	NO NO	201 1 001	1011 (011		- 0 - 10 - 4	
TOR: After this c after death with 28 is marked,	E	3 Suicide 8 4 Homicide	Could not be determined	building,	etc. (Specify)	At home, farm,	street, factor	, orne			Town, State		or Rural Rout	⊎ Numoer,
DIRECTOR: hours after item 28 i	COMPLET	290. CERTIFIER								7500		en er e barren		
	MP	(Check only		ICIAN: To the best of ER: On the basis of ea										nd manner as stated.
TO THE FUNERAL be filed within 72 I IMPORTANT: II		296. SGHATIQUE AND TITLE					,		ICENSE NU					onth, Day, Year)
be filed	B	11/11/1	MU	11/2				1	7	675	•	Þ -7	DA	9-3
	2	39: NAME-ANO ADDRESS O	F PERSON WI	10 COMPLETEO CAUS	SE OF DEATH	(ITEM 27) (Type	, Print)		16	4 (7		10	1	1
0		KUSUPH B	OCUA	mo 1	1808	Play	SILID	1 24	ا نهر	#21	2	Kou	will	e, mo
		31. DATE FILEO (Month, Day,		32. REGISTRA	H'S SIGNATI	TRE						_		1
Į		AUG 0 6	1990	Julia David	son-you	kane								
			4											DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH

2. DATE OF DEATH DAY JULY 30

TO BE COMPLETED BY FUNERAL DIRECTOR

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. N	0.		
1. DECEDENT'S NAME (First, Middle, Last) HELEN	1ARIE	BURG	MAN		2. DATE OF DEATH MONTH AU9437	3 199	VEAR	3. TIME OF DEATN 429 p M
214-74-1321	1 □ M 2 1 F 9	5 YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 10 15	94	MA]	RYLAND
							E ARUNDEL	
RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?								LIMITS?
MARYLAND   ANNE ARUNDEL   GLEN BURNIE   1 □ yes 2 ☒ no   106. STREET AND NUMBER   107. ZIP CODE   109. CITIZEN OF WHAT COUNTRY?								
203 N. HAMMONDS FERRY ROAD 21061 U.S.A.  11, MARITAL STATUS 12, WAS DECEDENT EVER IN U.S. ARMED 13, WAS DECEMBENT OF NISPANIC ORIGIN? (Specify Yea or No								. A .  - American Indian,
1 Never Married 2 Married 3X Widowed 4 Divorced	FORCES? 1 YES	2 700	If yes, s	pecify Cuban, Maxica 3 2 X NO Specify	n, Puarto Rican, etc.)	NAT OF NO.	Black, Specify	White, etc.
15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)	TION ompleted) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use i	rk done during m	ost of working	16b. KIND OF B	HOMEM		D
17. FATHER'S NAME (First, Middle, Last)	OI FINNONC		POEMTE	18. MOTHER'S NA	ME (First, Middle, Maidle ICCONVIL	en Sumame)	AKE	N.
UNKNOWN  19e. INFORMANT'S NAME (Type/Print)	CLEMMONS		DDRESS (Street		Route Number, City or To		Code)	
RAYMOND L. BURG					ERLIN, M			
20a. METHOD OF DISPOSITION  1	rai from State	METRO CI				LOCATION — C		
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY RAYMOND C. FINK FUNERAL HOME 21061 426 CRAIN HWY.S.W.GLEN BURNIE, MD.							ME 21061 NIE,MD.	
23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such se cerdiec or respiratory street, shock, or heart fellure. Liet only one cause on each line.  Approximete interval Between Onset and Death disease or condition resulting in death)  Innivation  Oue TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):								intarval Between
PART II. Other significent conditions	contributing to deeth	but not resulting in	the underlyl	ng ceuse given in	PERF	AN AUTOPSY FORMED?		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			00.1	PLACE OF DEATH (Ch	ash ash assi			N/A
EXAMINER?	HOSPITAL:	patient 3 DOA	QTHER:	me 6 - Residence				
27, MANNER OF OEATH 1 Natural 6 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY W	JURY AT ORK? YES 2 NO	28d. DESCRIBE HO	W INJURY OCC	URED	
2 Accident Investigation 3 Suicide 8 Could not be determined	26a, PLACE OF INJUR building, etc. (Spe	Y — At home, farm, str			28t. LOCATION (Stre City or Town, Str		or Rural R	loute Number,
CONDUM UNITY	IAN: To the bast of my know							) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER	24 D			29c, LICENSE NU				(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF O	EATN (ITEM 27) (Type, I	Print)	100	18 79 Park 1	1 H4	945	1 3/1790
T.C. Cullis	MD.	7R1995 A	Vc Se	verna	Park 1	MARY !	9nd	21146
31. DATE AUG 0 6 1990	AMA DEVICE	Barbara !				•		

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

April 1 March 1985 April 1985 Apr

y	ą
13140	executed v
K	2
0. 60	certificate
7.	death
2	the
Ŧ	that
TECO CO	requires
AL	The law
7	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOX 13140	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed was
5	OR
	SPITAL

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed was recommended and the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and competery miled in by the inherial director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within the State Dept, of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPITAL O	THE FUNERAL DI Se filed within 72 ho	MPORTANT: If ite

1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTMENT ( CERTIFICATE		MENTAL HYGIENE REG. NO.					
1. DECEDENT'S NAME (First, M	fiddle, Last)			2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEATH			
Viki	ANNOVA XEXEVEXIVOXEXHAIX	WANDAH BREN	DEL	7 26	90	8:37A M			
4. SOCIAL SECURITY NUMBER		'in yrs. lest birthday) IF UNDER 1 Y	EAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRT	HPLACE (State or Foreign			
215-09-37		) YRS.	OWN OR LOCATION OF DE	(Month, Day, Year) 10/25/189	99 W	. VIRGINIA			
	VERGREEN -SOUTH		TIMORE						
10s. STATE	10b. COUNTY	10c, CITY, TOWN OR				10d. INSIDE CITY LIMITS? 1 YES 2 NO			
		BALTIMO	101, ZIP CODE	100	. CITIZEN OF	WHAT COUNTRY?			
10e. STREET AND NUMBER  4 1 0 1 ROND 0  11. MARHTAL STATUS	0.00		24225						
4 10 1 ROND	12. WAS DECEDENT EVER IN	N U.S. ARMED 13. WA	21225	IC ORIGIN? (Specify Yes or N	U.S.A	E — American Indien,			
1 Never Married 2 M 3 Wildowed 4 Divorce	FORCES? 1 YES	2 NO 11 y	es, specify Cuben, Mexical YES 2 NO Specify	n, Puerto Ricen, etc.)	Spe	ck, White, etc. city: HITE			
15. DECED	DENT'S EDUCATION  lighest grade completed)  2) Coffege (1-4 or 5+)	16e. DECEDENT'S USUAL OCC (Give kind of work done dur life. Do NOT use retired.)		16b. KIND OF BUSINES		111112			
17. FATHER'S NAME (First, Mick	dle, Last)		18. MOTHER'S NA	ME (First, Middle, Meiden Surne	nme)				
190. INFORMANT'S NAME (Typ				Route Number, City or Town, Sta		21401			
Gien Maio	The state of the s			Dr., Annap					
20a. METHOD OF DISPOSITIO 1	3 Removal from State	b. PLACE OF DISPOSITION (Name other place)	of cemetery, crematory or	20c, LOCATIO	ON — City or 1	Town, State			
21. SIGNATURE OF FUNERAL	SERVICE LICENSEE	22. NA	ME AND ADDRESS OF FA	CILITY					
Denice	us sable 8	7-2-90 S	tate Anat	omy Board,	Balt	o., Md.			
ehock, or her iMMEDIATE CAUSE (Fine disease or condition resulting in death)									
Sequentielly list condition if eny, leeding to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	A CONSEQUENCE OF):  A CONSEQUENCE OF):	in!						
25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MAINTER?	t conditions contributing to deeth b	out not resulting in the und	erlying cause given in	Part I. 24a. WAS AN AUTI PERFORMED 1 VES 2 0	77	IIb. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO	MEDICAL		18. PLACE OF OEATH (Ch	eck only one)					
EXAMINER?	HOSPITAL: 1   Inpetient 2   ER/Out	OTHER:							
27. MANNER OF DEATH	26e. DATE OF INJURY		g Home 5 - Residence	6 ☐ Other (Specify)  28d. DESCRIBE HOW INJUI	RY OCCURED				
Transuran O	(Month, Day, Year)	INJURY M	WORK? 1 YES 2 NO						
	3 Suicide 6 Coula not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
e one)	(Check only Check on C								
Treduc	or complete fire	M)	29c. LICENSE NU	645 P	d. DATE SIGNE	ED (Month Day, Year)			
FREDRIC	PERSON WHO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, Print)	BIRD AVE	F. BALTO.	mb.	2/222			
AUG 6 19		ndelle			,				

after death. Page 6 may be retained by the hospital or attending physician. by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should moval. BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COM	TO BE COMPLETED BY BUYER IN MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be detache	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache
ir death. Page 6 may be retained by the hosp	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within earloans after death. Page 6 may be retained by the hosp

								21000
	FOR 1 - STATE REGISTRAR	STATE OF M		TMENT OF HEALTH A				
			CENTIF	ICATE OF DEATE		REG. NO.		3. TIME OF DEATH
	1. DECEDENT'S NAME (First, Middle, Lest)  EDWARD  L	FROY	BOWMI	an .	2. DATE OF MONTH	DEATH DAY	YEAR 90	1715 M
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24	/4.4ab C		8. BIRTI Count	HPLACE (State or Foreign
	215 20 5341	1 M 2 - F	66 YRS.		6-	1-24	m	ARYLAND
Œ	Sa. FACILITY NAME (If not institution, give si		HOSPITAL	96. CITY, TOWN OR LOCATION HAGERS 70			DOUNTY OF C	DEATH WYTON
6	RESIDENCE OF DECEDENT			717100000			7713171	70/10
DIRECTOR	10e. STATE 10b. COUNTY	ASH	4.15.1	Y, TOWN OR LOCATION  GERSTOWN				10d. INSIDE CITY LIMITS?  1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 7 E. WASH ST	r. 00:	- 201	10f. ZIP CODE	10	10g.	CITIZEN OF	WHAT COUNTRY?
ÿ	/ E. WASH 31	. HAI	201	2174	10		W 3	12.
BY FU	11. MARITAL STATUS  1 Never Merried 2 Married  3 Widowed 4 Divorced		EVER IN U.S. ARMED  XYES 2 NO AR OR DATES	13. WAS DECENDENT OF If yes, specify Cyben, I	Maxican, Puarto Ric		14. RAC Blac Spec	CE — American Indian, ock, White, atc.
6	15. DECEDENT'S EDU	CATION	16a, DECEDENT'S	USUAL OCCUPATION	16b. K	ND OF BUSINESS	MOUSTRY	0-1
COMPLETE	(Specify only highest grade		(Give kind of	work done during most of working se retired.)		FSTFI		AUTO
0 ≥	17. FATHER'S NAME (First, Middle, Last)			18. MOTHE	R'S NAME (First, Mid	dle, Meiden Suman	ne)	
	PHILID -	THOMAS	s Bourna	2	mmA	545	ANI	BEATLEY
BE	19a. INFORMANT'S NAME (Type/Print)	11011110		ADDRESS (Street and Number or				VCHINE
2	JACKIE AL DRID	6F	6041 B	OLD BOHN PD		-	217	101
	20a. METHOD OF DISPOSITION			SITION (Name of cemetery, cremete		20c. LOCATIO		
	1 Burlat 2 Cremetion 3 Ram 4 Donation 5 Other (Specify)	ovel from State	other place)	orrow (wante or contens), cramate	ay a	200. 200.1101		own, otalo
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME AND ADDRESS	OF FACILITY			
	Name Wash A	11 Bel	7-31-90	State An	atomy B	oard.	Bal+	o., Md.
-	23. PART I. Enter the diseases, or							Approximats
	shock, or haart fallure.	Liat only ona cau	se on aach line.	not amar the mode or dying	g, such au cordia	o or reapiratory	, 411000,	interval Between Onset and Death
	IMMEDIATE CAUSE (Fine)							
- 1	disease or condition resulting in death) s. Carcinoma of Aducilae							moulhs
	DUE TO (OR AS A CONSEQUENCE OF):							
Z	disease or condition resulting in desth)  s. Carcinoma of Jancha Months  DUE TO (OR AS A CONSEQUENCE OF):  Weeky  Sequentially lies conditions  b. Weeky							
2	Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF):							
CERTIFICATION	CAUSE (Disease or Injury							
Ē	that initiated events	OUE TO	OR AS A CONSEQUENCE O	F):				
2	resulting in death) LAST	d.						
-								
AL	PART II. Other significent condition	is contributing to	death but not resulting	in the underlying cause giv	ven in Part I. 2	4a. WAS AN AUTO PERFORMED?		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
음					1	YES 2 XN	0	COMPLETION OF CAUSE OF DEATH?
N N							1	1 YES 2 NO
-								
A	25. WAS CASE REFERRED TO MEDICAL			28. PLACE OF DEA	ATN (Check only one)			
PHYSICIAN: MEDICA	EXAMINER?	HOSPITAL:	ER/Outpatient 3 🗆 DOA	OTHER:	dence 6 Other 6	Specify)		
H	27. MANNER OF DEATH	28a. DATE OF	INJURY 28b, TII	ME OF 28c, INJURY AT	· · · · · · · · · · · · · · · · · · ·	RIBE NOW INJURY	OCCURED	
	1 Natural 5 Pending	(Month, De	ey, Year) IN	JURY WORK?  M 1 VES 2	NO			
ВУ	2 Accident Investigation	28e PLACE O	F INJURY At home, farm,			ION (Street and Nu	imber or Russi	I Route Number
ED	3 Suicide 6 Could not be 4 Homicide datarmined		etc. (Specify)	allow, factory, office		Town, State)	mos or resul	reactive reactions,
ET	29a. CERTIFIER				aliana ser e			
COMPL	(Check only 1 CERTIFYING PHYS			red at the time, data and place, a				
Ö	2 MEDICAL EXAMINI	ER: On the basis of er	amination and/or investigati	on, in my opinion, death occured	d at the time, date as	nd place, and due	to the cause	e(a) and menner as stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIE	R	^	29c. LICEN	ISE NUMBER	29d	DATE SIGNE	ED (Month, Day, Year)
00	Harold Minte	ch Op Yh	0	D 13	2194	•	7.2	7-90
2	30. NAME AND ADDRESS OF PERSON WI		SE OF OEATN (ITEM 27) (Typ	e, Print)				

In mD

RITRITCH JNV

32. REGISTRAR'S SIGNATURE

Julia Savidson-Rombia 1990

BALTIMORE, MARYLAND 212 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mouns after death. Page 6 may be retained by the hospital TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for be fleed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

transit permit, Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1	FOR STATE REGISTRA
-	1. DECEDENT'S
ľ	4. SOCIAL SECU
	217-36
I	9a. FACILITY NA
	Manor

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			CERTIFIC	AIE UF	DEATH	REG. NO	١.		
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH		2000	3. TIME OF DEATH
LYDIA	М.		RΛ	UER		August 1	1990	YEAR	11:00pm
4. SOCIAL SECURITY NUMBER	-	. AGE (In yrs.		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH			PLACE (State or Foreign
And the second of the second			MO	NTHS DAYS	HOURS MIN.	(Month, Day, Year)	- 1	Country	(N
217-36-3101	1 M 2 X F	100	YRS.			Dec. 8,1	889	M	aryland
9a. FACILITY NAME (If not institution, give s	street and number)		9b	. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUN	ITY OF D	EATH
Manon Cano Towe	on Murcina	Homo	ŀ		Towson			Ra 1+	imore
Manor Care- Tows	oll_Nat 2111a	поше			TOWSOIT			Dait	Tillore
10a. STATE 10b. COUNT		_		OWN OR LOCA	TION				10d. INSIDE CITY LIMITS?
Maryland			Do I	+ i m a m a	City			- 1	LIMITS?
10e. STREET AND NUMBER			l pg1	timore			T de assess		VHAT COUNTRY?
100. STREET AND NUMBER				10	f. ZIP CODE		10g. CITI	ZEN OF W	THAT COUNTRY?
5921 Falkirk Rd.					21239		U	.S.A	•
11. MARITAL STATUS	12. WAS DECEDENT E	EVER IN U.S.	ARMED			NIC ORIGIN? (Specify Ya	a or No-	14. RACE	— American Indian, c, White, etc.
1 Never Married 2 Married	FORCES? 1 I		Мио		secify Cuben, Mexico 3 2 NO Specia	an, Puerto Ricen, atc.)		Speci	
3 🕅 Widowed 4 🗌 Divorced	II TEG, GIVE WA	OHDRIES		''	A III GOOD	7:		орчи	₩ White
15. DECEDENT'S EDU	ICATION	180	DECEDENT'S US	HAL OCCUPATI	ON	16b, KIND OF BL	ISINESS/IND	HSTRY	
(Specify only highest grade	completed)		(Give kind of work life. Do NOT use re	done during m		1001 10110 01 01			
Elamentary/Secondary (0-12)	College (1-4 or 5+)					1			
8 vr's			House	wife					
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	AME (First, Middle, Maider	Sumame)		
Benjamin		Ber	gen		Cathe	rine	Μ.		McWhorter
19a, INFORMANT'S NAME (Type/Print)			2	DRESS /Street	1	Floute Number, City or Tox	vn. Stete 7in	Codel	
Mrs. Helen B. Th	omac					altimore, M			
	Ullias								
20a. METHOD OF DISPOSITION 1 [X] Burial 2 [ Cremation 3 [ Ram	ouel from State				metery, crematory or		OCATION -		
4 Donation 5 Other (Specify)	IOVAL ITOITI STATE	Lorr	aine Pa	rk 8	-4-90	l E	Baltim	ore,	Md.
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE Paul L		ock. Jr.	22. NAME /	ND ADDRESS OF F	woury Baltim	ore.M	arvi	and 21214
- 0 nd 11	4	0							
faul L. H.	autourke.	4		Leon	ard J. R	uck, Inc.	530	5 Ha	rford Rd.
23. PART I. Enter the diseases, or				entar tha m	oda of dying, au	ch as cardiac or resp	oiratory arr	re of	Approximata
shock, or heert failure.	I let only one onye	- lan 11						wat,	
shock, or neert failure.	Liet only one cause	e on eech i	ine.					war,	Interval Between
IMMEDIATE CAUSE (Final	Ciet only one cause	on eech ii	ine.				,	- Li	Interval Between Onset and Daath
iMMEDIATE CAUSE (Final disease or condition	Cus	lian	ane	J-					Interval Between Onset and Daath
IMMEDIATE CAUSE (Final	Cus	lian	SEOUENCE OF):	N-					Interval Between Onset and Daath
iMMEDIATE CAUSE (Final disease or condition	Cus	lian	ane	st-					Interval Between Onset and Daath
iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions,	a. Cus DUE TO (C	Miae OR AS A CON	ane	ナ					Interval Between
iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially liet conditione, if any, leeding to immediate	a. Cus DUE TO (C	Miae OR AS A CON	SEOUENCE OF):	ナ					Interval Between Onset and Daath
iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions,	DUE TO (C	DR AS A CON	SEOUENCE OF):	ナ					Interval Between Onset and Daath
iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly liet conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (C	DR AS A CON	SEOUENCE OF):	N-					Interval Between Onset and Daath
iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (C	DR AS A CON	SEQUENCE OF):	<b>N</b> -				works	Interval Between Onset and Daath
iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly liet conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (C b. AS C DUE TO (C c. DUE TO (C	OR AS A CONTRACTOR AS A CONTRACTOR AS A CONTRACTOR AS A CONTRACTOR AS A CONTRACTOR AS A CONTRACTOR AS A CONTRACTOR AS A CONTRACTOR AS A CONTRACTOR AS A CONTRACTOR AS A CONTRACTOR AS A CONTRACTOR AS A CONTRACTOR AS A CONT	SEOUENCE OF): SEOUENCE OF):	<i>J</i> -					Interval Between Onset and Daath
iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially liet conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (C) b. DUE TO (C) c. DUE TO (C) d	OR AS A CONTRACTOR AS A CONTRACTOR AS A CONTRACTOR AS A CONTRACTOR AS A CONTRACTOR AS A CONTRACTOR AS A CONTRACTOR AS A CONTRACTOR AS A CONTRACTOR AS A CONTRACTOR AS A CONTRACTOR AS A CONTRACTOR AS A CONTRACTOR AS A CONT	SEOUENCE OF): SEOUENCE OF):	tha undariyi	ng ceuse givan ir	1 Part i. 24s. WAS A			Interval Between Onset and Daath
iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially liet conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (C) b. DUE TO (C) c. DUE TO (C) d	OR AS A CONTRACTOR AS A CONTRACTOR AS A CONTRACTOR AS A CONTRACTOR AS A CONTRACTOR AS A CONTRACTOR AS A CONTRACTOR AS A CONTRACTOR AS A CONTRACTOR AS A CONTRACTOR AS A CONTRACTOR AS A CONTRACTOR AS A CONTRACTOR AS A CONT	SEOUENCE OF): SEOUENCE OF):	tha undariyi	ng ceuse givan ir	PERFO	N AUTOPSY PRMED?		Interval Between Onset and Daath  1 In India  30 You  WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE
iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially liet conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (C) b. DUE TO (C) c. DUE TO (C) d	OR AS A CONTRACTOR AS A CONTRA	SEOUENCE OF): SEOUENCE OF):	tha undariyi	ng ceuse givan ir	1 Part i. 24a. WAS A PERFC	N AUTOPSY PRMED?		Interval Between Onset and Daath  1 May 2 30 yrs,  WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially liet conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (C b. AS C DUE TO (C c. DUE TO (C	OR AS A CONTRACTOR AS A CONTRA	SEOUENCE OF): SEOUENCE OF):	J-tha undariyi	ng ceuse givan ir	PERFO	N AUTOPSY PRMED?		Interval Between Onset and Daath  1 In India  30 You  WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE
iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly liet conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions are supported by the conditions of the co	a. DUE TO (C) b. DUE TO (C) c. DUE TO (C) d	OR AS A CONTRACTOR AS A CONTRA	SEOUENCE OF): SEOUENCE OF):			PERFC 1 YES	N AUTOPSY PRMED?		Interval Between Onset and Daath  1 May 2 30 yrs,  WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially liet conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions along the conditions of	DUE TO (C)  DUE TO (C)  DUE TO (C)  DUE TO (C)	OR AS A CONTRACTOR AS A CONTRA	SEOUENCE OF): SEOUENCE OF): Ot resulting in	26. (	ng ceuse givan in	PERFC 1 YES	N AUTOPSY PRMED?		Interval Between Onset and Daath  1 May 2 30 yrs,  WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly liet conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions are supported by the conditions of the co	a. DUE TO (C) b. DUE TO (C) c. DUE TO (C) d	OR AS A CONSTRUCTION OF A CONSTRUCTION OF A CONSTRUCTION OF A CONSTRUCTION OF A CONSTRUCTION OF A CONSTRUCTION OF A CONSTRUCTION OF A CONSTRUCTION OF A CONSTRUCTION OF A CONSTRUCTION OF A CONSTRUCTION OF A CONSTRUCTION OF A CONSTRUCTION OF	SEOUENCE OF): SEOUENCE OF): Ot resulting in	26. I	PLACE OF DEATH (C	PERFC 1 YES	N AUTOPSY PRMED?		Interval Between Onset and Daath  1 May 2 30 yrs,  WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially liet conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions are sufficient conditions. Here is the conditions of the co	DUE TO (C)  DUE TO (C)  DUE TO (C)  DUE TO (C)  DUE TO (C)  HOSPITAL:    Inpatient 2       28e, DATE OF II	OR AS A CONSIDERATION AS A CONSIDER AS A CONSIDER AS A CONSIDER AS A CONSIDERATION AS A CONSIDERATI	SEOUENCE OF): SEOUENCE OF):  Ot resulting in 1	26. I	PLACE OF DEATH (C	PERFO	N AUTOPSY PRMED? 2 □ MO	246	Interval Between Onset and Daath  1 May 2 30 yrs,  WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly liet conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent conditions aignificent conditions. The conditions of the cause of the	DUE TO (C)  DUE TO (C)	OR AS A CONSIDERATION AS A CONSIDER AS A CONSIDER AS A CONSIDER AS A CONSIDERATION AS A CONSIDERATI	SEOUENCE OF): SEOUENCE OF): Ot resulting in	26. I	PLACE OF DEATH (Come 5 - Rasidence AUURY AT NORK?	PERFC 1 YES  heck only one)  6 Other (Specify)	N AUTOPSY PRMED? 2 □ MO	246	Interval Between Onset and Daath  1 May 2 30 yrs,  WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially liet conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions are suiting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	B. DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C  DUE TO (C	DR AS A CONSTRUCTION OF A CONSTRUCTION OF A CONSTRUCTION OF A CONSTRUCTION OF A CONSTRUCTION OF A CONSTRUCTION OF	SEOUENCE OF): SEOUENCE OF): Ot resulting in the second sec	26. I	PLACE OF DEATH (Come 5 Residence SJURY AT ORK? YES 2 NO	PERFC 1 YES  heck only one)  6 Other (Specify)  28d. DESCRIBE HOW	N AUTOPSY PRMED? 2MO	24t	Interval Between Onset and Daath  I has and all  30 yrs,  WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially liet conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART H. Other significent conditions are successful to the conditions of the co	DUE TO (C b. DUE TO (C c. DUE TO (C d	DR AS A CONSTRUCTION OF A CONSTRUCTION OF A CONSTRUCTION OF A CONSTRUCTION OF A CONSTRUCTION OF A CONSTRUCTION OF	SEOUENCE OF): SEOUENCE OF):  Ot resulting in 1	26. I	PLACE OF DEATH (Come 5 Residence SJURY AT ORK? YES 2 NO	PERFC 1 YES  heck only one)  6 Other (Specify)	N AUTOPSY PRIMED? 2NO TINJURY OC	24t	Interval Between Onset and Daath  I has and all  30 yrs,  WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly liet conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions are suiting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending investigation	DUE TO (C b. DUE TO (C c. DUE TO (C d	DR AS A CONSTRUCTION OF A CONSTRUCTION OF AS A CONSTRUCTION OF A CONSTRUCTION OF A CONSTRUCTION OF AS A CONSTRUCTI	SEOUENCE OF): SEOUENCE OF): Ot resulting in the second sec	26. I	PLACE OF DEATH (Come 5 Residence SJURY AT ORK? YES 2 NO	heck only one)  8 Other (Specify)  28d. DESCRIBE HOW	N AUTOPSY PRIMED? 2NO TINJURY OC	24t	Interval Between Onset and Daath  I has and all  30 yrs,  WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly liet conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART H. Other significent conditions are successful to the conditions of the co	B. DUE TO (C b. DUE TO (C c. DUE TO (C d	DR AS A CONSTRUCTION OF AS A C	SEOUENCE OF): SEOUENCE OF): Dot resulting in the control of the co	26. In Nursing Ho	PLACE OF DEATH (Come 5   Rasidence AUURY AT VORK?  YES 2   NO	PERFC 1 YES  heck only one)  5 Other (Specify)  26d. DESCRIBE HOW  28t. LOCATION (Streechty or Town, State	N AUTOPSY PRMED? 2	24b	Interval Between Onset and Daath  I has and all  30 yrs,  WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly liet conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent conditions are suiting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (C b. DUE TO (C c. DUE TO (C d	DR AS A CONSTRUCTION OF AS A C	SEOUENCE OF): SEOUENCE OF): Description of the second of t	26. In Nursing Ho  OTHER:  Nursing Ho  DEP 28c. If If If If If If If If If If If If If	PLACE OF DEATH (Come 5  Residence AJURY AT ORK? YES 2  NO lice	PERFC  1 YES    Neck only one    Other (Specify)    28d. DESCRIBE HOW   City or Town, State   a to the cause(s) and m	N AUTOPSY PRMED? 2	24b	Interval Between Onset and Daath  I May Add Add Add Add Add Add Add Add Add Ad
iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly liet conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent conditions are suiting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (C b. DUE TO (C c. DUE TO (C d	DR AS A CONSTRUCTION OF AS A C	SEOUENCE OF): SEOUENCE OF): Description of the second of t	26. In Nursing Ho  OTHER:  Nursing Ho  DEP 28c. If If If If If If If If If If If If If	PLACE OF DEATH (Come 5  Residence AJURY AT ORK? YES 2  NO lice	PERFC  1 YES    Neck only one    Other (Specify)    28d. DESCRIBE HOW   City or Town, State   a to the cause(s) and m	N AUTOPSY PRMED? 2	24b	Interval Between Onset and Daath  I has and all  30 yrs,  WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly liet conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent conditions are suiting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	a. DUE TO (C b. DUE TO (C c. DUE TO (C d. DU	DR AS A CONSTRUCTION OF AS A C	SEOUENCE OF): SEOUENCE OF): Description of the second of t	26. In Nursing Ho  OTHER:  Nursing Ho  DEP 28c. If If If If If If If If If If If If If	PLACE OF DEATH (Come 5  Residence AJURY AT ORK? YES 2  NO lice	PERFC  1 YES  heck only one)  6 Other (Specify)  28d. DESCRIBE HOW  28t. LOCATION (Stree-City or Town, State  a to the cause(s) and me time, data and place,	N AUTOPSY PRMEO? 2 NO 2 NO 4 and Number of and Number of and due to the st	24th CCURED or or Rural sted. the cause(	Interval Between Onset and Daath  I May Add Add Add Add Add Add Add Add Add Ad
IMMEDIATE CAUSE (Final diaease or condition resulting in death)  Sequentielly liet conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions are suiting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation investigation determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	a. DUE TO (C b. DUE TO (C c. DUE TO (C d. DU	DR AS A CONSTRUCTION OF AS A C	SEOUENCE OF): SEOUENCE OF): Description of the second of t	26. In Nursing Ho  OTHER:  Nursing Ho  DEP 28c. If If If If If If If If If If If If If	PLACE OF DEATH (Come 5   Raeldence JURY AT YES 2   NO ica ta and placa, and dudenth occured at the 29c. LICENSE NO	PERFC  1 YES  heck only one)  6 Other (Specify)  28d. DESCRIBE HOW  28t. LOCATION (Stree City or Town, State to the cause(s) and me time, data and place, supplies	N AUTOPSY PRMED? 2MO 2 injury oc and Number poly plant of the plan	24th CCURED or or Rural thed. the cause(	Interval Between Onset and Daath  I has and all  30 yrs,  WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Rioute Number,  a) and manner as stated.
iMMEDIATE CAUSE (Final diaease or condition resulting in death)  Sequentielly liet conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions and the conditions of t	a. DUE TO (C b. DUE TO (C c. DUE TO (C d. DU	DR AS A CONSTRUCTION OF AS A C	SEOUENCE OF): SEOUENCE OF): SEOUENCE OF): Ot resulting in the second sec	Nursing Ho  OFF 28c. If  If  If  If  If  If  If  If  If  If	PLACE OF DEATH (Come 5   Raeldence JURY AT YES 2   NO ica ta and placa, and dudenth occured at the 29c. LICENSE NO	PERFC  1 YES  heck only one)  6 Other (Specify)  28d. DESCRIBE HOW  28t. LOCATION (Stree-City or Town, State  a to the cause(s) and me time, data and place,	N AUTOPSY PRMED? 2MO 2 injury oc and Number poly plant of the plan	24th CCURED or or Rural thed. the cause(	Interval Between Onset and Daath  1
IMMEDIATE CAUSE (Final diaease or condition resulting in death)  Sequentielly liet conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions and the cause of the conditions of the cause	DUE TO (C b. DUE TO (C c. DUE TO (C d. DUE T	DR AS A CONSTRUCTION OF A CONSTRUCTION OF A CONSTRUCTION OF A CONSTRUCTION OF AS A CONSTRUCTION OF A CONSTRUCTION	SEOUENCE OF):  SEOUENCE OF):  SEOUENCE OF):  Ot reaulting in the second	26. In Nursing Ho OF 28c. If W M 1 cet, factory, off at the time, de	PLACE OF DEATH (Come 5   Raeldence JURY AT YES 2   NO ica ta and placa, and dudenth occured at the 29c. LICENSE NO	PERFC  1 YES  heck only one)  6 Other (Specify)  28d. DESCRIBE HOW  28t. LOCATION (Stree City or Town, State to the cause(s) and me time, data and place, supplies	N AUTOPSY PRMED? 2MO 2 injury oc and Number poly plant of the plan	24th CCURED or or Rural thed. the cause(	Interval Between Onset and Daath  I has and all  30 yrs,  WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Rioute Number,  a) and manner as stated.
iMMEDIATE CAUSE (Final diaease or condition resulting in death)  Sequentielly liet conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions and the conditions of t	DUE TO (C b. DUE TO (C c. DUE TO (C d. DUE T	DR AS A CONSTRUCTION OF A CONSTRUCTION OF A CONSTRUCTION OF A CONSTRUCTION OF AS A CONSTRUCTION OF A CONSTRUCTION	SEOUENCE OF): SEOUENCE OF): SEOUENCE OF): Ot resulting in the second sec	26. In Nursing Ho OF 28c. If W M 1 cet, factory, off at the time, de	PLACE OF DEATH (Come 5   Raeldence JURY AT YES 2   NO ica ta and placa, and dudenth occured at the 29c. LICENSE NO	PERFC  1 YES  heck only one)  6 Other (Specify)  28d. DESCRIBE HOW  28t. LOCATION (Stree City or Town, State to the cause(s) and me time, data and place, supplies	N AUTOPSY PRMED? 2MO 2 INJURY OC ct and Number poly poly poly poly poly poly poly poly	24th CCURED or or Rural thed. the cause(	Interval Between Onset and Daath  I has and all  30 yrs,  WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Rioute Number,  a) and manner as stated.
IMMEDIATE CAUSE (Final diaease or condition resulting in death)  Sequentielly liet conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions and the cause of the conditions of the cause	DUE TO (C b. DUE TO (C c. DUE TO (C d. DUE T	DR AS A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF A CONTROL OF	SEOUENCE OF): SEOUENCE OF): SEOUENCE OF): Ot resulting in the second of	26. In Nursing Ho OF 28c. If W M 1 cet, factory, off at the time, de	PLACE OF DEATH (Come 5   Raeldence JURY AT YES 2   NO ica ta and placa, and dudenth occured at the 29c. LICENSE NO	PERFC  1 YES  heck only one)  6 Other (Specify)  28d. DESCRIBE HOW  28t. LOCATION (Stree City or Town, State to the cause(s) and me time, data and place, supplies	N AUTOPSY PRMED? 2MO 2 INJURY OC ct and Number poly poly poly poly poly poly poly poly	24th CCURED or or Rural thed. the cause(	Interval Between Onset and Daath  I has and all  30 yrs,  WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Rioute Number,  a) and manner as stated.

	JQ.		
-	be		
	tach		5
	de de		9
-	P P		न
	OCK.		je j
	S		믕
	90		9
1	Pa		t b
;	.tor.		STIL
i i	Jire		-
	10		i i
	une		шез
	9	6	9
ì	3	E S	ca
,	Ξ.	9	9
	led	٥,	8
1	ly fi	atio	Ē
	lete	Le L	Ħ,
3	Эшо	, c	\$
	OP	urla	2
3	T an	0	E
3	iciar	10	DEL
1	Ships	e p	-
	0	glen	듬
5	ipui	£	6
100	atte	mal	ž
5	the	Me	킅
1	ã	and	N.
3	ned	들	2
0	Sig	Hea	3
5	een	ō	Sp
CIN	ls b	ept.	23
2	9	te D	E
	ficat	Sta	=
5	Sert	the state	0
2	sic o	長	Pe
5	er t	ti.	Пал
5	. Aff	de	80
ū	DR.	after	82
2	PEC	13	E
IN THE MONTHAL UN ALLENDING THIS ISSUE AND THE INDIVIDUAL TO THE MONTH AND THE MONTH A	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for	be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
K	RAI	72	13
3	UNE	事	Z
2	F	¥ p	H
=	E	fle	5
2	12	8	$\equiv$

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND N CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH MONTH DAY

	1 - STATE REGISTRAR	SIAIE UF N		CERTIF					VICTIAL	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)			<u>OLIIII</u>	IOAII		<i></i>	•	2. DATE C	F DEATH			3. TIME OF DEATH	1
ľ	James	R .			Cr	awfo:	rd	Jr.	MONTH 8	DA 1	Y	90	3:25 P	М
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs	. lest birthday)		R 1 YEAR	IF UNDER		7. DATE O			8. BIRTHI	PLACE (State or For	
-	215-96-6218	1.00 M 2 🗆 F	24	YRS.	MONTHS	BYAD	HOURS	MIN.		18-6	,	Country	laren and the	~
	9e. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY	r, TOWN O	R LOCATIO	ON OF DE		-10-0		NTY OF DE	<u>NSBORO</u>	5.0
	2100 Blk. Ashlar					Do 1	timo	<b>r</b> 0						
	RESIDENCE OF DECEDENT	iu Ave.				Dal	CIIIO.	re						
	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY LIMITS?	
	MD			BA	4LTI	MOR	E . $C$	TTY	•				1 TYES 2 1	NO
	10e. STREET AND NUMBER						ZIP CODE				10g. CIT	ZEN OF W	HAT COUNTRY?	
	3403 Bateman A	venue					2.7	216				U.S.	A	
	11. MARITAL STATUS	12. WAS DECEDEN		ARMED					IIC ORIGIN?	(Specify Yes	or No-		- American Indie	n,
	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE V				1 TES				cent, etc.)			BLACK	
							**						DDROR	
	15. DECEDENT'S EDUC (Specify only highest grade		184	(Give kind of	work done	during mos		g	16b.	KIND OF BUS	SINESS/INC	DUSTRY		
	Elementery/Secondery (0-12)	College (1-4 or 5	+)	UNEM										
	9 T H	· · · · · · · · · · · · · · · · · · ·		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		20	40 ***	tente	NE (E)	nami as to	0			
	17. FATHER'S NAME (First, Middle, Last)									iddia, Maiden				
	JAMES CRAWFORD  19a. INFORMANT'S NAME (Type/Print)	Sr.				0.00				ORDAN or, City or Tow		. 0 . 1 . 1		
	EVELYN YARBORO	UGH											21216	
	20e. METHOD OF DISPOSITION		20h B1	ACE OF DISPO					DILL	_	CATION —			-
	to Burial 2 ☐ Cremation 3 ☐ Ram 4 ☐ Donation 5 ☐ Other (Specify)	oval from Stata	oth	er place)										
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	- DF	LTIMC		NAME AN			CILITY	BAL	TIMO	$RE_{\sigma}$	M.D	
	- 0. O \													
	Dladup	Wa	nen		W	M.C	. <i>MA</i>	RCH	$F \cdot E$	7. 11	01 E	7. IV	ORTH AV	ZE .
	23. PART i. Enter the diseases, or call shock, or heart failure.				not ente	r the mo	de of dy	ing, suc	h es card	lac or reapi	iratory sr	rest,	Approxime interval Be	tween
-	IMMEDIATE CAUSE (Final disease of condition	-				_							Onset and	Desth
	resulting in death)			und of		<u>d</u>								
		DOE IC	OH AS A CU	MSECUENCE (	JF):								Ì	
	Sequentially list conditions,	bDUE TO	OR AS A CO	NSEOUENCE (	OF):								<del>-</del>	
	if eny, leading to immediate ceuse. Enter UNDERLYING												ļ	
	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CO	NSEOUENCE (	OF):									
	resulting in deeth) LAST	d.												
5	DART II. Other classificant condition				I- 45				D	24a. WAS AN	ALITODAY		. WERE AUTOPSY FI	
	PART II. Other significant condition	s contributing to	deetu put i	not resulting	in the u	ingeriyin	g cause	given in	Pairt I.	PERFO!		240	AVAILABLE PRIOR COMPLETION OF C	TO
						-				1 X YES	NO 🗌		OF DEATH?	MUSE
													1 💢 YES 2 🗌 I	МО
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ОТНЕ		LACE OF D	EATH (C	neck only on	•)				
	1 X YES 2 □ NO	1 Inpatient 2						esidence	8 Depthe		str			
	27. MANNER OF DEATH  1 Natural 5 Pending	28e. DATE O (Month,	F INJURY Day, Year)		JURY	WC	JURY AT ORK?	3	28d. DES	CRIBE HOW	INJURY O	CURED		
	2 Accident Investigation		L/90		17P <sup>™</sup>		YES 2 j	NO			ect s		D. 4. W L.	
	3 Suicide 8 Could not be	building	, etc. (Specify)	At home, ferm	, atreet, te	ctory, ome	:0		City	or Town, State,	)		Route Number,	
			stre	eet		_	_	_	12T00	BIK.	Ash.	land	Ave, Bal	to,M
2	29a. CERTIFIER (Check only one)													
	MEDICAL EXAMINI	ER: On the beele of	exemination ar	nd/or investigst	lon, in my	opinion, o	leath occu	red at the	ilma, date	end place, er	nd due to t	he cause(	a) end manner ee s	tated.
1	2011 SIGNATURE AND TITLE OF CERTIFIE	R) ATH	2010				29c. LIC	ENSE NU	MBER		29d. DA	TE SIGNED	(Month, Day, Year)	
	the Ye	HI	-201					CME				8	3/2/90	
	30 NAME AND ADDRESS OF PERSON W				oe, Print)									55
	Frank J. Peretti						111	l Pe	nn St	•	Ва	alto.	MD 212	01
	31. DATE FILED (Marith O 6 1990	ALCOHOL:	MENNAT!	And Se										
	MUU U U 1330	a	100											

a state of the said

3. TIME OF DEATN

10d. INSIDE CITY LIMITS? 1 YES 2 NO

Black

21216

Approximate Interval Betwee

24b. WERE AUTOPSY FINDINGS

1 | YES 2 | NO

OF DEATH?

AVAILABLE PRIOR TO COMPLETION OF CAUSE

Onset and Daeth

1:33P

bunial-transit permit. Pages 1, 2, 3 should

physician.

DIRECTOR

FUNERAL

BY

B

COMPLET

BE

2

once

notified

must

examiner medical the traumatic event. other 9 n signed by the attent Health and Mental injury, any shows a been a s certificate has been the State Dept. 23 item 6 this c marked, DIRECTOR: After the hours after death 69 28

DIVISION OF VITAL RECORDS,

The

ATTENDING PHYSICIAN:

8

FUNERAL ( HOSPITAL

TO THE HOSPITE
TO THE FUNERA
De filed within 72
IMPORTANT: 1

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

2

Λ

Item

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH Caldwell John 6. AGE (In yrs. last birthday) 7. DATE OF BIRTN (Month, Day, Year 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 2-70-6894 DAYS 1 M 2 - F 6-22-9a. FACILITY NAME (If not institution) 9c. COUNTY OF DEATN 9b. CITY, TOWN OR LOCATION OF DEATH RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 2 ucensgat 1229 0. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. 11. MARITAL STATUS If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15, DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5 +) 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Caldwell Ella 100 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Nu nber or Rural Route Number te, Zip Code) St 20a, METNOD OF DISPOSITION

1 Duriel 2 Cremetton 3 20b. PLACE OF DISPOSITION (Name of 20c. LOCATION erv, crematory or rest Donation 6 Other (Specify) 1500 THAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY ar 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final disesse or condition DUE TO (OR AS A CONSEQUENCE OF): artine resulting in death) Jarline renal Aante Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if sny, lasding to immediate . Enter UNDERLYING Anemia CAUSE (Disesse Dr injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 ☐ YES 2 ☐ NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one) HOSPITAL:
1 □ Inpatient 2 □ ER/Outpatient 3 □ DOA

1 YES 2 NO 4 Nursing Nome 5 Residence 6 Other (Specify) 26a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF INJURY 28c. INJURY AT WORK? 26d. DEŞCRIBE NOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be 4 Nomicide

29a. CERTIFIER
Thank ank 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

Ave.

29b. SIGNATURE AND TITLE OF CERTIFIER , MD 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 

MD

Boltimore

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

MITUN CHOI Hospital Agnes 900 Carton

31. DATE FILED (Month, Day, Year)

ээ перівтили Балуадаў— 1990

DNMN-16 Rev 1/89

4 . . . .

att	Se	
0	Do.	5
Spita	ed.	
2	fact >	
the	8	0
4	0	7
inec	noc	Sie
reta	5 5	1000
2	906	9
may	Ď.	1
9	ecto	E
20	हें	200
₩.	lera	im
dea	. ₹	SA.
fter	the	100
53	re n	) pe
10	pa o	8
15	y fil	the
1	eme	10
3	J Cr	SA COL
55	d de	410
2	To t	
20	icia io	Ī
icate	phy of	1
entit	gie	400
t c	Prod H H	00
dea	e at	7
the	A Th	Indi
that	d b	1
res	igne	9
100	S H	harr
×	P 5	0
96	Pas De	0
=	cate	160
CIA	entif	
3	is c	70
6.9	th y	Anna
S	Aff	0
EN	DR PE	00
RAI	REC	1
0	5	70.
MIN	RA	20 .2
SO	SHE SHE	
中工	市市	-
O THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cetificate be executed within 24 flours after death. Page 6 may be retained by the hospital or att	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use a fine within 72 hours after death with the State Dent, of Health and Mental Mysiene prior to burial, cremation, or removal.	secondary, it is an object to them 92 shaws not interest or other framents mant the medical assumes must be matified of ones.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	<b>HYGIENE</b>
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE OF MA	RYLAND / DEPART	MENT OF H		ENTAL HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last) WALTER JENNINGS	CROSS J	r. ,		2. DATE OF DEATH	Y 90 YE	ar 05:00am m
	4. SOCIAL SECURITY NUMBER 5. SEX 6. 1 [XM 2 ] F	AGE (In yrs. lest birthday) 7 0 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.		(	SIRTHPLACE (State or Foreign Country) Keyser, WV
OR	9a. FACILITY NAME (If not institution, give street and number) SACRED HEART HOSPITAL			AND, MD.	ГН	9c. COUNTY ALL	OF DEATH EGANY
DIRECTOR	10a. STATE 10b. COUNTY  WV Mineral	1 1	town or locat	ION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 12 N. Main Street			26726			OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Midowed 4 Divorced 12. WAS DECEDENTS FORCES? 1 2 IF YES, GIVE WAR WW II		If yes, spi	ENDENT OF HISPANIC celly Cuban, Mexican, 2 NO Specify:	ORIGIN? (Specify Yea Puerto Rican, atc.)		RACE — American Indian, Black, Whita, etc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  1 2  College (1-4 or 5+)	16a. DECEDENT'S I (Give kind of w Whe. Do NOT use	ork done during mo: retired.)	at of working	186. KIND OF BUS	tment	
NA.	1 Z 17. FATHER'S NAME (First, Middle, Last)	Departin	ene mang		E (First, Middle, Maiden		OCOIC
ŏ	Walter J. Cro	oss Sr.		Mabel			nes
BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street a		ute Number, City or Town		
2	Peter D. Hartman	36 S1	narples	s Stree	t Keyse	er, WV	26726
	24s. METHOD OF OISPOSITION 1. Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	20b. PLACE OF DISPOS other place) Potomac					or Town, Btata , WV 26726
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		Rot	ruck Fur S. Main	um neral Ho Street	me Keys	er, WV 26726
CERTIFICATION	Sequentistly list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE, (Disease or Injury		periodic La				Interval Batween Onset and Desth
BY PHYSICIAN: MEDICAL CE	PART II. Other significant conditions contributing to de	eath but not resulting I	n the underlying	g cause given in P	24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1  YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL		26. Pt	ACE OF OEATH (Chec	k only one)		
Sic	EXAMINER?  1 YES 2 NO 1 Inpatient 2 E	R/Outpatient 3 🗆 DOA	OTHER: 4 Nursing Hom	e 5 🗆 Raeldenca 6	Other (Specify)		
у РНУ	27. MANNER OF DEATH  1 Netural 5 Pending Investigation		URY WO	URY AT PRK? YES 2 NO	28d. OEŞCRIBE HOW I	NJURY OCCUR	EO
	Z   Pacifoliti	NJURY — At home, farm, s (Specify)	treet, factory, offic		281. LOCATION (Street of City or Town, State)	and Number or I	Rurel Route Number,
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of medical EXAMINER: On the basis of axam						ause(s) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUMB	SEN .	29d, DATE SI	GNED (Month, Day, Year)
O BE	Robert Ore	400		D348	46	<b>&gt;</b> 7	130/90
ОТ	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE  9 0 5 2 1  31. DATE FILED (Month, Day, Year)  ALIB 0 6 1000 5 112 112 112 112 112 112 112 112 112 1	Onine	Print)	inhe	lend	, ly	p 21502

# TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-motions after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit, be filled within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burlat, cremation, or removal. BALTIMORE, MARYLAND 21203-3146

FOR

### STATE OF MADVEAUD / DEPARTMENT OF HEALTH AND MENTAL HYCHENE

	1. DECEDENT'S NAME (First, Middle, Lest)				OF DEATH	2. DATE OF	DAY		YEAR	3. TIME OF DEATH
		WIL	LIAM C. D	ARNELL		AUG.	5, 19	990		9:10 A. M
	4. SOCIAL SECURITY NUMBER 212-18-2496	6. SEX 6. 1 🔯 M 2 🗆 F	AGE (In yrs. last birthday) 92 YRS.	MONTHS DA	AR IF UNDER 24 HRS.	7. DATE OF 1	1, 18	398	MAR	PLACE (State or Foreign
OR	90. FACILITY NAME (If not institution, give str FOREST HAVEN NURS				WN OR LOCATION OF D	EATH			LTIM	
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  MARYLAND  BAI	TIMORE		TONSVI						10d. INSIDE CITY LIMITS? 1 YES 2 NO
ERAL	10e. STREET AND NUMBER 502 ACADEMY ROAD				101. ZIP CODE 21228			10g. CIT	U.S	WHAT COUNTRY?
B⊀	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 X IF YES, GIVE WAR	YES 2 NO	If ye	DECENDENT OF HISPA a, specify Cuben, Mexico YES 2 NO Specif	an, Puerto Rica		or No-	14. RACI Blac Spec	E — American Indian, k, White, stc.
COMPLETED	1s. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		16e. DECEDENT'S (Give kind of life. Do NOT of STONE M	work done durir ise retired.)	PATION ig most of working	Corres	F EM			
BE CON	17. FATHER'S NAME (First, Middle, Last) ALBERT DARNELL				16. MOTHER'S NA EMMA SW		le, Maiden :	Surname)		
TO B	194. INFORMANT'S NAME (Type/Print) MELVIN I. DARNELI	ı			Y ROAD, CAT					21228
	26s, METHOD OF DISPOSITION 1 (A Burlal 2 Cremation 3 Remo	val from State	WOODLAWN		of cemetery, cremetory or RY					ARYLAND
	21. SIGNATURE OF FUNERAL-SERVICE LICE	DABLE 2	the	LER		JSSELL				NERAL HOMES LE, MD.21228
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OI	R AS A CONSEQUENCE	OF):						
MEDICAL	PART II. Other significant conditions	contributing to de		) in the unde	rlying cause given ir		e. WAS AN PERFOR	MED?	24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 ANO	HOSPITAL:	R/Outpatient 3 DOA	OTHER:	26. PLACE OF DEATH (C		baseM.d			
BY PHYS	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF IN (Month, Dey,	JURY 28b. Ti	ME OF 28	Home 5 Residence c. INJURY AT WORK? I YES 2 NO	28d. DEŞCR		NJURY O	CCURED	
	3 Suicide 5 Could not be determined	28e. PLACE OF I building, etc	NJURY — At home, farm 2. (Specify)	, street, factory	, office		ON (Street e fown, State)	and Numb	er or Rural	Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC CERTIFYING PHY									(s) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	cond,			29c, LICENSE NU	UMBER 0375	73			D (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	MD	7220 Po	on, Print)	ights Ave				ME	80515
	ALIG 0.6. 1990	A THE DESTRICTION	SIGNATURE CONTRACTOR							

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DHMH-16 Rev 1/89

1 - STATE REGISTRAR		CERTIF	IMENI UF	F DEATH	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)					2. OATE OF DEATH		3. TI	ME OF DEATH
ELZBIETA ERINGIS	6 (a.k.a.	: Elizabeth	Ering	is)	MONTH DA	ΑY	YEAR 90	1/150 M
4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthday)	IF UNDER 1 YEAR		7. OATE OF BIRTH		8. BIRTHPLACI	E (State or Foreign
213-30-1594	1 🗆 M 2 📆 F	83 YRS.	MONTHS DAY	HOURS MIN.	1 99 - 30 -	- 06	Lithua	nia
9a. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY, TOW	N OR LOCATION OF D			TY OF DEATH	
St. Agnes Hospi	tal		BAL	TIMORE CI	TY			
RESIDENCE OF DECEDENT								
10a. STATE 10b. COUNTY		10c. CITY	r, TOWN OR LO				225.3	INSIDE CITY LIMITS?
	timore				utus			YES 2 XNO
100. STREET AND NUMBER 1127 Circle Drive				10f. ZIP CODE 21227			en of what of uania	COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT EX	VED MILLS ADMED	140 1100 1		WO OBIONIS #5			
1 Never Married 2 Married	FORCES? 1	YES 2 NO	If yes,	specify Cuban, Mexico	NIC ORIGIN? (Specify Yea an, Puerto Rican, atc.)	OF NO-	Black, White	merican Indian, ta, atc.
3 K Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES	1 1 1	ES 2 NO Specif	<b>y</b> :		Specify: Wh	ite
15. DECEDENT'S EDU		16a. DECEDENT'S	USUAL OCCUP	ATION	16b. KIND OF BU	SINESS/INDL		
(Specify only highest grade Elamentary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	vork done during se retired.)	most of working				
		Homemak	ker					
17, FATHER'S NAME (First, Middle, Last)				100000000000000000000000000000000000000	AME (First, Middle, Maiden			
Jonas Andr	isenas			(Unava	ilable)	G	rubait	e
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stre	et and Number or Rural	Route Number, City or Tow	rn, State, Zip	Code)	
Stanley Eringis		108 V	Vestda1	e Ct.; Ti	monium, Md	. 210	93	
20a, METHOD OF DISPOSITION 1 A Burial 2 Cremetion 3 Ram	oval from Stata	20b. PLACE OF OISPOS other place)	SITION (Name of	cemetery, crematory or	20c. LO	CATION — C	City or Town, S	tete
4 Donation 5 Other (Specify)		Loudon I				timor	e, Mar	yland
21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	٨		AND ADDRESS OF F	ксыту .bbard Fune	ral H	ome T	No
historia	- H MO	bis			Avenue; B			
23. PART i. Enter the diseases, or								Approximata
shock, Or heart failure.	List only one cause	on each line.						
II IMMEDIATE CALICE (Final	22.577 -111 -015						į	Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition			APP	EST			į Į	
	CAR	DIAC	ARR	EST				
disease or condition resulting in deeth)	CAR	DIAC	ARR	EST	4A			
disease or condition	a. CAR DUE TO (OF		ARY	EST	4A			
disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. DUE TO (OF OUE TO))))))))))))	SDIAC A AS A CONSEQUENCE OF A AS A CONSEQUENCE OF A CONSEQUENCE OF	PIAL	EST EDEI INF	MA			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO (OF OUE TO))))))))))))	CDIAC RAS A CONSCOUENCE OF LMONA	PIAL	EST EDEI INF	YA FARCT			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. DUE TO (OF OUE TO))))))))))))	SDIAC A AS A CONSEQUENCE OF A AS A CONSEQUENCE OF A CONSEQUENCE OF	PIAL	EST EDEI INF	YA FARCT			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE OUE OUE OUE OUE OUE OUE OUE OUE OUE	A AS A CONSEQUENCE OF AS A	PIAL	EDEI	Pert I. 24s. WAS AN			Onset and Death  E AUTOPSY FINDINGS
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE OUE OUE OUE OUE OUE OUE OUE OUE OUE	A AS A CONSEQUENCE OF AS A	PIAL	EDEI	Part I. 24a, WAS AN	RMED?	AWAII	Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE OUE OUE OUE OUE OUE OUE OUE OUE OUE	A AS A CONSEQUENCE OF AS A	PIAL	EDEI	Pert I. 24s. WAS AN	RMED?	AMAII COM OF E	Onset and Death  E AUTOPSY FINDINGS LABLE PRIOR TO PUETTION OF CAUSE DEATH?
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE OUE OUE OUE OUE OUE OUE OUE OUE OUE	A AS A CONSEQUENCE OF AS A	PIAL	EDEI	Part I. 24a, WAS AN	RMED?	AMAII COM OF E	Onset and Death  E AUTOPSY FINDINGS LABLE PRIOR TO PLETION OF CAUSE
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE TO (OF OUE OUE OUE OUE OUE OUE OUE OUE OUE OUE	A AS A CONSEQUENCE OF AS A	ARY PIAC Pi:	EDEI	Part I. 24a. WAS AN PERFO	RMED?	AMAII COM OF E	Onset and Death  E AUTOPSY FINDINGS LABLE PRIOR TO PUETTION OF CAUSE DEATH?
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions  25. WAS CASE REFERRED TO MEDICAL CAUSE (MEDICAL CAUSE)	a.  DUE TO (OF  DUE TO (OF  DUE TO (OF	R AS A CONSEQUENCE OF AS A	P: DIAL P: DIA	EDEI  TWE  ying ceuse given in	1 Part I. 24a. WAS AN PERFO 1 U YES :	RMED?	AMAII COM OF E	Onset and Death  E AUTOPSY FINDINGS LABLE PRIOR TO PUETTION OF CAUSE DEATH?
Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.	a. DUE TO (OF DUE TO (	RAS A CONSEQUENCE OF AS A CONSEQUENCE OF A RAS A RAS A CONSEQUENCE OF A RAS A CONSEQUENCE OF A RAS A CONSEQUENCE OF A RAS A CONSEQUENCE OF A RAS A CONSEQUENCE OF A RAS A CONSEQUENCE OF A RAS A CONSEQUENCE O	PIAL F):  In the underly  OTHER: 4   Nursing   1E OF   26c.	LEDE I	1 Part I. 24a. WAS AN PERFO 1 U YES :	RMED?	OMAII COM OF E	Onset and Death  E AUTOPSY FINDINGS LABLE PRIOR TO PUETTION OF CAUSE DEATH?
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL DAMINER?  1 YES 2 NO  26. WAS CASE REFERRED TO MEDICAL DAMINER?  1 YES 2 PROBLEM OF DEATH  5 Pending	a. DUE TO (OF DUE TO (	RAS A CONSEQUENCE OF AS A CONSEQUENCE OF A RAS A RAS A CONSEQUENCE OF A RAS A CONSEQUENCE OF A RAS A CONSEQUENCE OF A RAS A CONSEQUENCE OF A RAS A CONSEQUENCE OF A RAS A CONSEQUENCE OF A RAS A CONSEQUENCE O	Primary and a second a second and a second and a second and a second and a second a	JN P	Part i. 24a. WAS AN PERFO 1 U YES :	RMED?	OMAII COM OF E	Onset and Death  E AUTOPSY FINDINGS LABLE PRIOR TO PUETTION OF CAUSE DEATH?
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL DAMINER?  1 YES 2 NO  27. WAS CASE REFERRED TO MEDICAL DAMINER?  1 YES 2 Pending Investigation	a. DUE TO (OF DUE TO (	RAS A CONSEQUENCE OF AS A	Price of the underly	ying ceuse given in  PLACE OF DEATH (C)  Home 5   Residence  INJURY AT  WORK?  YES 2   NO	Part I. 24a. WAS AN PERFO!  1 YES:  6 Other (Specify)  28d. DE\$CRIBE HOW	INJURY OCC	AMAI COM OF E	Onset and Death  IE AUTOPSY FINDINGS LABLE PRIOR TO PLETION OF CAUSE DEATH?  YES 2 \( \subseteq \text{ NO} \)
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MAINTER OF DEATH  1 Visitum 5 Pending investigation	a. DUE TO (OF b. OUE TO (OF c. DUE TO (OF d. D. DUE TO (OF d. D. DUE TO (OF d. D. D. D. D. D. D. D. D. D. D. D. D. D.	RAS A CONSEQUENCE OF AS A	Price of the underly	ying ceuse given in  PLACE OF DEATH (C)  Home 5   Residence  INJURY AT  WORK?  YES 2   NO	Part I. 24a. WAS AN PERFO 1 YES : heck only one)  6 Other (Specify)  28d. DESCRIBE HOW	INJURY OCC	AMAI COM OF E	Onset and Death  IE AUTOPSY FINDINGS LABLE PRIOR TO PLETION OF CAUSE DEATH?  YES 2 \( \subseteq \text{ NO} \)
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. Manual State of Death  1 Visitual S Pending Investigation  3 Buicide 6 Could not be detarmined	a.  DUE TO (OF  DU	RAS A CONSEQUENCE OF AS A	Printhe underly in th	JOE J  Jone S   Residence INJURY AT WORK?  YES 2   NO office	Part I. 24a. WAS AN PERFO 1 UPS :	INJURY OCC	AMAI COM OF E 1 □	Onset and Death  IE AUTOPSY FINDINGS LABLE PRIOR TO PLETION OF CAUSE DEATH?  YES 2 \( \subseteq \text{ NO} \)
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MINUTER OF DEATH  1 Accident 5 Pending Investigation 6 Could not be detarmined  29a. CERTIFIER (Check only 1 CERTIFYING PHYS)	a.  DUE TO (OF  DU	RAS A CONSEQUENCE OF AS A	Price of the street, fectory, fectory, fectory, fectory, fectory, fectory, fectory, fectory, fectory, fectory, fectory, fector	Ving ceuse given in  PLACE OF DEATH (Cotome 5   Residence INJURY AT WORK?  YES 2   NO Office	Part I. 24a. WAS AN PERFO 1 U YES :  heck only one)  6 U Other (Specify)  28d. DESCRIBE HOW  26f. LOCATION (Street City or Town, State	INJURY OCC	AMAI COMM OF E	Onset and Death  WE AUTOPSY FINDINGS LABLE PRIOR TO PLETION OF CAUSE DEATH?  YES 2 \( \subseteq \text{NO} \)  Number,
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MARGINER OF DEATH  1 Significant Spending Investigation  3 Buildide 6 Could not be detarmined  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMIN	a. DUE TO (OF b. OUE TO (OF c. DUE TO (OF d. DUE TO (OF d. DATE OF IN. (Mojth, Day, 28e. PLACE Of II building, atc	RAS A CONSEQUENCE OF AS A	Price of the street, fectory, fectory, fectory, fectory, fectory, fectory, fectory, fectory, fectory, fectory, fectory, fector	ying ceuse given in  PLACE OF DEATH (Colome 5   Residence INJURY AT WORK? YES 2   NO Iffice	A R C T A PERFO  1 Part I. 24a. WAS AN PERFO  1 YES:  6 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State  a to the cause(a) and mae time, data and place, as	INJURY OCC	AMAI COMM OF E	Onset and Death  E AUTOPSY FINDINGS LABLE PRIOR TO IPLETION OF CAUSE SEATH?  YES 2 \( \sum \) NO  Number,
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MINUTER OF DEATH  1 Accident 5 Pending Investigation 6 Could not be detarmined  29a. CERTIFIER (Check only 1 CERTIFYING PHYS)	a. DUE TO (OF b. OUE TO (OF c. DUE TO (OF d. DUE TO (OF d. DATE OF IN. (Mojth, Day, 28e. PLACE Of II building, atc	RAS A CONSEQUENCE OF AS A	Price of the street, fectory, fectory, fectory, fectory, fectory, fectory, fectory, fectory, fectory, fectory, fectory, fector	Ving ceuse given in  PLACE OF DEATH (Cotome 5   Residence INJURY AT WORK?  YES 2   NO Office	A R C T A PERFO  1 Part I. 24a. WAS AN PERFO  1 YES:  6 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State  a to the cause(a) and mae time, data and place, as	INJURY OCC	AMAI COMM OF E	Onset and Death  WE AUTOPSY FINDINGS LABLE PRIOR TO PLETION OF CAUSE DEATH?  YES 2 \( \subseteq \text{NO} \)  Number,
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MARGINER OF DEATH  1 Significant Spending Investigation  3 Buildide 6 Could not be detarmined  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMIN	a.  DUE TO (OF  DU	RAS A CONSEQUENCE OF AS A	or in the underly street, factory, on, in my opinion	ying ceuse given in  PLACE OF DEATH (Colome 5   Residence INJURY AT WORK? YES 2   NO Iffice	A R C T A PERFO  1 Part I. 24a. WAS AN PERFO  1 YES:  6 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State  a to the cause(a) and mae time, data and place, as	INJURY OCC	AMAI COMM OF E	Onset and Death  E AUTOPSY FINDINGS LABLE PRIOR TO IPLETION OF CAUSE SEATH?  YES 2 \( \sum \) NO  Number,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)
ALIG 06 1990

TO BE COMPLETED BY FUNERAL DIRECTOR

DHMH-16 Rev 1/89

đ \*\*

BALTIMORE, MARYLAND

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

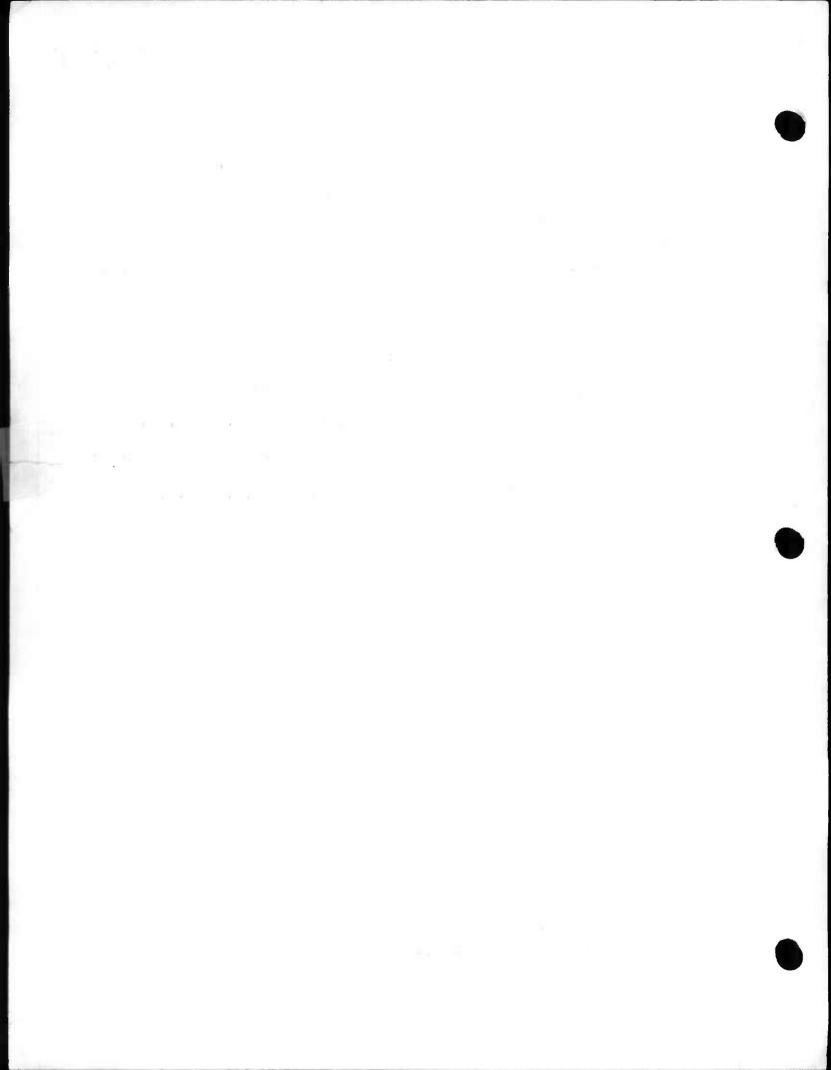
ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the immune or amount of physician.	R: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should a certificate has been signed by the burial-transit permit. Pages 1, 2, 3 should	h with the State Dept. of Health and Mental Hygiene	is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at onta
TO THE HOSPITAL OR ATTENDING PHYSICIAN:	TO THE FUNERAL DIRECTOR: After this certifical	be filed within 72 hours after death with the Sta	IMPORTANT: If Item 28 is marked, or Ite

FOR STATE REGISTRAR

1 -

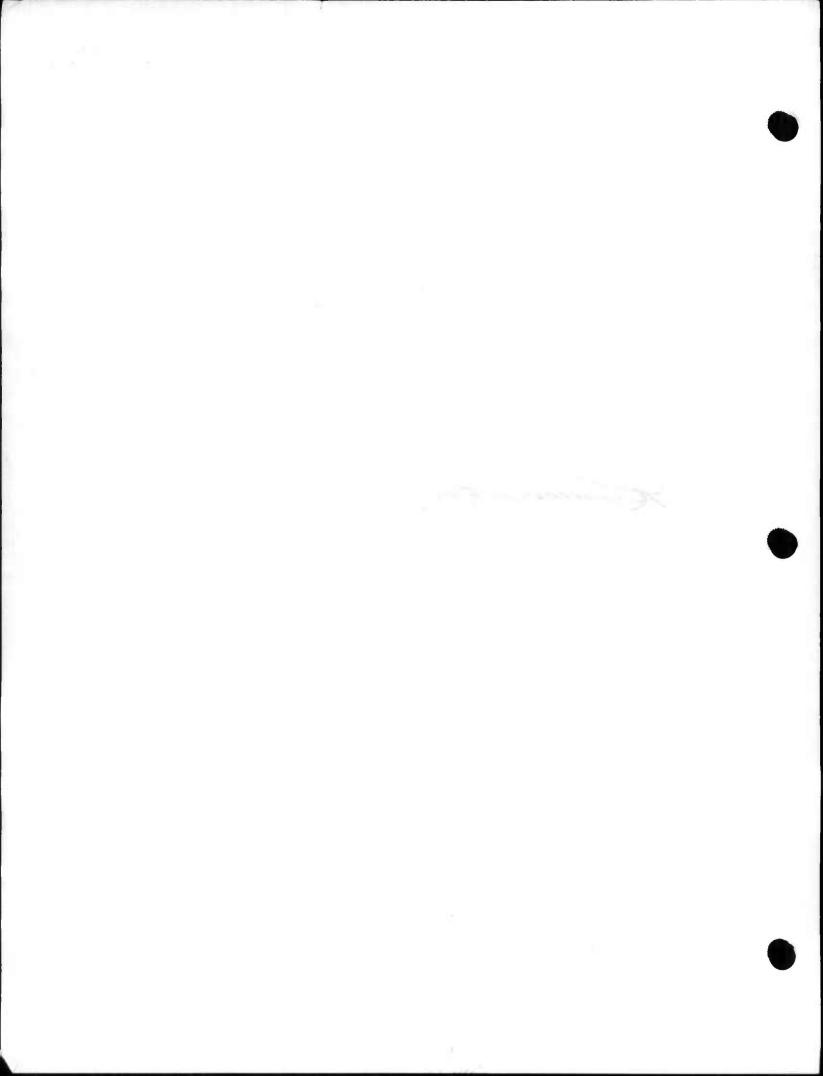
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEGENT'S NAME (First, Middle, Last)					OATE OF OEATH ONTH DA	Y YE	AR 3. TIME OF CEATH
1	JAMES	FISHER				17 28	90	11:30 P M
	4 0/00	5. SEX 8. AGE (		NTHE DAYS	HOURS MIN.	MODIA, Day, Year	7/1 3/	SIRTHPLACE (State or Foreign Country)
	211		2.5			00.0,19		
TOR	99. FACILITY NAME (If not institution, give stre PRINCE GEORGE'S HOS RESIDENCE OF DECEDENT			CHEV	ERLY		PRINCE	GEORGE <sup>t</sup> S
EC	10a. STATE 10b. COUNTY		10c. CITY, 1	OWN OR LOCA	TION			10d. INSIDE CITY LIMITS?
FUNERAL DIRECTOR	Md. Prin	nces Georg	ge Bov	vie	of, ZIP CODE		10a CITIZEN	1 2 YES 2 NO
VERA	16102 Pointer B				20716		U	.S.A.
BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 X YES IF YES, GIVE WAR OR D	2 NO	If yes, s	CENOENT OF HISPANIC Of pecify Cuben, Mexicen, Pu S 2 NO Specify:		200	RACE — American Indian, Black, White, atc. Specify: Black
ED	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION omoleted)	16a. DECEDENT'S US	UAL OCCUPAT	ION ost of working	16b. KIND OF BUS	INESS/INDUST	TRY
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wor life. Do NOT use of Sex*		•	no	ne	
BE CON	17. FATHER'S NAME (First, Middle, Lest)  Manuel Fishe:	r		*	16. MOTHER'S NAME (F		Surneme) Cole	
TO B	190. INFORMANT'S NAME (Type/Print) Flora Fisher		196. MAILING A	Point	end Number or Rural Route ter Ridge	Number, City or Town Dr. Bow	ie, Md	20716
	20a METHOO OF OISPOSITION  1 Surial 2 Cremation 3 Remove  4 Donation 5 Other (Specify)	val from State	PLACE OF DISPOSIT	t Line	coln Cem.	20c. LO Bla	denbu	or Town, State rg, Md.
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE , /	/	22. NAME /	AND ADDRESS OF FACILIT	Y Hunt	Funer	al Home
	+ 7 Bemar	Think		280	1 7th St.	N.E.Was	h.D.C	.20017
	23. PART I. Enter the diseases, or co ahock, or heart failure. Li	emplications that cause ist only one cause on a	d the deeth. Do not each line.	enter the m	ode of dying, auch ea	cardiac or respi	ratory arreat	, Approximata Interval Between
	iMMEDIATE CAUSE (Final disease or condition			. 1.				Onset and Death
	resulting in death)	DUE TO (OR AS	CONSEQUENCE OF:	In ta	VCU W			
z		DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	my A-	s ten	Prsease			
NT O	in only immuning to intiniounite	DUE TO (OR AS	CONSEQUENCE OF):					
FIC	cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated eventa	DUE TO (OR AS	A CONSEQUENCE OF):					
CERTIFICATION	resulting in deeth) LAST	·						
	PART II. Other aignificant conditions	contributing to deeth i	out not resulting in	the underlyi	ng ceuse given in Pari			24b. WERE AUTOPSY FINDINGS
CA	Right howe	en lobe	Intil h	ati		PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL						1 1 YES 2		OF DEATHS
	Conjustive	Hent	failme			1 TYES 2		OF DEATH?
	Conjustive	Hent Hent	failme			. IT TES 2	_ NO	1000
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				PLACE OF OEATH (Check o			1000
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 P NO	HOSPITAL: 1 ⊠npatient 2 □ ER/Out	patient 3 DOA 4	OTHER:	me 5 🗆 Reeldence 6 🗆	only one) Other (Specify)		1 🗆 YES 2 🗀 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 Manatient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year)	patient 3 DOA 4	OTHER:   Nursing He OF 28c. II NY N	AJURY AT 284 ORK? NO	only one)		1 🗆 YES 2 🗀 NO
BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 PNO  27. MANNER OF DEATH  1 Netural 5 Pending	HOSPITAL:  1 Minpetient 2 ER/Out  28s. DATE OF INJURY	patient 3 DOA 4	OTHER:   Nursing He OF 28c. II NY N	AJURY AT 284 ORK? NO	only one) Other (Specify)	NJURY OCCUR	1 ☐ YES 2 ☐ NO
BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Netural 5  Pending Investigation 3  Suicide 8  Could not be determined  29e. CERTIFIER (Check only 1 CERTIFYING PHYSIC	HOSPITAL:  1 Mainpatient 2 ER/Out  28a. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJUR building, stc. (Spe	petient 3 DOA 4 28b. TIME INJUI Y — Al home, farm, str	OTHER:    Nursing Ho OF 28c, IP W 1	JURY AT 284 ORK? YES 2 NO 286 te end place, end due to ti	Other (Specify)  d. DESCRIBE HOW I  L. LOCATION (Street City or Town, State)  the cause(e) end ma	NJURY OCCUR	1 ☐ YES 2 ☐ NO
BE COMPLETED BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Netural 5  Pending Investigation 3  Suicide 8  Could not be determined  29e. CERTIFIER (Check only 1 CERTIFYING PHYSIC	HOSPITAL:  1 Minpatient 2 ER/Out  28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY building, stc. (Spe	petient 3 DOA 4 28b. TIME INJUI Y — Al home, farm, str	OTHER:    Nursing Ho OF 28c, IP W 1	JURY AT 284 ORK? YES 2 NO 286 te end place, end due to ti	Other (Specify)  d. DESCRIBE HOW I  L. LOCATION (Street Only or Town, State)  the cause(e) end ma	NJURY OCCUR	1   YES 2   NO
COMPLETED BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Netural 5  Pending Investigation 3  Suicide 8  Could not be determined  29e. CERTIFIER (Check only one) 2  MEDICAL EXAMINER  29b. SIGNATURE AND TITLE OF CERTIFIER	HOSPITAL:  1 Propertient 2 ER/Out  28a. DATE OF INJURY (Month, Day, 'bar)  28a. PLACE OF INJURY building, stc. (Special Control of the best of my known);  On the best of examination	patient 3 DOA 28b. TIME 28b. TIME INJUI	OTHER: Nursing Ho Nursing Ho 28c. If Y M 1  set, factory, off at the lime, da In my opinion,	AND S Reeldence 6   SIJURY AT   284   NO   NO   NO   NO   NO   NO   NO   N	Other (Specify)  d. DESCRIBE HOW I  I. LOCATION (Street City or Town, State)  the cause(e) end main, date and place, and	nJURY OCCUR	1   YES 2   NO
BE COMPLETED BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1  Netural 5  Pending Investigation 3  Suicide 8  Could not be determined  29e. CERTIFIER (Check only one) 2  MEDICAL EXAMINER  29b. SIGNATURE AND TITLE OF CERTIFIER	HOSPITAL:  1 Propertient 2 ER/Out  28a. DATE OF INJURY (Month, Day, 'bar)  28a. PLACE OF INJURY building, stc. (Special Control of the best of my known);  On the best of examination	petient 3 DOA 2  28b. TIME INJUI  Y — Al home, farm, str city)  viedge, death occurred on end/or investigation,  EATH (ITEM 27) (Type, F	OTHER: Nursing Ho Nursing Ho 28c. If Y M 1  set, factory, off at the lime, da In my opinion,	AUJURY AT 284 ORK? YES 2 NO 286 te end place, end due to til death occured at the time 29c. LICENSE NUMBER D 23 2	Other (Specify)  d. DESCRIBE HOW I  I. LOCATION (Street Only or Town, State)  the cause(e) end ma  a, date and place, an	nJURY OCCUR	1   YES 2   NO



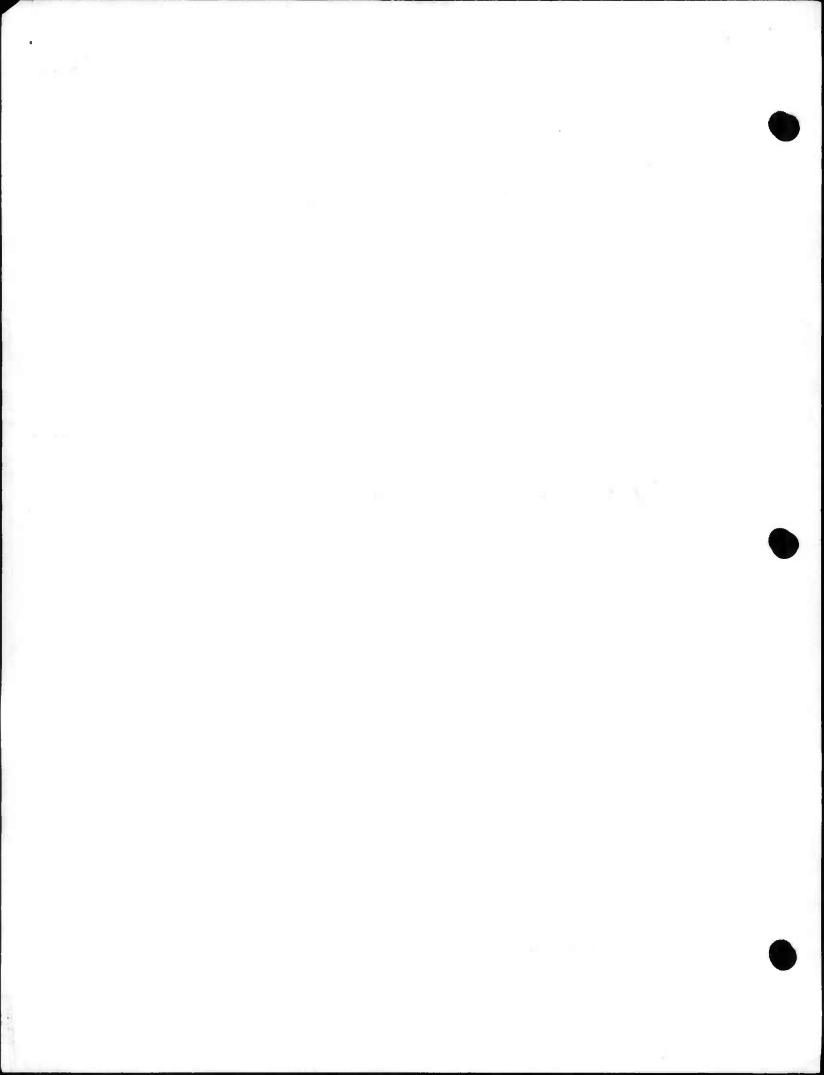
PITAL OR ATTENDING FRAL DIRECTOR: After 72 hours after deal F. If item 28 Is m	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be netified at once.	certificate be executed within nding physician and completely Hygiene prior to burial, cremat in other traumatic event, it	24 nours after death. Page filled in by the funeral dirr ion, or removal.	e 6 may be retained by the host ector, page 5 should be detache must be notified at once.
---	---	--	---	---

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		EPARTME RTIFICA				ENTAL HYGIEN		16	
	1. DECEDENT'S NAME (First, Middle, Lest)	Gillis		I. GI				2. DATE OF DEATH 8	90	AR 3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 214-03-5252	1 🕅 M 2 🗆 F 73	n yrs. last bli	YRS. MONT		HOURE	MIN.		1916	BIRTHPLACE (State or Foreign Country) MARYLAND	
TOR	99. FACILITY NAME (If not institution, give s UNIVERSITY HOSPI RESIDENCE OF DECEMENT				ALT IM		ON OF DEAT	TH	9c. COUNTY	OF DEATH	
DIRECTOR	10e. STATE 10b. COUNTY MARYLAND	γ ,	1	IOC. CITY, TOW	N OR LOCAT					10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
FUNERAL	100. STREET AND NUMBER 524 N. CHARLES S'	TREET APT. 1	.113		101.	2120			10g. CITIZEN U.S	OF WHAT COUNTRY?	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	D	If yes, spe	city Cuba		ORIGIN? (Specify Yee Puerto Rican, etc.)		RACE — American Indian, Black, White, atc. Specify: WHITE	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Give	DENT'S USUA kind of work di NOT use retin	one during moi	N at of workin	g	16b, KIND OF BUS	SINESS/INDUST	TRY	
MPL	12		BUS	S DRIV	ER	,		TRAVE			
	17. FATHER'S NAME (First, Middle, Last) WILLIAM H. GILLI	S						E (First, Middle, Meiden EMPSEY	Surname)		
BE	19e. INFORMANT'S NAME (Type/Print)		19b. N	AAILING ADDI	RESS (Street e			ute Number, City or Tow	n, State, Zip Coo	de)	
욘	BARBARA BESSLING							ALTIMORE,	:		
	20a METHOD OF DISPOSITION 1 A Burial 2 Cremation 3 Rem 4 Donation 8 Other (Specify)	F	PLACE OF OTHER (	GROVE	CEMET	ERY		MT.	AIRY,	or Town, State MARYLAND	
	21. SIGNATURE OF FUNERAL MEDICE LI	) '×	Le			M. 8	RUS	SELL C. W		FUNERAL HOMES	
	23. PART I. Enter the diseases, or			h. Do not e						, Approximata	
	shock, or heert fellure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Boch Company Comp										
NOI	Sequentially list conditions, If any, leading to immediate  Due to (or as a consequence of):  Due to (or as a consequence of):										
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	CONSEQUE	NSEQUENCE OF):								
ERT	that initiated events resulting in death) LAST										
اب	PART II. Other algorificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? AMALAB										
MEDICA	1 VES 2 10 CON									OF DEATH?  1 YES 2 NO	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1   YES   2   NO   1										
PHY	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)		28b. TIME OF INJURY	4 Nursing Home 8 Residence TIME OF 18c. INJURY AT WORK?			8 ☐ Other (Specify)  28d. DE\$CRIBE HOW INJURY OCCURED			
red BY	2 Accident Investigation   Suicide   S Could not be determined   Sec. (Specify)   Sec. (Spe								Rural Route Number,		
COMPLET	one)	RCIAN: To the best of my knowl									
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	1 sem	P			29c. LiC	ENSE NUME	9ER	29d. DATE S	IGNED (Month, Day, Year)	
2	30, NAME AND ADDRESS OF PERSON W	10 COMPLETED CAUSE OF DE	ATH (ITEM	S YOU	1+	MI	0 2	051-			
	31. DATE FILED (Month, Day, Year) ANG OF 1990	guia Davidson-Ma	ATUBE OF		J.						



	ŀ
DIRECTOR	
TO BE COMPLETED BY FUNERAL	
LED BY	
COMPLET	
8	ŀ
2	

Eileen Mary GORDON CORDON  4. SOCIAL SECURITY NUMBER S. SEX S. AGE (In yrs. leat birthday) If under 1 year is under 24 hrs. 7. DAT $\frac{MON}{4}$ MONTHS DAYS HOURS MIN. $\frac{MON}{4}$	6 02 E OF BIRTH 17-1928	a. BIRTHPLACE (State or Foreign Country) Baltimore, Md.									
4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. leat birthday)  1 UNDER 1 YEAR IF UNDER 24 HRS.  7. DAT  4. MONTHS DAYS HOURS MIN.  4. MONTHS DAYS HOURS MIN.	17-1928	a. BIRTHPLACE (State or Foreign Country) Baltimore, Md.									
417 20 7010											
Unitersity of Manyland Hospital Baltimore, MD city											
RESIDENCE OF DECEDENT  106. STATE  Maryland  Baltimore County  Arbutus	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d										
	140.0	LIMITS?  1 YES 2 NO  CITIZEN OF WHAT COUNTRY?									
1267 Poplar Avenue 21227		U.S.A.									
3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 1 NO Specify:		- 14. RACE — American Indian, Black, White, atc. Specify: White									
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)  1 2 th Grade  17. FATHER'S NAME (First, Middle, Last)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  18b. DO NOT use retired.)  19c. Decedent'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  19c. Decedent'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  19c. Decedent'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  19c. Decedent'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  19c. Decedent'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  19c. Decedent'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)	66. KIND OF BUSINESS/										
17. FATHER'S NAME (First, Middle, Lest)  16. MOTHER'S NAME (First, Middle, Meiden Surneme)											
19e. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Nu	19e. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
20a. METHOD OF DISPOSITION    Spurial 2   Cremetton 3   Removal from State   T. other place)   D. own to completely, cremetory or   20c. LOCATION — City or Town, State   T. other place)   D. own to completely cremetory or   Rolling to Mid.											
21. SIGNATURE OF FUNERAL SERVICE LICENSEE LOUGON PARK CEMETERY  22. NAME AND ADDRESS OF FACILITY	Daitin	4107 Wilkens									
→ GREEN . Shannor HUBBARD FUNERAL		C. Ave.									
23. PART Menter the diseases, or complications that caused the death. Do not enter the mode of dying, such as constant, and the shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Seph2 Shock	ardiac or respiratory	Approximate Interval Between Onset and Death									
DUE TO/OR AS A CONSEQUENCE OF):											
Sequentiesly list conditions, if any, leading to immediate cause. Enter UNDERLYING  CAUSE (Pleases or Injury)  C. Christ (Pleases or Injury)	cause. Enter UNDERLYING										
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d	that minore prome										
PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I.	24a. WAS AN AUTOP: PERFORMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE									
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   Yes 2   No	1 YES 2 ZANO	OF DEATH?									
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?    YES 2   NO											
1   YES 2   10   1   Inpatient 2   ER/Outpatient 3   DOA   4   Nursing Home 5   Recidence 8   Other (Specify)											
2 Accident Investigation 3 Suicide 6 Could not be determined  28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, fectory, office City or Town, Steet)											
Description of the determined building, etc. (Specify)  29e. CERTIFIER (Check only one)  2   MEDICAL EXAMINER: On the beels of examination end/or investigation, in my opinion, death occurred at the time, determined building, etc. (Specify)											
296. SIGNATURE AND TITLE OF CENTIFIER  296. LICENSE NUMBER	29d.	DATE SIGNED (Month, Day, Year) 09-02-90									
Ed Massur, us Dent Medicine University	Hospital,	Baltimore, W)									
31. DATE FILED (Month, Day, Year)  32. REGISTRAP'S SIGNATURE  AUG 0 6 1990  Sulia Davidson Andale		OHMH-18 Rev 1/89									



DHMH-16 Rev 1/89

## BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

>	e
Ha	d 5
9	60
306	dire
To	70
€	e
des	2
ter	最
S	8
3	프
	illec
2	y
富	ete
*	Agr
red	8
200	B
8	A A
2	icia
ate	SE
THE STATE OF	0 0
93	din
1	ten
de	al al
the state	4
hall	5
I S	Den
all a	Sign
The L	Le
×	9
SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Jurs after death. Page 6 may to	NERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pag
F	ate
N.	ifica
0	her.
3	S
4	4
ING	Re
2	S. A.
E	É
* A	SEC
OR	DIE
A	A
9	ER
45	de

be retained by the hospital or attending physician. In 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Jurs after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Lest)  2. DATE OF DEATH MONTH DAY YEAR  3. TIME OF DEATH											3. TIME OF DEATH		
	EL	IZABE	ETH GAP	INSKI					5 26 90			8:10A M		
	4. SOCIAL SECURITY NUMBER 2 0 5 - 0 7 - 78		5. SEX	6. AGE (In yrs. leet	et birthday) IF UNDER 1 YRS. MONTHS		DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIF (Month, Day,	Year)	Coun	HPLACE (State or Foreign try)		
	9a. FACILITY NAME (If not ins			91		9b. CITY	. TOWN (	OR LOCATION OF O	3/31/189		9c. COUNTY OF DEATH			
OR B	GARRISON RESIDENCE OF DEC	VALLE		ER		GARRISON BALTI								
DIRECTOR	10e. STATE	10b. COUNTY			10e, CIT	Y, TOWN	OR LOCA	TION		10d. INSIDE CITY LIMITS?				
		BALT	TIMORE		GA	RRIS	4			_		1 Nes 2 No		
FUNERAL	10e. STREET AND NUMBER						10	. ZIP CODE		10g	. CITIZEN OF	WHAT COUNTRY?		
N.	9600 REIS	TERSI		NT EVER IN U.S. ARI	4EO	Lan	WAS DE	2 1 0 5 5 ENDENT OF HISPAI	NC ODIONS (See	alfa Man an Na	U.S.	A . CE — American Indian.		
BY FU	1 Never Married 2 3 Widowed 4 Divo		FORCES?	YES 2 N	0		If yes, sp	ecify Cuban, Mexica 2 NO Specif	in, Puerto Ricen,		Ble	ck, White, etc.		
COMPLETED B		EDENT'S EDU	CATION	T 40- 050			001017		Tank Manage	07 011011170		HITE		
		highest grade		(GA	ve kind of Do NOT u	USUAL O work done se retired.)	during mo	oel of working	166. KINO	OF BUSINES	S/INDUSTRY			
SOMP	17. FATHER'S NAME (First, MI	iddle, Last)						18. MOTHER'S NA	ME (First, Middle,	Malden Surna	me)			
BE (					AAH ING ADDRESS (Smart and Alumbar or Pural State Alumbar of Pural S									
10	19e. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)													
	20a. METHOD OF DISPOSITI	n 3 🗆 Rem		other ple	(00)	SITION (N	ame of ce	metery, crematory or		20c. LOCATIO	N — City or	Fown, State		
	4 Donation 5 Other			remova	т	22.	NAME A	NO ADDRESS OF FA	CILITY					
	Dunal	111	/	2 7-31	-90					ard,	Balt	o., Md.		
	23. PART I. Enter the di	seasés, or			_	_		_				Approximata		
	shock, or heert fallure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. CARC: NOMA J Squared Colour													
	OUE TO (OR AS A CONSEQUENCE OF):													
TION	Sequentielly list conditions, if any, leading to immediate on the control of the													
MEDICAL CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST													
SER	resulting in death) LAS1													
CAL	PART II. Other algolitica	eaulting in the underlying cause given in					PERFORMED?		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE					
EDI		eeling				—   ¹º	1 TYES 2 NO		OF DEATH?					
					Ú				— I			1 TYES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)													
SICI	EXAMINER? HOSPITAL: OTHER:													
PHYSICIAN:	1 VES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)  27. MANNER OF DEATH  250. DATE OF INJURY (Month, Dey, Year)  25b. TIME OF INJURY AT WORK?  25d. DESCRIBE HOW INJURY OCCURED INJURY													
D BY	1 Natural 5 Pending Investigation 2 Accident 3 Suicide 5 Could not be 28. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)										I Route Number,			
ETE		determined												
COMPLETED	CONSUM OTHER			of my knowledge, de examination end/or								o(e) end manner ee stated.		
BE	29b. SIGNATURE AND TITLE	OF CERTIFIE	IR S	Ase		111	d	29c. LICENSE NU	-356	290	I. DATE SIGNI	ED (Month, Day, Year)		
5	30. NAME AND AGORESS OF	F PERSON WI	HO COMPLETED CA	USE OF DEATH (ITE	M 27) (Typ		0,	1 10	111) -		- //			
	31. DATE FILED (Month, Day,	Year)	32. REBISTI	RAR'S SIGNATURE	-	0								
	AUG 6 19		ula Davids	n-Randall	7									

3. TIME OF OEATH

10d. INSIDE CITY 1 X YES 2 NO

14. RACE — American Indian, Black, White, atc.

Approximate Interval Between Onset and Death

24b. WERE AUTOPSY FINOINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

8. BIRTHPLACE (State or Foreign

5:40

P.M

28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BY BE COMPLETED

2

3 Sulcide

4 Homicid

	FOR 1 - STATE REGISTRAR	STATE OF I		D / DEPAR						YGIENI EG. NO.	E		
	1. OECEOENT'S NAME (First, Middle, Last)			CLITTI	ICAIL	OF	DLA	111	2. DATE OF D				3. TIME OF OEA
ŀ			D	C	ERMAN				MONTH	DA		YEAR	5:40
	ARTHUR  4. SOCIAL SECURITY NUMBER	5. SEX					IF UNDER 1 YEAR IF UNDER 24 HRS.				August 1, 1990		
	217-09-0753	1 (X) M 2   F	69	YRS.		DAY8	NOURS	MIN.	(Month, Day	y, Year)		Count	**
1		E (if not institution, give street and number)					9b. CITY, TOWN OR LOCATION OF DE				4-6-1921 Ma		
æ			Baltimore City						WIT OF E	CAIN			
2	3807 Parkmont			Ral	timo	re c	ity						
	10e. STATE 10b. COUNTY	Υ		10c. CIT	Y, TOWN OR	LOCATI	ON						10d. INSIDE CIT
<b>a</b>	Maryland			Ba	ltimo	re							1 X YES 2
FUNERAL DIRECTOR	10e. STREET AND NUMBER						ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?
	3807 Parkmont Ave	•				1 2	2120	6			U.	S.A.	
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S	. ARMEO					NC ORIGIN? (S		_	14. RAC	E — American Ind
	1 Never Merried 2 Married	□NO				Specify	n, Puerto Ricer	i, etc.)		Spec			
B	3 Widowed 4 Olvorced	IF YES GIVE	l.								i	Whi	ite
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)									DUSTRY			
TO BE COMPLETED	Elementery/Secondary (0-12)						1						
	9 Yrs. Upholster  17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Meiden Sumarne)												
	Harry German	n				I					•		
	19e. INFORMANT'S NAME (Type/Print)							rie		gese		A 4.	· · · · · · · · · · · · · · · · · · ·
	Dorothy G. Luh						Route Number, C Balto.	-					
	•	SITION (Nam				baltu.				own, State			
	20a METHOD OF DISPOSITION 1 💢 Buriel 2 🗆 Cremetion 3 🗆 Rem 4 🗆 Donetion 5 🗆 Other (Specify)	er place)	amar (	omo	tory, cre	V Q	4 00						
		y incuci	emer Cemetery 8-4-90 Balto., Md.							•			
	21. SIGNATURE OF FUNERAL SERVICE LI	Baltimore,Md 21214								214			
	Roy W. Qa		Leonard J. Ruck, Inc. 5305 Harfor							ford Rd			
	23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, auch as cardiac or reapiratory arrest, ahock, or heart failure. List only one cause on each line.												
	IMMEDIATE CAUSE (Finei		1 /	- /				1.					Onset ar
	disease or condition resulting in death) a											15 V	
- 1	DUE TO (OR AS A CONSEQUENCE OF):												
χl	Sequentially list conditions 6.												
Ĕl	Sequentielly list conditions, If any, leading to immediate												
<u> </u>	CAUSE (Disease or Injury												
RTIFICATION	that Initiated eventa oue TO (OR AS A CONSEQUENCE OF): resulting in death) LAST											j	
	d.											_	
Ä												b. WERE AUTOPSY AVAILABLE PRIO	
									11	YES 2	2		COMPLETION OF OF DEATH?
ME				MAD									1 Q YES
ż			1	,									NI
ظ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	)		OTHER		ACE OF	DEATH (C	neck only one)				
KSI	1 TYES 2 NO	1 D Inpatient	mark from	nt 3 🗆 DOA	4 🗆 Nural	ng Hom	_	Residence	a 🗆 Other (S)	oecify)			
PHYSICIAN: MEDIC	27. MANNER OF DEATH	28s. DATE O (Month)	FÍNJURY Day Year)	28b. TII	JURY	28c. INJ WO			28d. DESCRI	BE HOW I	NJURY O	CCURED	
≥	Netural 5 Pending Investigation	Carre			М	1 🗆 1	rES 2	□ NO					

28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D.

32. REGISTRAR'S SIGNATURE

Richard Humphrey,

ms

Johns Hopkins Hospital Oncology Dept.

DHMH-16 Rev 1/89

TO SEE SEE

		Ш
		Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
í		ਲ
		fled
		not
		9
		must
		ner
		Ē
	<u></u>	6X2
-	remov	dical
	6	E
	rtion,	the
	Слет	ent,
	la.	6
	Ž	TE ST
	07 70	<b>MUS</b>
-	buj	T t
h	giene	othe
	£	0
-	State Dept. of Health and Mental Hygiene prior to burial, cremation, or rer	ıjury,
7	and	y le
200	alth	s an
5	of He	how
3	ept.	8
31.0	0	E
1	Stat	5

								30 21342		
	FOR STATE REGISTRAR	STATE OF MARYLAN	ND / DEPARTM CERTIFICA			MENTAL HYGIENI REG. NO.	E			
į	1. DECEDENT'S NAME (First, Middle, Last)  Denise M.M.	.I. Hute	chers	on		2. DATE OF DEATH OA	·/ -	YEAR 3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (in )	/	THE PAYS I	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	190	8. BIRTHPLACE (State or Foreign Country)  M A > X		
OR	UNIVEYSITY OF N	laryard	05/pital 06.	B Q 17	LOCATION OF DE		9c. COUN	TY OF DEATH		
DIRECTOR	100. STATE 10b. COUNTY	,		I MORE				10d. INSIDE CITY LIMITS?  1 XYES 2 NO		
	100. STREET AND NUMBER 511 MCMECHEN	ST.	1 3.12.		ZIP CODE			EN OF WHAT COUNTRY?		
BY FUNERAL	11. MARITAL STATUS  1 Mever Merried 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 ( NO	If yee, spec		IC ORIGIN? (Specify Yes n, Puerto Ricen, etc.)		JSA  14. RACE — American Indian, Black, White, etc.  Specify: BLACK		
COMPLETED	18. DECEDENT'S EOU (Specify only highest grade Elementary/Secondery (0-12) CHILD	CATION 11 Completed) College (1-4 or 6+)	(Give kind of work iffe. Do NOT use rel	done during most ired.)	of working	16b, KIND OF BUS	SINESS/IND	USTRY		
	17. FATHER'S NAME (First, Middle, Last)  JOHN AUSTON	OSON								
TO BE	JOHN AUSTON  DORPRIS HUTCHERSON  196. INFORMANT'S NAME (Type/Print)  DORPRIS HUTCHERSON  511 McMECHEN STBALTIMORE, MD. 21217									
	20e, METHOD OF DISPOSITION  1 Cligated 2 Cremetton 3 Removal from State 4 Donetton 5 Other (Specify)  20b. PLACE OF DISPOSITION (Name of cometery, cremetory or 4 Donetton 5 Other (Specify)  21, SIGNATURE OF FUNERAL SERVICE LICENSEE  220c. LOCATION — City or Town, State  24 DAR DEN BALTIMORE, MD.									
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE					-			
4	23. PART I. Enter the diseases, or	o an	de de de Co est					NORTH AVE.		
		a. Two by the DUE TO (OR AS A C	th line.  to we consequence of:	ian Pr				interval Between		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C		teri	osur			10 days		
	PART II. Other aignificent condition	ns contributing to death but	t not resulting in t	ha underlying	cause given in	Part I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE		
PHYSICIAN: MEDICAL						1)X( YES 2	≥ □ NO	OF DEATH?		
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (Ch					
	27. MANNER OF DEATH  No Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJU	IRY AT	6 Other (Specify) 28d. DE\$CRIBE HOW	INJURY OCC	CURED		
TED BY	Netural   5   Pending     Pending									
COMPLETED	29e. CERTIFIER (Check only one) 29e. MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated.									
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	en unt	Fatt PA	VSILIA	29c. LICENSE NUI	MBER 6737	29d, DAT	E SIGNED (Month/Day, Year)		
5	30. NAME AND ADDRESS OF PERSON WIN	Mb 22 Sou	th (ITEM 27) (Type, Pri	C/	.t. B.	altimore	, Mai	m/and 21201		
	31. DATE FILED (Month, Day, Year)  AUG 0 6 1	32. REGISTRAR'S SIGNAT	TURE Ande	R.			,			
	AUU VIII	0	7					DHMH-16 Rev 1/89		

- when have

- STATE REGISTRA
1. OECEDENT'S N
Er

	1. OECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH	3. TIME OF DEATH			
	Ertle	Hammonds	MONTH DAY 8 1	90 3:27 P M			
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign			
	240-38-7396 18M2 0 F /02 YAS.	MONTHS DAYS HOURS MIN.	06/17/28	N. Coenlina			
	9a. FACILITY NAME (If not institution, give street and number)	9b. CITY, TOWN OR LOCATION OF DE		TY OF DEATH			
e e	Johns Hopkins Hospital	Baltimore					
5	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY 10c. CIT	Y, TOWN OR LOCATION	<u> </u>	10d, INSIDE CITY			
DIRECTOR	NA COOM	.1.		LIMITS?			
	10e. STREET AND NUMBER	11+1MARE 101, ZIP CODE	10g, CITIZ	EN OF WHAT COUNTRY?			
FUNERAL	9 N. COLLINGTON AVE.	71231	1)	SA			
N	11. MARITAL STATUS 12. WAS DECEDENT EYER IN U.S. ARMED			14. RACE — American Indian,			
	1 Never Married 2 Married   FORCES? 1 YES 2 NO   IF YES, GIVE WAR OR DATES	if yes, specify Cuban, Mexica 1 ☐ YES 2 ☐ NO Specify		Black, White, etc.			
BY	3 Wildowed 4 Divorcad			Am. Ino.			
回	(Specify only highest grade completed) (Give kind of	USUAL OCCUPATION work done during most of working	16b. KIND OF BUSINESS/INDU	JSTRY			
COMPLETED	Elemantary/Secondary (0-12) College (1-4 or 5+)	1: C1 AD-0+2	n South age	5/0/			
M	17, FATHER'S NAME (First, Middle, Last)	LITT OPERATO	ME (First, Middle, Maiden Surname)	STATES			
	John D. Hammonos	W;n;	F Chauks				
) BE		ADDRESS (Street and Number or Rural	Route Number, City or Town, State, Zip	Code)			
2	Elizabeth Hammonds 9 N.	Collination	Ave BAHO	MO 21231			
	20a_METHOD OF DISPOSITION 1 Burls1 2 Cremetion 3 Removal from State other place)	SITION (Name of cemetery, crematory or	20c. LOCATION — C	City or Town, Stata			
	4 Donation 5 Other (Specify) OARLAU		DAITO.	MD,			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	EDWARD	J. WEBER	F. H.			
	Mathlew Vickus	401 3.	Chester A	AHO, MD. 2123/			
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line.						
	IMMEDIATE CAUSE (Final			Onset and Death			
	disease or condition resulting in deeth)  a. Hypertensive & arteriosclerotic cardiovascular disease						
	DUE TO (OR AS A CONSEQUENCE O	OF):					
ON	Sequentielly list conditions, Due to (or as a consequence of):						
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING						
E	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE O	OF):					
FI	reaulting in death) LAST						
ū	PART II. Other algorificant conditions contributing to deeth but not resulting	in the underlying ceuee given in	Part I. 24a, WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS			
MEDICAL			PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
ED		·	1 TYES 2 NO	OF DEATH?			
-			- Inquiry	T TES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL	28. PLACE OF DEATH (C)	neck only one)				
Sic	EXAMINER? HOSPITAL:  1 YES 2 NO 1 Input lant 2 NER/Outpat lent 3 DOA	OTHER: 4 Nursing Home 5 Residence	6 Other (Specify)				
PHYSICIAN:	27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TII		28d. DESCRIBE HOW INJURY OCC	CURED			
ВУ Р	XXVatural 5 Pending 2 Accident Investigation	M 1 YES 2 NO					
	3 Suicide 8 Could not be 28s. PLACE OF INJURY — At home, farm, building, etc. (Specify)	street, factory, offica	26t. LOCATION (Street and Number City or Town, State)	or Rural Route Number,			
COMPLETED	4 Homicide detarmined						
PL	28s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occur	red at the time, date and place, and du	to the cause(a) and manner as state	ed.			
8	one) 2 SOMEDICAL EXAMINER: On the basis of examination and/or investigat	ion, in my opinion, death occured at the	time, data and place, and due to the	e cause(s) and manner as stated.			
BE C	286. SIGNATURE AND TULE OF CERTIFIER	29c. LICENSE NU		E SIGNED (Month, Day, Year)			
TO B	at 1	OCM	Œ Þ	8/2/90			
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typ			1			
	Frank J. Peretti, M.D Assistant	lll Per	n St. Bal	lto.MD.			
	AUG 06 1990 Julia Dayldon - Mary						
- 1	I MUG U D DOU A						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the intending physician and completely filled in by the funeral directic page 5 should be detached for use as the burst-branet permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

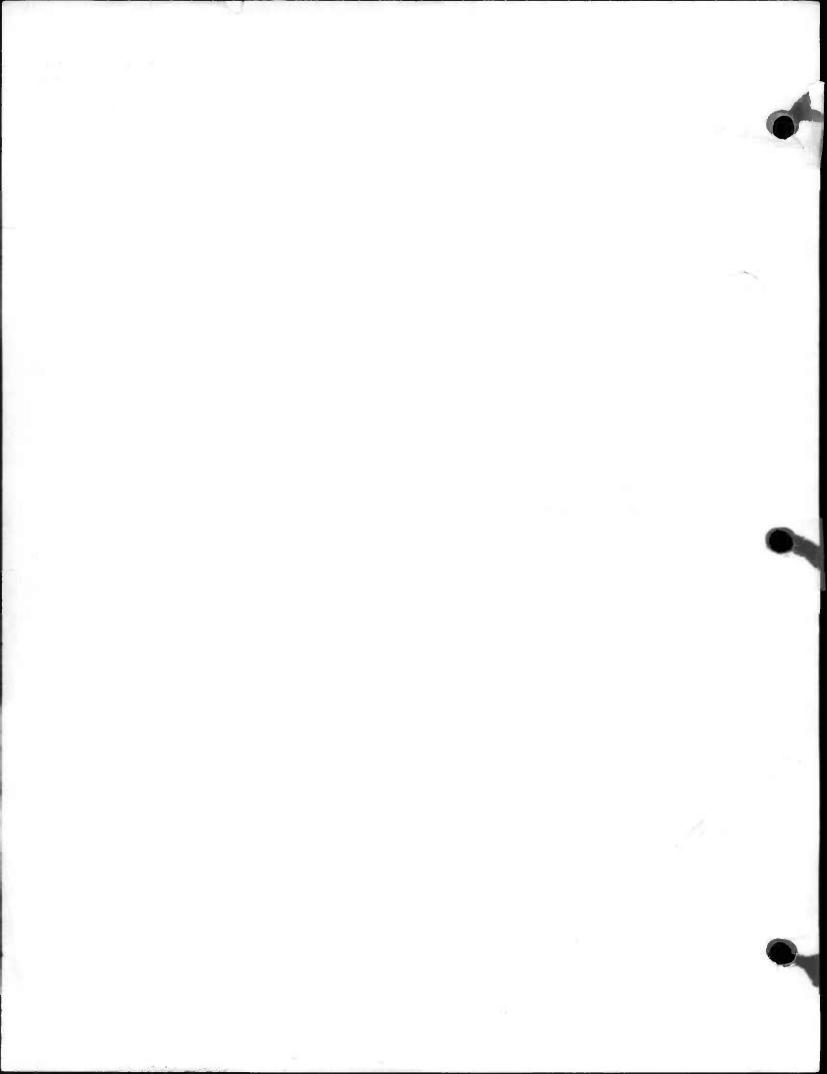
IMPORTANT: If Hem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be neitlind at once. BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	permit. Pages 1, 2, 3 should		
pital or attending and are	á	-	1
e be executed within 2 mous after death. Page 6 may be retained by the hospital or attinuous	sician and completely filled in by the funeral director, page 5 should be detached for use as me had		traumatic event, the medical examiner must be notified at once.
2 Zerruns after death. Page	y filled in by the funeral dire	ition, or removal.	the medical examiner
be executed within	sician and completely	rior to burlal, cremation, or removal	fraumatic event.

STATE OF MARYLAND	DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
C	ERTIFICATE	OF DEAT	ГН		REG. NO.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last) ESSIE M. HAI					2. DATE OF DEATH AUGUST 2	, 1990 <sup>EA</sup>	3. TIME OF DEATH 5:30A.M. M
	4. social security number 256-32-0938	1 □ M 2 √√F	(In yrs. lest birthday) 69 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 1 - 9 - 1921	Co	RTHPLACE (State or Foreign unitry) Ga
NO B	9a. FACILITY NAME (If not institution, give THE JOHNS HOPK)			BALTIN	R LOCATION OF DE ORE	ATH	BALTIM	
5	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNT	TY .	10c. CITY	. TOWN OR LOCAT	ION			10d. INSIDE CITY
DIRECTOR	Md		Balt	timore				1 X YES 2 NO
IERAL	34 Benkert Aven	iue		101	21229		10g. CITIZEN C	OF WHAT COUNTRY?
BYTHE	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, sp		IC ORIGIN? (Specify Yea n, Puarto Rican, atc.)		RACE — American Indian, Black, White, atc. Specify: Black
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondery (0-12)		18a. DECEDENT'S (Give kind of w life. Do NOT us	vork done durina ma	ON at of working	16b, KIND OF BUS	SINESS/INDUSTR	ry .
MP						ME (First, Middle, Maiden	0	
	17. FATHER'S NAME (First, Middle, Last)  John Harwic	k				Moreland	Surname)	
B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a		Route Number, City or Tow	n, State, Zip Code	)
인	Beverly Johnson					Baltimor		
	26e. METHOD OF DISPOSITION  1 X Burial 2 Cremation 3 Rer  4 Donation 8 Other (Specify)		b. PLACE OF DISPOS other piece) Western				CATION — City of	
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	western	22. NAME A	ND ADDRESS OF FA	CILITY	onsvill	e, Md
	* Sala	March			h F/H We Wabash			
	23. PART I. Enter the diseases, pr shock, pr heart feliure	complications that cause. List only one cause on a					iratory arrest,	Approximate Interval Between
	iMMEDIATE CAUSE (Finel disease or condition resulting in deeth)		MYUPATHY					6 ms wth s
TION	Sequentially list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):							
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO (OR AS	A CONSEQUENCE O	F):				
	PART II, Other significent condition	os contributing to death	but not regulting	In the underlyin	a ceuee alven in	Part I. 24s. WAS AF	ALITOPSY	24b, WERE AUTOPSY FINDINGS
MEDICAL	N/4		•			PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
W :								1 TYES 2 TONO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. P	LACE OF DEATH (Ch	eck only one)		
IXSI	1 U YES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 - ER/Out		4 - Nursing Hor		8 Other (Specify) 28d, DESCRIBE HOW	INJURY OCCURE	ED
	1 Netural 5 Pending	(Month, Day, Year)	IN.	M 1	JURY AT ORK? YES 2 NO	Corney	arten	hiseur
TED BY	2 Accident investigation 3 Suicide 8 Could not b 4 Homicide datermined	28e, PLACE OF INJUR	ty — At home, farm, ecily)	street, factory, offi	ca Ca	281. LOCATION (Street City or Town, State	and Number or R	ural Route Number,
COMPLET	TOTALK OTHY	SICIAN: To the best of my knowner: On the beals of examinati						use(a) and menner as stated.
8	296. SIGNATURE AND TITLE OF CERTIF	IEA Jan			29c. LICENSE NU	MBER	29d. DATE SIG	GNED (Month, Day, Year)
2		WHO COMPLETED CAUSE OF D		a, Print) Greensprin	400	205 7	altimo	,
	31. DATE FILED (Morith, Day, Year) AUG 0 6 1990	Pedia Devicesor-Not	12.00					



BALTIMORE, MARYLAND 21203-3146 tter death. Page 6 may be retained by the control of physician.

rours after death. Page 6 may be retained by

Dud		
3 sh		
2		
ift. Pages 1,		
E		
permit		
transit		
e bunal-		
he b		
8		
Ä		ķ
湖	n	
ğ	,	nce.
99		at o
PIN		pe
5 sho		xaminer must be notified
page		be
ctor,		nust
all dis		er r
neral		E
ne fui	al.	exa
50	amov	lical
d in	01 10	med
completely filled in by the funeral directs	tion,	ther traumatic event, the medical examir
oletel	rema	ent,
moo	al, c	- EV
and	par o	natic
clan	ior to	Laun
physi	Je pr	er t
I by the attending physician and	ygiei	
rttenc	tal H	10.7
the a	Men	ws any injury, or o
2	and	N I
8	lealth	S an
- 75	9	5

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF D	EATH DAY	YEAR	3. TIME OF DEATH
	Martha	Α. 1	Howard			Augus		1990	11:30 A M
	4. SOCIAL SECURITY NUMBER 213–30–5790			UNDER 1 YEAR OTHE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI (Month, Day, 1-18-1	Year)	8. BIRTHE Country	PLACE (State or Foreign ) Md
	9a. FACILITY NAME (If not institution, give st	reet and number)	9b.	CITY, TOWN O	R LOCATION OF DE			OUNTY OF DE	
8	Maryland Gener	ral Hospita	1 I	Ba <b>lti</b> m	ore Ci	tу			_
딦	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY	,	10c. CITY, TO	OWN OR LOCATI	ON				10d, INSIDE CITY
DIRECTOR	Md		Baltir	more					LIMITS?
	10s. STREET AND NUMBER			10f.	ZIP CODE		10g. C	ITIZEN OF W	HAT COUNTRY?
FUNERAL	258 Robert Stre	et			21217			U S A	
	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER IN FDRCES? 1 YES	2 1 NO	If yes, spe	ENDENT OF HISPAN cify Cuban, Maxica	n, Puerto Rican	ecify Yes or No-	14. RACE Black,	- American Indian, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT	TES	1 🗍 YES	2 NO Specify	r:		Specify	Black
<u>a</u>	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S USU (Give kind of work	IAL OCCUPATIO	N et of working	16b. KINI	OF BUSINESS/	INDUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use rel	lired.)	a or working				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	3yrs							
	James Paul				Irene		, Maiden Sumame	)	
BE	19a, INFORMANT'S NAME (Type/Print)				nd Number or Rural F	Route Number, C			
임	G. Victoria Keel	S	5320 Fe	rnpark	Avenue	Balti	more, M	d 2120	07
	20s. METHOD OF DISPOSITION    Burist 2   Cremetion 3   Remeted	20b.	PLACE OF DISPOSITIO			David.	20c. LOCATION		The state of the s
	4 Donation 5 Other (Specify)		Arb		emorial		Arbut	us, Mo	]
	Shit	1			ch F/H W				
	Moula	Chilor			0 Wabas				
23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, auch as cardiac or reapirator, abock, or heart failure. List only one cause on each line.						or reapiratory	arrest,	Approximate interval Between	
	IMMEDIATE CAUSE (Final disease or condition								
ŀ	resulting in death)	e. Acute My	OCATGIAL CONSEQUENCE OF):	Inta	rct				
z	C b.								
CERTIFICATION	Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING								
은	CAUSE (Disease or Injury that initiated events	C. DUE TO (OR AS A	CONSEQUENCE OF):						-i
E	resulting in death) LAST	d.							
	PART II. Other significant condition	e contributing to death by	it not requising in ti	he underlying	cause alven in	David L. Jaco	. WAS AN AUTOPS	245	WERE AUTOPSY FINDINGS
CAL	TATT II. Other significant condition	s contributing to death be	it not resulting in the	ne duderlyniç	Cause given in	PERFORMED? AVAILABLE PRIOR TO COMPLETION DE CAUSE			
						—   ¹xٰ	YES 2 NO		OF DEATH? 1 ☑ YES 2 □ NO
≥						-			N TES TO NO
X	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Ch	eck only one)			
Sic	1 TES 2 NO	HOSPITAL: 1  1  Inpatient 2 □ ER/Outpu		THER:  Nursing Hom	5 🗌 Residence	8 Other (Sp	ecify)		
PHYSICIAN: MEDIC	27. MANNER OF DEATH  1 🔀 Natural 5 🗌 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME O	WO	RK?	28d. DESCRIE	E HOW INJURY	OCCURED	
B	2 Accident Investigation	28e. PLACE OF INJURY	Al home form of ma		ES 2 NO	ned I OCATIO	N (Street and Num	har as Own C	- to Months
COMPLETED	3 Suicide a Could not be 4 Homicide detarmined	building, atc. (Speci	fy)	it, motory, office		City or To	wn, State)	NOOF OF FIGURE TO	oute Humber,
Ä	29a, CERTIFIER 1X CERTIFYINO PHYSI	CIAN: To the best of my knowle	edge, death occurred a	t the time, data	and place, and due	to the cause(a)	and manner as	stated.	
S S	anal anny	R: On the basis of examination							and manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIE	R // / /			29c. LICENSE NUI	MBER	29d. [	ATE SIGNED	(Month, Day, Year)
O BE		Stach	`		N/A		▶	8-01	-90
2	30. NAME AND ADDRESS OF PERSON WH								
	Hussein Abd 31. DATE FILED (Month, Day, Year)	ulhadi, M.I	·c/o	Mary:	Land Ge	neral	Hospi	tal	
	ALLE DE 1990 Sul	Davidor Park	Shell.						

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the state death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bibe filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatte event, the medical examiner must be notified at once.
--

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAN	D / DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	CERTIFICATE	OF DEAT	ГН		REG. NO.

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO.							
1. DECEDENT'S NAME (First, Middle, Las					2. DATE OF DEATH	DAY YE	3. TIME OF DEATH  2 A M
CLAUDE CI		ERRICK			AUG. 1		
392–20–0710	1.5000	(In yrs. last birthday) F UMON	UNDER 1 YEAR	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) JAN. 27, 19	0	NRTHPLACE (State or Foreign Sountry) WISCONSIN
9a. FACILITY NAME (If not institution, give	street and number)	96.	CITY, TOWN O	R LOCATION OF DE	ATH	9c. COUNTY	OF DEATH
10 GOSHEN CO	URT		GAITH	ERSBURG		MONT	GOMERY
10a. STATE 10b. COUN	ITY	10c. CITY, TO	WN OR LOCATI	ON			10d. INSIDE CITY
MD MO	NTGOMERY	GA.	ITHERS!	BURG ZIP CODE		Tana OlTizeki	1 YES 2 XNO OF WHAT COUNTRY?
10 GOSHE	N COURT		101.	20882		US US	
11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED			IC ORIGIN? (Specify Ye	n or No- 14.	RACE — American Indian, Black, White, atc.
1 Never Married 2 Married 3 W Widowed 4 Divorced	FORCES? 1 YES	2 NO ATES WWII		2 NO Specify	n, Puarto Rican, atc.)		Specify:
15. DECEDENT'S EI		18e. DECEDENT'S USU	AL OCCUPATIO	N .	16b, KIND OF BU	JSINESS/INDUST	WHITE RY
(Specify only highest gra	de completed)  College (1-4 or 5+)	(Give kind of work of life. Do NOT use reti	done during mos ired.)	it of working			
12	8	RESEARCH	E SCI	ENTIST	GOVER	NMENT I	LABORATORY
17. FATHER'S NAME (First, Middle, Last)	8.	T. POLYAGOT			ME (First, Middle, Maide		
RENJAMIN HI	CRRICK			HAZEL	CUMMINGS		
19a. INFORMANT'S NAME (Type/Print) BENJAMIN A. HERI		196. MAILING ADD	PRESS (Street ar	ORD ST.	Route Number, City or To	wn, State, Zip Cod	22206
		22-2					
20e. METHOD OF DISPOSITION  1 Burlal 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	b. PLACE OF DISPOSITIO other place) METROPOLITA				EXANDRIA	
21. SIGNATURE, OF FUNERAL SERVICE			22. NAME AN	D ADDRESS OF FA	CILITY		-
I flerif	X1-12ar	her			RBER FUNEI		E SVILLE,MD.2088
23. PART I. Enter the diseesee, D shock, or heart fallur IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	e. List only one cause on e	ach Ilna.			has cardiac or real		Interval Between
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	b DUE TO (OR AS A	A CONSEQUENCE OF):	rophu	- loli	hal X	Gros	
PART II. Other significant conditi	DNS COntributing to deeth b	out not resulting in th	he underlying	g ceuee given in	Part I. 24a. WAS A PERFC	N AUTOPSY DRMED? 2 / NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 ☑ YES 2 ☐ NO	HOSPITAL:		THER:	ACE OF DEATH (CA	8 Other (Specify)		
27. MANNER OF DEATH	28a. DATE OF INJURY	28b, TIME OF	F 28c, INJ	URY AT	28d. DESCRIBE HOW	INJURY OCCUR	ED
1 Natural 5 Pending 2 Accident Investigatio	(Month, Day, Year)	INJURY	wo	RK? /ES 2 NO			
3 Suicida 8 Could not 8	building, atc. (Spe	Y — At home, farm, street ocify)	t, factory, office		26t. LOCATION (Stree City or Town, Stat		Rurel Route Number,
29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and due to the cause(a) and manner as stated.							
2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER							
4	MHA	CON	)	D25	922m	1 > 8	11/90
30. NAME AND ADDRESS OF PERSON	1. beds,	7/- /10-	3051	Ilney	Village	Th.	Inay my
AUG 0 6 1990	Julia Dandson	WHO IS					

	-	-	$\mathbf{v}$	- 4
	a.	5	an	
)	ES I	gnec	alth	-
	Juj.	a Si	운	
	9	eec	0	4
	34	as i	를	00
	The	te h	ate	
	S	ifica	SE	44
	300	Cent	the state	
	PHY	this	With	
	DING	After	death	
	SPITAL OR ATTENDING PHYSICIAN: The law requires that t	ERAL DIRECTOR: After this certificate has been signed by	after	
	A HO	IRE(	SING	
1	7	07	2 7	-
	PIT	ERA	2 ui	i

31. DATE FILED (Month, Day, Year) AUG 0 6 1990

9 €	ector,		MUS
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Execution after death. Page 6 m	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,		IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner mus
death	fune		ехаш
after	of the	mova	icai
Sunc	in D	9	Шed
2	y fille	ation,	the
withir	plete	cremi	/ent,
cuted	COU	unal,	ile en
900	IN AM	20	пша
ate b	ysicia	pnod	r tra
ertific	ng ph	giene	othe
ath c	tendi	a F	9
he de	the al	be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to bunal, cremation, or removal.	njury
that t	d by	and	my 1
ires	signe	Healt	WS
requ	peen	0	sho
e law	has	Dept	1 23
AE :N	cate	State	Hen
SICIAL	certif	the	, 07
PHY	this	with	rrked
DING	After	death	E
TEN	10R.	after	28
DR A	DIREC	HOURS	tem
M	RAL	2	=
HOSP	FUNE	within	TANT
THE !	THE !	filed	POF
2	2	90	E

										91	1 21341	
	FOR STATE REGISTRAR		STATE OF MAR				HEALTH AND	MENTAL HYGIE REG. N				
	1. DECEDENT'S NAME (First, )	NE V	1. HEL	MA	N			2. DATE OF DEATH	DAY _	YEAR QO	3. TIME OF DEATH A	
	4. SOCIAL SECURITY NUMBER 172-34-54		5. SEX 8. A	GE (In yrs. last	.,	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) July 21,	1909	Count	HPLACE (State or Foreign	
	90. FACILITY NAME (If not inst		et and number)		-	b. CITY, TOWN	OR LOCATION OF DI		_	9c. COUNTY OF DEATH		
5	Anne Arunde		cal Center	c		Annapolis n/a						
DIRECTOR		Anne A	runde1			dsonvi.dsonvi		·			10d. INSIDE CITY LIMITS? 1 YES 2 K NO	
FUNEHAL	100. STREET AND NUMBER 707 W. App	omatto	x Road			10	or. ZIP CODE	1035	173.75	U.S.A	WHAT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Merried 2 R 3 Wildowed 4 Divorce	ferried	2. WAS DECEDENT EVI FORCES? 1 TY IF YES, GIVE WAR O	ES 2 N		If yes, s		NIC ORIGIN? (Specify \ an, Puerto Rican, etc.) y:	ee or No—	Spec	E — Americen Indien, ik, White, etc. oily:	
		DENT'S EDUCAT		16a. DE0	CEDENT'S U	SUAL OCCUPAT	ION	16b, KIND OF E	USINESS/I			
COMPLETED	Elementary/Secondary (0-		College (1-4 or 5 +)	dia.	On MOT was	makes of 1	hland Twr ict	Educ	atio	n		
5	17. FATHER'S NAME (First, Mic	idie, Last)					18. MOTHER'S NA	ME (First, Middle, Maid	on Sumame	)		
BE		Nicho	1s					Worst				
2	190. INFORMANT'S NAME (Ty)		\					Route Number, City or 1			28226	
	John R. Helm			_			emetery, cremetory or			City or T		
	20e. METHOD OF DISPOSITION  F⊆ Burlel 2 ☐ Cremation  4 ☐ Donation 5 ☐ Other (		al from State	other pla	ice)	1 Cemet				own,		
	21. SIGNATURE OF FUNERAL		NSEE /	.1020	J. Z. C. C. C.	22. NAME	AND ADDRESS OF FA	ACILITY		,		
	As	0=	2 M-	1	1		pitoi Fur 11s Churc	neral Serv	rice			
	23. PART I. Enter the dis								piretory	arreat,	Approximata	
	shock, or ha IMMEDIATE CAUSE (Fina		st only ona cause o	n aach iina							interval Batween Onset and Death	
	disease or condition	<b>→</b> .	5400	CK							Hours	
CERTIFICATION	Sequentially list condition if any, leading to immed cause. Enter UNDERLY!! CAUSE (Disease or injusthat initiated eventa resulting in death) LAST	lata NG y a.	ACUTE PULMO	AS A CONSECUTION OF THE CONSECUT	POUENCE OF	'RAT ED	DRY EMA	FAILU	PE		Hours	
PHYSICIAN: MEDICAL	PARTJI. Other aignificent visit of the Myllor	pro	contributing to dee	th but not r	esio	the underlying of the second	ng cause given in	PERF	AN AUTOPS ORMED? 2 NO	SY 24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
SICIAN	25. WAS CASE REFERRED TO EXAMINER?		HOSPITAL:	Outpatient 3		OTHER:	PLACE OF DEATH (C					
red BY	3 Suicide 8	nvestigation Could not be letermined	28e. PLACE OF IN- building, etc.	JURY — At ho (Specify)	ome, farm, st	reet, factory, of	lice	28t. LOCATION (Stre City or Town, St		ber or Rural	Route Number,	
COMPLET	Taraca only		AN: To the best of my									
ш	PID SIGNATURE AND TITLE	11	On the best of exami	/.	investigation	, in my opinion	29c, LICENSE NU		_		(s) end manner ee stated.  (D (Month, Day, Year)	
2 January and address of person who completed cause of death (ITEM 27) (Type, Print)								-90				

1.4)

## BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Parameter death, Page 6 may be retained by the hospital or attending physician.	NRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ours after death with the State Dept. or Health and Mental Hygiene prior to burial, cremation, or removal.	tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPITAL OR ATTENDING PHYSICIA	TO THE FUNERAL DIRECTOR: After this cert he filed within 72 hours after death with the	MPORTANT: If Item 28 is marked, o

9a. FACILITY NAME (If not institution, give street and number)  9a. FACILITY NAME (If not institution, give street and number)  501 West University Pkw.  FESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  MD.  10c. STREET AND NUMBER  501 West University Pkw.  11. MARITAL STATUS  1 Never Married  2 Married  3 Widowed 4 Divorced  15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Last)  JOHN RUFUS HANKS  19a. INFORMANT'S NAME (Type/Print)  Julia Hanks (Spouse)  20a. METHOD OF DISPOSITION  11 Durial 2 Cremetion 3 Removal from State  4 Donation 5 Other (Specify)  21. SECHATURE OF UNERAL BERYICE LICENSEE  23. PARTLY Enter the diseases, or complications that cause shock, or heart failure. List only one cause of IMMEDIATE CAUSE (Final disease or conditions, if any, leading to immediate cause. Enter UNDERLYING  CAUSE (Disease or Injury that initiated events resulting in death)  DUE TO (OR A DUE TO (OR	19. MAILING AE  19b. MAILING AE  19b. MAILING AE  19b. PLACE OF DISPOSITION of the place)	Baltin  TOWN OF LOCATION  TOWN OF LOCATION  TIMORE  10f.  13. WAS DECE If yee, specify yee, specify yee, specify yee, specified.)  LOCATION  TOWN OF LOCATIO	ZIP CODE 2 1 2 1 0 ENDERT OF HISPAN city Cuban, Maxice 2 NO Specifi No of working St 16. MOTHER'S NA AUGUST and Number or Rural Versits	NIC ORIGIN? (Specify an, Puarto Rican, etc.) y:  16b. KIND OF  AME (First, Middle, Mek  I'A MAY S  Route Number, City or  Y Pkwy,  20c.	10g. CITIZ U.  Yea or No—  BUSINESS/INDU	YEAR 90 8. BIRTHPLA Country) IND TY OF DEATH 10c 1 [ CEN OF WHAT S - A - 14. RACE — Bleck, Wi Specify: WHIT USTRY	d. INSIDE CITY LIMITS?  YES 2 \( \to \) NO T COUNTRY?  American Indian, hita, etc.  E			
9a. FACILITY NAME (If not institution, give street and number)  9a. FACILITY NAME (If not institution, give street and number)  501 West University Pkw.  PRESIDENCE OF DECEDENT  10a. STREET AND NUMBER  501 West University Pkw.  11. MARITAL STATUS  1 Never Married 2 Married  12. Was DECEDENT EVER FORCES? 1 YE FORCES?	19. MAILING AE  19b. MAILING AE  19b. MAILING AE  19b. PLACE OF DISPOSITION Of the place)	DORESS (Street and N. Univious DORESS (Street and N. Univious	R LOCATION OF DE MOYE  TO TO  TO TE  TO TO TE  TO T	(Month, Day, Year) 9/16/C EATH  NIC ORIGIN? (Specify an, Puarto Rican, etc.)  18b. KIND OF  AME (First, Middle, Mek TA MAY S Route Number, City or Y Pkwy,  20c.	10g. CITIZ U. Yea or No.  BUSINESS/INDU	8. BIRTHPLA Country) IND TY OF DEATH  10c 1 [] ZEN OF WHAT S - A - 14. RACE — Black, WI Specify: WHIT USTRY  Code)	CE (State or Foreign  IANA  H  d. INSIDE CITY LIMITS?  YES 2 NO T COUNTRY?  American Indian, hita, etc.  E			
9a. FACILITY NAME (If not institution, give street and number)  501 West University Pkw.  RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  MD.  10c. STREET AND NUMBER  501 West University Pkw.  11. MARITAL STATUS  12. WAS DECEDENT EVER FORCES? 1   YI IF YES, GIVE WAR OF YES, GIV	10c. CITY, T BALT  TY  R IN U.S. ARMED ES 2 THO R DATES  18c. DECEDENT'S US (Give kind of word ille. Do NOT use n Microbi  19b. Mailing at 5 0 1 V  20b. PLACE OF DISPOSITION of the place)	Baltin  TOWN OF LOCATION  TOWN OF LOCATION  TIMORE  10f.  13. WAS DECE If yee, specify yee, specify yee, specify yee, specified.)  LOCATION  TOWN OF LOCATIO	R LOCATION OF DE	9/16/C EATH  NIC ORIGIN? (Specify an, Puarto Rican, etc.)  18b. KIND OF  AME (First, Middle, Make TA MAY S  Route Number, City or Y Pkwy,  20c.	10g. CITIZ U. Yea or No- BUSINESS/INDU	IND TY OF DEATH  10c 1 [ ZEN OF WHAT S. A. 14. RACE—Black, wi Specify: WHIT USTRY	d. INSIDE CITY LIMITS?  VES 2 \sum NO T COUNTRY?  American Indian, hita, etc.  2 1 2 1 0 d.			
FESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  MD.  10c. STREET AND NUMBER  5 0 1 West University Pkw.  11. MARITAL STATUS  1	10c. CITY, T BALT  TY  R IN U.S. ARMED ES 2 NO R DATES  16e. DECEDENT'S US (Give kind of work into Do NOT use a Microbi  19b. MAILING AC 501 V  20b. PLACE OF DISPOSITION offer place)	Baltin  TOWN OR LOCATION  TIMORE  101.  13. WAS DECE  If yes, spect  If UYES:  SUAL OCCUPATION  R done during most edired.)  LON (Name of community)  ION (Name of community)  22. NAME ANI	ON  ZIP CODE  2 1 2 1 0  ENDENT OF HISPAN city Cuban, Maxica 2  NO Specify  No tof working  St  18. MOTHER'S NA  AUGUST and Number or Rural: Versity estery, cremetory or	NIC ORIGIN? (Specify an, Puarto Rican, etc.) by:  18b. KIND OF  AME (First, Middle, Make  TA MAY S  Route Number, City or  Y Pk WY,  20c.	9c. COUNT  10g. CITIZ  U  Yea or No—  BUSINESS/INDU  Jon Surname)  SMITH  Town, State, Zip  Balto	TY OF DEATH  10c 1 [ ZEN OF WHAT S. A.  14. RACE—Bleck, wi Specify: WHIT USTRY	d. INSIDE CITY LIMITS?  YES 2 \sum NO T COUNTRY?  American Indian, hita, etc.  E			
RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  MD.  10c. STREET AND NUMBER  5 0 1 We st University Pkw.  11. MARITAL STATUS  1	10c. CITY, T BAL T  IVY •  R IN U.S. ARMED ES 2 THO R DATES  18a. DECEDENT'S US (Give kind of word ille. Do NOT use n Microbi  19b. MAILING AC 501 V  20b. PLACE OF DISPOSITION offer place)	TOWN OR LOCATION  I IM ORE  10f.  13. WAS DECE If yee, speet 1   YES:  SUAL OCCUPATION k done during most edired.)  DDRESS (Street and N. Univ.)  ION (Name of come.)	ZIP CODE  2 1 2 1 0  INDENT OF HISPAN  CITY CUban, Maxica 2 NO Specifi  No Specifi  18. MOTHER'S NA  AUGUST  INDENT OF RURAL  AUGUST  INDENT OF RURAL  Wersits	16b. KIND OF  16b. KIND OF  AME (First, Middle, Mek  TA MAY S  Route Number, City or  Y Pkwy,  20c.	U. Yea or No- BUSINESS/INDU den Surname) SMITH Town, State, Zip Balto	S.A.  14. RACE — Black, wi Specify: WHIT USTRY	American Indian, hita, etc.			
10b. COUNTY  MD .  10c. STREET AND NUMBER  5 0 1 We st University Pkw  11. MARITAL STATUS  12. WAS DECEDENT EW FORCES? 1   YI   FYES, GIVE WAR OF STATE   STATUS  13. Widowed 4   Divorced  15. DECEDENT'S EDUCATION   FYES, GIVE WAR OF STATE   Status   Statu	BALT  IY •  RIN U.S. ARMED ES 2 NO  R DATES  16a. DECEDENT'S US (Give kind of work iffs. Do NOT use a  Microbi  19b. Mailing at 501 V  20b. PLACE OF DISPOSITION other place)	I I MORE  101.  13. WAS DECE If yes, specified.)  10 OCCUPATION I of the during most effered.)  10 O G I S  10 O G I S  10 O G I S  10 O Common of	ZIP CODE  2 1 2 1 0  ENDENT OF HISPAN city Cuban, Maxica 2  NO Specify  Not of working  St  18. MOTHER'S NA  AUGUST and Number or Rural: Versity estery, cremetory or	16b. KIND OF  16b. KIND OF  AME (First, Middle, Mek  TA MAY S  Route Number, City or  Y Pkwy,  20c.	U. Yea or No- BUSINESS/INDU den Surname) SMITH Town, State, Zip Balto	S.A.  14. RACE — Black, wi Specify: WHIT USTRY	American Indian, hits, etc.			
MD.  10e. STREET AND NUMBER  5 0 1 We st University Pkw.  11. MARITAL STATUS  1	BALT  IY •  RIN U.S. ARMED ES 2 NO  R DATES  16a. DECEDENT'S US (Give kind of work iffs. Do NOT use a  Microbi  19b. Mailing at 501 V  20b. PLACE OF DISPOSITION other place)	I I MORE  101.  13. WAS DECE If yes, specified.)  10 OCCUPATION I of the during most effered.)  10 O G I S  10 O G I S  10 O G I S  10 O Common of	ZIP CODE  2 1 2 1 0  ENDENT OF HISPAN city Cuban, Maxica 2  NO Specify  Not of working  St  18. MOTHER'S NA  AUGUST and Number or Rural: Versity estery, cremetory or	16b. KIND OF  16b. KIND OF  AME (First, Middle, Mek  TA MAY S  Route Number, City or  Y Pkwy,  20c.	U. Yea or No- BUSINESS/INDU den Surname) SMITH Town, State, Zip Balto	S.A.  14. RACE — Black, wi Specify: WHIT USTRY	American Indian, hits, etc.			
10. STREET AND NUMBER  501 West University Pkw.  11. MARITAL STATUS  1	R IN U.S. ARMED ES 2 NO R DATES  18a. DECEDENT'S US (Give kind of word life. Do NOT use in Microbi  19b. Mailing at 5 0 1 V  20b. PLACE OF DISPOSITION other place)	13. WAS DECE If yee, speet I  YES: SUAL OCCUPATION It done during most it ologis DDRESS (Street an N. Univ	2 1 2 1 0  ENDENT OF HISPAN city Cuban, Maxica 2 NO Specifi  No Specifi  18. MOTHER'S NA  AUGUST and Number or Rural Versits estery, cremetory or	16b. KIND OF  16b. KIND OF  AME (First, Middle, Mek  TA MAY S  Route Number, City or  Y Pkwy,  20c.	U. Yea or No- BUSINESS/INDU den Surname) SMITH Town, State, Zip Balto	S - A - 14. RACE - Black, wi Specify: WHIT USTRY	American Indian, hita, etc.  E  2 1 2 1 0 d .			
11. MARITAL STATUS  1	R IN U.S. ARMED ES 2 NO R DATES  18a. DECEDENT'S US (Give kind of word life. Do NOT use n  Microbi  19b. Mailing at 501 V  20b. PLACE OF DISPOSITI other place)	13. WAS DECE If yee, specification of the second of the se	2 1 2 1 0  ENDENT OF HISPAN city Cuban, Maxica 2 NO Specifi  No Specifi  18. MOTHER'S NA  AUGUST and Number or Rural Versits estery, cremetory or	16b. KIND OF  16b. KIND OF  AME (First, Middle, Mek  TA MAY S  Route Number, City or  Y Pkwy,  20c.	U. Yea or No- BUSINESS/INDU den Surname) SMITH Town, State, Zip Balto	S - A -  14. RACE — Bleck, Wi Specify: WHIT USTRY  Code)	American Indian, hita, etc.  E  2 1 2 1 0 d .			
11. MARITAL STATUS  1 Never Married 2 Married 3 Widowed 4 Divorced  15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16. DECEDENT'S EDUCATION (Specify only highest grade completed)  17. FATHER'S NAME (First, Middle, Last)  17. FATHER'S NAME (First, Middle, Last)  18. INFORMANT'S NAME (Type/Print)  19. INFORMANT'S NAME (Type/Print)  10. Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)  11. SEGNATURE OF DISPOSITION 1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)  12. SEGNATURE OF TUNEIRAL BRAYICE LICENSEE  23. PART_K Enter the diseases, or complications that cause shock, or heart failure. List only one cause of immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death)  DUE TO (OR A d. DUE	R IN U.S. ARMED ES 2 NO R DATES  18a. DECEDENT'S US (Give kind of word life. Do NOT use n  Microbi  19b. Mailing at 501 V  20b. PLACE OF DISPOSITI other place)	13. WAS DECE If yes, special T	NDENT OF HISPAN city Cuban, Maxica 2 NO Specify  N t of working  St  18. MOTHER'S NA  AUGUST and Number or Rural  Versity cetery, cremetory or	16b. KIND OF  16b. KIND OF  AME (First, Middle, Mek  TA MAY S  Route Number, City or  Y Pkwy,  20c.	BUSINESS/INDU	14. RACE — Black, Wi Specify: WHIT USTRY	21210 d.			
1 Never Married 2 Married 3 Widowed 4 Divorced  15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  17. FATHER'S NAME (First, Middle, Last)  JOHN RUFUS HANKS  19a. INFORMANT'S NAME (Type/Print)  Julia Hanks (Spouse)  20a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)  21. Segnature of Thermal Brevice Licensee  23. PART J. Enter the diseases, or complications that cause shock, or heart failure. List only one cause of immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  DUE TO (OR A DUE	18a. DECEDENT'S US (Give kind of word life. Do NOT use in MicroBi  19b. MAILING AC 501 V  20b. PLACE OF DISPOSITION offer place)	If yes, special to yes.  SUAL OCCUPATION is done during most effect.)  LO 1 o g i s.  DDRESS (Street an in in in in in in in in in in in in in	elfy Cuban, Maxica 2 NO Specify  No tof working  St  18. MOTHER'S NA  AUGUST  and Number or Rural  Versity  elery, cremetory or	16b. KIND OF  16b. KIND OF  AME (First, Middle, Mek  TA MAY S  Route Number, City or  Y Pkwy,  20c.	BUSINESS/INDU	Black, Wi Specify: WHIT USTRY	21210 d.			
Elementary/Secondary (0-12)   College (1-4 or 5+)	(Ghe kind of work life. Do NOT use in Microbi  Microbi  19b. MAILING AT  501 V  20b. PLACE OF DISPOSITION other place)	DDRESS (Street and No. Univident (No. (Name of certain))	st  18. MOTHER'S NA  AUGUST and Number or Rurel  Versity  etery, cremetory or	AME (First, Middle, Mek TA MAY S Route Number, City or Y Pkwy,	ien Surname) SMITH Town, State, Zip Balto	Code)	d.			
Total Continue   Total Continue   Total Continue	MicroBi  19b. MAILING AE  501 V  20b. PLACE OF DISPOSITION offer place)	DDRESS (Street and N. Univion (Name of ceme	St  18. MOTHER'S NA  AUGUST and Number or Rurel Versity elery, cremetory or	TA MAY S  Route Number, City or  Y Pkwy,  20c.	MITH Town. State, Zip Balto	., M	d.			
JOHN RUFUS HANKS  19a. INFORMANT'S NAME (Type/Print)  Julia Hanks (Spouse)  20a. METHOD OF DISPOSITION 1 Burlai 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)  21. Segnature of Unitral Service Licensee  23. PARTLY Enter the diseases, or complications that eau shock, or heart failure. List only one cause of IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR A DUE TO	19b. MAILING AD 5 0 1 V 20b. PLACE OF DISPOSITION offer place)	DDRESS (Street and N . Univident of Communication (Name of Communication) 22. NAME AND	AUGUST  AUGUST  Mod Number or Rural  Versity  Versity  Versity	TA MAY S  Route Number, City or  Y Pkwy,  20c.	MITH Town. State, Zip Balto	., M	d.			
JOHN RUFUS HANKS  19a. INFORMANT'S NAME (Type/Print)  Julia Hanks (Spouse)  20a. METHOD OF DISPOSITION  1 Burlel 2 Cremation 3 Removal from State  4 Exponential Service Licensee  23. PARTLY Enter the diseases, or complications that easy shock, or heart failure. List only one cause of immediate disease or condition resulting in death)  Sequentially list conditions, a. DUE TO (OR A	501 V 20b. PLACE OF DISPOSITION other place)	N. Univ	AUGUST ad Number or Rural versity etery, cremetory or	TA MAY S  Route Number, City or  Y Pkwy,  20c.	MITH Town. State, Zip Balto	., M	d.			
19a. INFORMANT'S NAME (Type/Print)  Julia Hanks (spouse)  20a. METHOD OF DISPOSITION  1	501 V 20b. PLACE OF DISPOSITION other place)	N. Univ	nd Number or Aural Versity etery, cremetory or	Route Number, City or Y Pkwy,	Town, State, Zip Balto	., M	d.			
Julia Hanks (spouse)  20e. METHOD OF DISPOSITION  1	501 V 20b. PLACE OF DISPOSITION other place)	N. Univ	versity etery, cremetory or	y Pkwy,	Balto	., M	d.			
20a. METHOD OF DISPOSITION    Burlel 2   Cremation 3   Removal from State  4 M Donation 5   Other (Specify)  11. Signature of Unitral Entrice LICENSEE  23. PART J. Enter the diseases, or complications that cause shock, or heart failure. List only one cause of immediate cause. Enter UNDERLYING CAUSE (Disease or conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   VES 2   MO   1   Inpatiant 2   ERM (Month, Dey, Ve. 10   Inpatiant 2   ERM (Month, Dey, Ve. 10   Inpatiant 2   Month, Dey, Ve. 10   Inpatiant 2   Could not be determined   28e. DATE OF INJuliding, etc. (10   10   Inpatiant 2   28e. PLACE OF INJuliding, etc. (10   Inpatiant 2   28e. PLACE OF INJuliding, etc. (10   Inpatiant 2   28e. PLACE OF INJuliding, etc. (10   Inpatiant 2   28e. PLACE OF INJuliding, etc. (10   Inpatiant 2   28e. PLACE OF INJuliding, etc. (10   Inpatiant 2   28e. PLACE OF INJuliding, etc. (10   Inpatiant 2   28e. PLACE OF INJuliding, etc. (10   Inpatiant 2   28e. PLACE OF INJuliding, etc. (10   Inpatiant 2   28e. PLACE OF INJuliding, etc. (10   Inpatiant 2   28e. PLACE OF INJuliding, etc. (10   Inpatiant 2   28e. PLACE OF INJuliding, etc. (10   Inpatiant 2   28e. PLACE OF INJuliding, etc. (10   Inpatiant 2   28e. PLACE OF INJuliding, etc. (10   Inpatiant 2   28e. PLACE OF INJuliding, etc. (10   Inpatiant 2   28e. PLACE OF INJuliding)	20b. PLACE OF DISPOSITION other place)	22. NAME ANI	etery, crematory or	20c.						
Buriel 2   Cremetion 3   Removal from State	7-31-90	22. NAME ANI		1	LOCATION — C	City or Town,	State			
23. PART I/ Enter the diseases, or complications that caus shock, or heart failure. List only one cause of immediate disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR A DU			D ADDRESS OF FA	ACILITY		100				
shock, or heart failure. List only one cause of IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR A DUE TO (O		State								
shock, or heart failure. List only one cause of IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR A DUE TO (O		2000	e Anato	omy Boar	d. Ba	lto.	. ма.			
PART II. Other algnificant conditions contributing to deat  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH 1 Netural 8 Pending Investigation 3 Suicida 8 Could not be determined  29a. CERTIFIER 1 PERTIFUND PHYSICIAN To the best of mile.	IS A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):	unk	nown	prem	nary	ζ				
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1	S A CONSEQUENCE OF):									
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 8 Pending 2 Accident Investigation 3 Suicida 8 Could not be detarmined  29e. CERTIFIER 1 CERTIFUNG PMYSICIAN; To the heat of William	h but not resulting in	the underlying	cause given in		AN AUTOPSY FORMED?		ERE AUTOPSY FIND			
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 8 Pending 2 Accident Investigation 3 Suicida 8 Could not be detarmined  28e. PLACE OF INJU (Month, Dey, Ye. 1)  28e. PLACE OF INJU (Month, Dey, Ye. 2)  28e. PLACE OF INJU (Month, Dey, Ye. 2)  28e. PLACE OF INJU (Month, Dey, Ye. 2)					3 2 🗍 NO	OF	OMPLETION OF CAU F DEATH?			
27. MANNER OF DEATH  1 Natural 8 Pending Investigation 2 Accident 3 Suicida 8 Could not be detarmined 28e. PLACE OF INJ building, etc. (	10	28 PL	ACE OF DEATH (C)	heck only one)						
1 Natural 8 Pending (Month, Dey, Ye. 28- PLACE OF INJ building, etc. ( 29e. CERTIFIER 1 CERTIFUMO PMYSICIAN). To the heat of PMYSICIAN To the heat of PMYSICIAN To the heat of PMYSICIAN To the heat of PMYSICIAN To the heat of PMYSICIAN TO the heat				a Other (Specify)	W IN ILIEN OCC	CHRED				
4 Homicide determined building, etc. (	nr) INJUF	M 1 V	RK? YES 2 NO	28d. DESCRIBE HO			CHE THE			
		eet, rectory, office		28f. LOCATION (Str City or Town, S		or nurei Rout	w Number,			
con)	(Check only 1 Ltd CERTIFYING PHYSICIAN: IO the bast of my knowledge, deeth occurred at the time, dete and place, and due to the cause(s) and manner as stated.									
206, SIGNATURE AND TITLE OF CERTIFIER Source	2mp		D 206		29d. DATI	7/26	fonth, pay, Year)			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, P	rint)								
31. DATE FILED (Month, Day, Year)  AUG 6 1990 Julia Davidson-A										

BALLIMORE, MARYLAND	Page 6 may be retained by the hos	director, page 5 should be detached	ner must be notified at once.
BAL	ours after death.	d in by the funer or removal.	medical exami
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache tiled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	THI OT	TO THI	IMPO

	STATE REGISTRAR				ICATE			R	EG. NO.		110		
1.	DECEDENT'S NAME (First, Middle, Last)	18550	EVC					2. DATE OF 1 MONTH 7-28	DEATH DAY	YEA	- /	46	- /
	Davild SOCIAL SECURITY NUMBER	JEFFR T 5. SEX	8. AGE (In vrs. In					-			1	-	р
	212-03-8437	1 X M 2 F	9.5	YRS.	MONTHS D	-	UNDER 24 HRS.	7. DATE OF E (Month, Da		Co	RTHPLACE (	State or Fo	reign
	. FACILITY NAME (If not institution, give :	street and number)	30		9b. CITY, TO	WN OR L	OCATION OF D			. COUNTY O	F DEATH	_	_
E E	FRANKLIN SQUA	ARE HOSI	PITAL						Baltimore				
DIRECTOR = 12	MD. BAI	TIMORE		10c. CIT	Y, TOWN OR I	OCATION				LII	SIDE CITY MITS?		
	MD. DAI	TIMORE				10f. ZIF	CODE		F WNAT CO		NO		
2	2804 Roselawr	7770		2121									
FUNERAL	. MARITAL STATUS	12. WAS DECEDE	NT EVER IN U.S. A							ACE — Ame	rican India	in,	
	Never Married 2 Married FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			If ye	s, specify		en, Puerto Ricer		8	lack, White, pecify: WHIT	etc.		
	15. DECEDENT'S EDU				USUAL OCCL			16b. KIN	D OF BUSINES				-
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	.06	alve kind of e. Do NOT u	work done duri se retired.)	ng most of	working						
N 17	FATHER'S NAME (First, Middle, Last)					16	. MOTHER'S NA	AME (First, Middl	e. Meiden Sum	ame)			_
	EDWIN JEFFI	REVS					MARY						
H 19	e. INFORMANT'S NAME (Type/Print)	1210	11	b. MAILING	ADDRESS (S	treet and f		Route Number, (	City or Town, Str	ata, Zip Code,	2 20	200	
2	DAVID JEFFREYS	s (son)	6	406	Garn	ers	Ferry	y Rd.,	Colum	nbia,		209	
1	De. METHOD OF DISPOSITION  Burlel 2 Cremation 3 Ren	roval from State	20b. PLACE other p		SITION (Name	of cameter	ry, crematory or		20c. LOCATIO	ON City o	r Town, Stat	a	
	4 ⅓ Donation 8 □ Other (Specify)												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE    22. NAME AND ADDRESS OF FACILITY   State Anatomy Board, Balto., Md.												
- 6	mon	4000	Mule										
12	3. PART I. Enfer the diseeses, or shock, or heart failure.	List only one ca	at caused the d use on each lin	eeth. Do i e.	not enter th	e mode	of dying, au	ch aa cerdiac	or reapirato	ry arrest,		pproximaterval Be	
d	MMEDIATE CAUSE (Finel	Pneumo	nia								0	nset and	Deat
n	disease or condition Pneumonia  Pneumonia  Oue TO (OR AS A CONSEQUENCE OF):												
-	Description, Description Coordinate Description												
o s	Sequentially list conditions, Due TO (OR AS A CONSEQUENCE OF):												
<b>₹</b> 0	If any, leading to immediate ceuse. Enter UNDERLYING												
	CAUSE (Diseese or injury thet initieted events  DUE TO (OR AS A CONSEQUENCE OF):												
	esulting in deeth) LAST	d											
_	ART II. Other algnificent conditio	ne contributing to	o deeth but not	regulting	In the unde	rivina ce	Mise given in	Pert I 24	. WAS AN AUT	npev	24b. WERE A	MITTORY E	MDINGS
₹	Multiple Skin D	ecubiti							PERFORMED	)?	AMILA	BLE PRIOR ETION OF C	TO
PHYSICIAN: MEDICAL	Chronic Congest		+ Failus	20				1	YES 2	NO	OF DEA	TH?	
Σ	Prostate Cancer		L railui	E				-			1 🗆 YI	ES 2 🗌 I	40
Z Z	S. WAS CASE REFERRED TO MEDICAL					28 DI ACI	E OF DEATH (C	heat anti ana)					
<u> </u>	EXAMINER?	HOSPITAL:	☐ ER/Outpatient	2   DOA	OTHER:				м.				
¥   27	7. MANNER OF DEATH	26s. DATE O	F INJURY	26h TII	AF OF 20	c. INJURY	AT	e Other (Sp 28d. DESCRI	BE HOW INJU!	RY OCCURE	D	-	
	1 Netural 5 Pending	(Month,	Day, Year)	IN	JURY M	WORK?	2 NO						
ED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE building	OF INJURY — At h	ome, farm,	street, factory	, office		28f. LOCATIO	N (Street and I own, State)	Number or Ru	rei Route Nu	mber,	
H	De. CERTIFIER											_	
	(Check only												
<u>A</u>	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner at												
COMP	2 MEDICAL EXAMIN	ER: On the basis of	examination and/or	Investigati	on, in my opin	ion, dautr	1 occurso at th	a time, data and	piace, and de	ia to the cau	se(a) and m		tated.
COMP	DE SIGNATURE AND TITLE OF CERTIFIE		axamination and/or	rinvestigati	on, in my opin		c. LICENSE NU			d. DATE SIG			tated.

32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year)

Theodore DeWeese, M.D. 9000 Franklin Square Drive Baltimore, Md. 21237

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION



1 - STATE REGISTRAR	STATE OF N	MARYLAND /			T OF H			MENTAL	HYGIENI REG. NO.	E			
1. DECEDENT'S NAME (First, Middle, Last)			# T					2. DATE O	F DEATH			3. TIME OF DEATH	1 Δ
Anna C. Koontz								MONTH	200	Y	YEAR	01:05	M
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last	birthday)	IF UNDER	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF	F BIRTH Day, Year)		6. BIRTH Countr	IPLACE (State or For	eign .
212-10-5252	1 ☐ M 2 🂢 F	85	YRS.					11-	-16-04	-		yland	
9e. FACILITY NAME (If not institution, give :	street and number)				Y, TOWN O			EATH		9c. COU	NTY OF D	EATH	
St. Agnes Hospi	tal			Baltimore									
RESIDENCE OF DECEDENT  100. STATE 10b. COUNT	Y		10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY				
Maryland Bai	Ltimore		Ca	tons	svil1	e						LIMITS?	NO
10e. STREET AND NUMBER					10f.	ZIP CODE				10g. CIT	IZEN OF V	WHAT COUNTRY?	
417 Wheaton Plac	ce, Apt.I					21	228			U.	S.A.		
11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARI	MED	13.					(Specify Yes	or No-	14. RACI	E — American India k, White, etc.	n,
1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE V		Ю	-	1 YES			n, Puerto Ric y:	can, etc.)		Spec		
												White	
15. OECEDENT'S EDU (Specify only highest grade	o completed)	(Gi		work done	during mos		g	16b. 1	(IND OF BUS	INESS/INC	DUSTRY		
Elementary/Secondary (0-12) 12th grade	College (1-4 or 5	+)			ine o	nera	tor	G.	arment	ind	luetr	rv	
17. FATHER'S NAME (First, Middle, Last)		Inewa	-115 II						ddle, Maiden			- J	
A. Koontz								a Flea					
19e. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRES	S (Street a				r, City or Town	ı, Statu, Zir	p Code)		
Mary E. Griffin		]	1236	P1ea	asant	Val	ley.	Dr.	Balt:	imore	e, MI	21228	
200. METHOD OF DISPOSITION	and the Chair	20b. PLACE other ple	OF DISPOS	SITION (N	lame of cerr	netery, crem	natory or		20c. LO	CATION —	City or To	own, State	
¹X Buriel 2 ☐ Cremetion 3 ☐ Ren 4 ☐ Donation 5 ☐ Other (Specify)	novali from State			ark	Ceme	tery	<i>r</i>		Ba1t	imor	ce, N	Œ	
21. SIGNATURE OF FUNERAL SERVICE	CINSEE	1			. NAME AN								
* Laymond	eleuro	m)	-	Hi 4	ubbar 107 W	d Fu lilke	nera	al Hom Ave.	ne, Ir Balti	nc. Lmore	e, MI	21229	
23. PART I. Enter the diseases, or ahock, or heart fallure.				not ente	r the mo	de of dyl	ing, suc	h as cardi	ec or respl	ratory ar	rest,	Approxima Interval Be	
IMMEDIATE CAUSE (Final	List Only One Ca	ass on sach line	•									Onset and	
disease or condition resulting in death)	a	O (OR AS A CONSEC											
	DUE TO	(OR AS A CONSEC	DUENCE O	F):	_	1		5.4					
Sequentially list conditions,	b	OF AS A CONSEC	7 /	rea	nl	06.2	ea	ee_					
If any, leading to immediate cause, Enter UNDERLYING	DOE TO	(UH AS A CUNSEU	JUENCE O	r):									
CAUSE (Disease or Injury that initieted events	C DUE TO	(OR AS A CONSEC	DUENCE O	F):									
resulting in deeth) LAST	4												
DART II ON 1-15				1				I				1	
PART II. Other algnificent condition	ns contributing to		esulting	in the u	inderlying	ceuse (	given in	Part I.	24a. WAS AN PERFOR		248	MAILABLE PRIOR COMPLETION OF C	TO
<u> </u>	rentra							- 1	1   YES 2	SKNO		OF DEATH?	AUSE
								- 1				1 TYES 2 1	10
25. WAS CASE REFERRED TO MEDICAL, EXAMINER?	HOSPITAL:			OTHE	R:			neck only one					
1 YES 2 NO	1 Inpatient 2	ER/Outpatient 3	28b, TIM	E OF	raing Hom		esidence	6 Other	(Specify)	NJURY OC	CURED		
1 Natural 5 Pending	(Month, I		IN.	JURY	WO	RK7	NO.	- Seat	HOW I		JUNEV		
2 Accident Investigation 3 Suicide 6 Could not be		DF INJURY — At ho	rme, ferm.	street, fa							or Rural	Route Number,	
4 Homicide 6 Could not be determined		, etc. (Specify)							Town, State)				
29a, CERTIFIER (Check only 1 CERTIFYING PHYS	SICIAN: To the best o	f my knowledge, de	ath occur	ed at the	time, date	and place	, and char	to the core	e(e) and ma	nner as ste	nted.		
(Check only one) 2 MEDICAL EXAMIN												(e) end manner as s	tated.
29b. SIGNATURE AND TITLE OF CERTIFIE	ER _					29c. LIC	ENSE NUI	MBER		29d. DA	TE SIGNE	D (Month, Day, Year)	
5	-,06.											02-9	.0
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAL	JSE OF DEATH (ITE	M 27) (Type	, Print)									
ERIC M.	CHWA	St	. Agr	nes	Hospi	ital	Ва	altim	ore, l	MD 2	1229		
31. DATE FILED (Month, Day, Year)	32 REGISTR	AR'S SIGNATURE											
AUG 0 6 199	U Comarca	MARCON - ACO											

	24-rours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transit per	don, or removal.	the medical examiner must be notified at once.	
DIVISION OF VITAL MECONDO, 1101 DOX 10110,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mous after death. Page 6 may be retained by the hospital or attending physician.	TO THE PUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pern	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

STATE OF	/ DEPARTMENT			MENTAL	HYGIENE
	CERTIFICATE	OF DEAT	H		REG. NO.
( ant)				2 DATE O	E DEATH

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND I	MENTAL HYGIEN REG. NO.					
	1. DECROENT'S NAME (First, Middle, Last),  UNTIS L.	each, Jr		9	2. DATE OF DEATH DA	70	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER	1 M 2 F	YRS. MO	3	7. DATE OF BIRTH (Month, Day, Year) 06 - 07 - 8	9 Coun	MD			
TOR	99. FACILITY NAME (If not institution, give sti UNIVERSITY RESIDENCE OF DECEDENT			BALTIMORE, N		9c. COUNTY OF	DEATH			
DIRECTOR	10e. STATE 10b. COUNTY			IMORE, CITY			10d. INSIDE CITY LIMITS? 1 (X) YES 2 \( \square\) NO			
FUNERAL	100. STREET AND NUMBER 511 SHERIDA			101. ZIP CODE 21212		USA	WHAT COUNTRY?			
BY	11. MARITAL STATUS 1 XNever Married 2 Married 3 Widowed 4 Olvorced	12. WAS OECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 YNO	13. WAS DECENDENT OF HISPAI If yes, specify Cuban, Maxica 1 YES 2 NO Specifi	in, Puerto Rican, etc.)	Bie	CE — American Indian, ck, White, etc.  BLACK			
COMPLETED	15. OECEOENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)		AL OCCUPATION done during most of working ired.)  L D	16b. KIND OF BUS	SINESS/INDUSTRY				
COMF	CHILD  17. FATHER'S NAME (First, Middle, Last)  CURTIS EARL	LEACH	011	16. MOTHER'S NA	ME (First, Middle, Maiden					
TO BE	19a, INFORMANT'S NAME (Type/Print)	ITTINGHAM		SHERIDAN AVE	Route Number, City or Tow	rn, State, Zip Code)	). 21212			
	20s. METHOD OF OISPOSITION 1   XBurlel 2   Cremetion 3   Remo	ovel from State	PLACE OF DISPOSITIO	RIAL PARK	20c. LO	CATION — City or NDALLST	Town, State			
	21, SIGNATURE OF FUNERAL SERVICE LIC	ensee	د.	WM.C. MARCH		01 E. N	NORTH AVE.			
	23. PART I. Enter the diseases, or can be abook, or heart failure. Immediate CAUSE (Final disease or condition resulting in death)	List only one cause on a	ach line.			iretory arrest,	Approximate interval Between Onset and Death			
CERTIFICATION	immEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, If any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  CASALOGENIC Shock  12 hrs  OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL C	PART II. Other algolficent condition	a contributing to death b	ut not resulting in t	ha underlying cause given in	Part I. 24a. WAS AN PRINFO!	RMED?	Ib. WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
YSICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 AO	HOSPITAL: 1 Dinpatient 2 ER/Out		26. PLACE OF GEATH (C THER: Nursing Home 5 - Residence						
ву РН	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	M 1 YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURED				
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spe	/ — At home, farm, stre-	ot, factory, office	28f. LOCATION (Street City or Town, State		if Route Number,			
COMPLETED	29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.  MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.									
BE	296 SIGNATURE AND TITLE OF CERTIFIE	summer t	1.2.	29c. LICENSE NU	IMBER	29d. DATE SHOW	190 Hurry			
5	SO NAME AND ADDRESS OF PERSON WHO	S Univ Ho	EATH (ITEM 27) (Type, Pri	Greenest	Barto	MS	21201			
	31. DATE FILED (Month, Day, Year)	32, REGISTRATI	the der	phille	- 335					

DHMH-16 Rev 1/89

FOR STATE REGISTRAR

	1, DECEDENT'S NAME (First, Middle, Last,	WSON						2. DATE	OF DEATH	AY 🔿	YEAR	50 F
	4, SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER 1 Y	EAR IF L	NDER 24 HRS.		OF BIRTH	X	6. BIRTHP	LACE (State or Foreign
	214-20-1900	1 🗆 M 2 🔀 F	67	YAS.	MONTHS D	AYS HOL	RO MIN.		1. Day, Year)	23	Country)	
	90. FACILITY NAME (If no Positivition, give	street and number)	P		96. CITY, TO	WN OR LO	CATION OF D	EATH		9c. COU	NTY OF OE	ATH
חטוסשעות	RESIDENCE OF DECEDENT  10a. STATE  10b. COUN	TY		10c. CIT	TOWN OR							10d. INSIDE CITY LIMITS?
	100. STREET AND NUMBER	u 11 0	) I out	20	oa lt	101. ZIP	CODE	/		10g. CITI		YES 2 NO
BY FUNEHAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Olvorced	FORCES?	NT EVER IN U.S. AS	BMED NO	If y		Cuban, Mexic	en, Puerto	I? (Specify Yes Rican, etc.)	or No-	14. RACE Black, Specify	- American Indian, White, atc. Black
COMPLETED B	15. DECEOENT'S ED (Specify only highest grac Elementary/Secondary (0-12)		(G	ECEDENT'S live kind of v	USUAL OCCL vork done duri e retired.)	IPATION ng most of v	vorking	16b	. KIND OF BU	SINESS/INC	DUSTRY	Diaen
	17. FATHER'S NAME (First, Middle, Last)	rwson				18.	MOTHER'S N	AME (First,	Middle, Malden	Sumame)		
IO BE	19a. INFORMANT'S NAME (Type/Print)	eneon,	19	b. MAILING	ADDRESS (S	treet and Nu	mber or Rural	Route Num	ber, City or Tow	State, Zip	Code)	1 212 15
	20a, METHOD OF DISPOSITION  1V Burlal 2 Cremation 3 Re	movel from State	20b. PLACE other pl	OF DISPOS	SITION (Name	of comotory	crematory or	thw	20c. LO	CATION -	City or Tow	n, State
	4 Donalion 5 Other (Specify)			W	22. NA	ME AND AC	CLY DRESS OF F	AÇILITY	ba	lto,	red	
	- Yertia	- 4/VrA	n)		Ma	uch	Fit	t-w	with	An	е.	
- 13	shock, or heart fellure	List only one ce	et caused the de	eeth. Do r	ot enter th	e mode o	f dylng, su	ch ss can	diac or resp	iratory an	rest,	Approximate Interval Betw
	shock, or heart fellure IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Car	et caused the de use on each line diom.	401	oat		with	ch ss can	lec or resp	ay e	dem	Interval Betw
RTIFICATION	shock, or heart fellure IMMEDIATE CAUSE (Fine) disease or condition	a. COT DUE TO DUE TO DUE TO C.	diom	QUENCE O	path		. :41	pul	Iman	ay e	dem	Interval Betw
ICAL CERTIFICATION	shock, or heart fellure IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	b. DUE TO  DUE TO  DUE TO  DUE TO	O (OR AS A CONSE	OUENCE OF	pat)	14	with	pul	24a. WAS AN	AUTOPSY RMED?	de M	Approximate Interval Betwo Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
MEDICAL	shock, or heart fellure IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. DUE TO  DUE TO  DUE TO  DUE TO	O (OR AS A CONSE	OUENCE OF	pat)	14	with	pul	eman.	AUTOPSY RMED?	de M	Interval Betw Onset and De
MEDICAL	shock, or heart fellure IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if erry, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions 26. WAS CASE REFERRED TO MEDICAL EXAMINER?	a. DUE TO  DUE	O (OR AS A CONSE	OUENCE OF	oath	riying car	With ise given in	Part I.	24a. WAS AA PERFOI	AUTOPSY RMED?	de M	Interval Betw Onset and De Onset and De Were Autopsy Findi MALLABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
PHYSICIAN: MEDICAL	shock, or heart fellure IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent condition  26. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	a. DUE TO  DUE	O (OR AS A CONSE	OUENCE OF	OTHER:	26. PLACE 19 Home 5 1c. INJURY WORK?	With use given is	Part I.	24a. WAS AA PERFOI	AUTOPSY RIMED?	de m	Interval Betwo Onset and De
ED BY PHYSICIAN: MEDICAL	shock, or heart fellure IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if erry, leeding to immediate cause. Enter UNDERLYING CAUSE (Olsease or injury that initiated events resulting in death) LAST  PART II. Other eignificent condition  26. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH	b. DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  A. DUE TO  DUE TO  DUE TO  A. DUE TO  A. DUE TO  DUE TO  A. DUE TO  DUE TO  DUE TO  A. DUE TO  DUE TO  A. DUE TO  DUE TO  DUE TO  A. DUE TO  DUE TO  DUE TO  DUE TO  A. DUE TO  DUE	O (OR AS A CONSE	OUENCE OF	OTHER:	26. PLACE 9 Home 5 1c. INJURY WORK? 1 YES	With use given is	Pert I.  heck only or  6  Other  28d. DE	24a. WAS AN PERFO! 1 UYES :	A AUTOPSY RIMED? 2 NO	24b.	WERE AUTOPSY FINDS MALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	shock, or heart fellure IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in deeth) LAST  PART II. Other significent condition  26. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be detarmined  29e. CERTIFIER (Check only	a. DUE TO  b. DUE TO  c. DUE TO  d	O (OR AS A CONSE  O (OR AS A C	OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OUENC	OTHER: 4   Nursing E of 2tury M street, factory	26. PLACE 9 Home 5 10. INJURY WORK? 1 YES 1, office	WITh  USE given is  OF DEATH (C  Residence  AT  2 NO	Pert i.  heck only or  City  28d. DE  26i. LOC City  a lo like ca	24a. WAS AA PERFOI 1 UYES :	A AUTOPSY RMED? 2 NO INJURY OC and Number	24b.	WERE AUTOPSY FINDII MALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	shock, or heart fellure IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent condition  26. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only)  CERTIFVING PHY	b. DUE TO  C. DUE TO  d. DISTRIBUTION TO THE T	O (OR AS A CONSE  O (OR AS A C	OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OUENC	OTHER: 4   Nursing E of 2tury M street, factory	riying car  26. PLACE g Home 5 ic. INJURY WORK? 1 YES office death	WITh  USE given is  OF DEATH (C  Residence  AT  2 NO	Part I.  heck only of 28d. DE 261. LOC City  a lo line ca e lime, date	24a. WAS AA PERFOI 1 UYES :	AUTOPSY RMED? 2 NO INJURY OC and Number	24b.  24b.  CURED  or or Rural Richeld,  the cause(a)	WERE AUTOPSY FINDIN MALABLE PRIOR TO COMPLETION OF CAUS OF DEATH!  1 YES 2 NO

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

ne hos	letach		once.
by th	bed		व
ined	ponid		fled
reta	5 8		100
ay be	page		pe
E 9	ctor.		nust
Page	dire		ler r
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hos	TO THE FUNREAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach-		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
fter d	the	Oval	8
ITS a	n by	rem	edic
100	lled	n, or	=
in 2	ely fi	natio	£
d with	mplet	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	even
ecute	nd co	buria	atic
96	an a	N 20	Ë
ate 1	hysic	prio	i ti
ertific	d Bui	giene	ŧ
ath c	ttend	E H	0 ,
e de	the ar	Мел	Ē
hat th	3	and	II /
res t	igne	ealth	29
requi	s ue	Of H	show.
WB	as be	ept.	23
E P	ate h	tate [	Hem
SIAN	utific	he S	2
HYSK	nis ce	vith t	ed,
46 P	ter th	ath v	mark
NON	R: At	er de	-
ATTE	ECTO	s afti	1 28
OB OB	DIR	hour	Item
PITAL	ERAL	In 72	THE
HÖS	E	with	TAN
뿔	표	filed	POH
2	2	2	Ξ

							_	0 21000
	FOR 1 - STATE	STATE OF MARYL						
_	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH DON'TH D	AY YE	AR 3. TIME OF DEATH
1	William	Lewis Tr	r			8 2	- 9	0 4 PM
	4. SOCIAL SECURITY NUMBER	8. SEX 6. AGE (	(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
	k	1 🔀 M 2 🗆 F	52 YRS.	MONTHS DAYS	HOURS MIH.	6/16/28	1 '	Va.
	9a. FACILITY NAME (If not institution, give str	met and number)		95 CITY TOWN (	OR LOCATION OF I	<u> </u>	9c. COUNTY	
~	University Ho				imore		SC. 000/111	OI DEATH
2	RESIDENCE OF DECEDENT	SPICAL		Бат	THOLE			
ပ္ပ			10c CIT	Y TOWN OR LOCAT	TION	*		10d. INSIDE CITY
DIRECTOR	10a. STATE 10b. COUNTY		1	Ba I to	•			LIMITS?
							,	YES 2 NO
Z	529 Presstman	C+		101	ZIP CODE	7	10g. CITIZEN	OF WHAT COUNTRY?
<b>5</b>	JZ9 Flesstmar.	I DL.			2121	_ /		U.S.A.
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	N U.S. ARMED			ANIC ORIGIN? (Specify Ye	a or No- 14.	RACE — American Indian, Black, White, etc.
	1 Never Married 2 Married	FORCES? YES			ecify Cuban, Maxie 3/3/NO Spec	can, Puerto Rican, etc.)		Specify:
BY	3 🖾 Widowed 4 🔲 Divorced			''	3777.			Black
	15. DECEDENT'S EDUC	CATION	18a, DECEDENT'S	USUAL OCCUPATION	ON	16b. KIND OF BU	SINESS/INDUST	
E	(Specify only highest grade  Elementary/Secondary (0-12)	completed) College (1-4 or 5 +)	(Give kind of a	work done during mo se retired.)	st of working	ĺ		
7	Elemental y Secondary (0-12)	conege (1-4 of 5 4)	Ch	auffeur	-	Dia		1 n 1n
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		CA	aurreur		IAME (First, Middle, Maider	nond (	ab
		Con			100			
BE	William Lewis  194. INFORMANT'S NAME (Type/Print)	, Sr.	Lank MAN ING	4000000		ie Jenniu		4.1
2			100,100,000					
	William Lewis,					St. Balto		
	20e METHOD OF DISPOSITION 1 Derived 2 Cremetion 3 Remo	oval from State	b. PLACE OF DISPO	V 111111-1-4-4			OCATION — City	
	4 Donation 5 Other (Specify)		arriso				ings M	Mills, Md/
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			ND ADDRESS OF			
	James 1	mat				rton & so		
-		· / no wo	70					Md. 21217
	23. RMT i. Enter the diseases, or c shock, or heart fallure.	Dmplicationa that cause List only pne cause on a		not entar tha mo	ods of dying, su	ich aa cerdiac or reap	iratory srrest	, Approximate Interval Batween
	IMMEDIATE CAUSE (Finel							Onset and Death
	disease or condition reauiting in daeth)	Card	A CONSEQUENCE O	Angest	-			3-4min.
	readiting in daeth)							
-		P. Ange	D Geno	apr. aix	1 has	piratory	Dich	estatione th
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	OUE TO (OF AS	A CONSEQUENCE O	PF):	1	7	0 -710	CT-S/ICC PARCE TIL
Ä	cause. Enter UNDERLYING					0		102
윤	CAUSE (Disesse or injury 1hst initiated events	DUE TO (OR AS /	A CONSEQUENCE O	F):				7077
E	reaulting in death) LAST	Daniel Co	el Care	1000	1504.	onla et.	en .	146
圆		s. renay a	the Call	remar	3/200	girefia		7 7 50.
-	PART II. Other significent condition	s contributing to deeth t	but not resulting	In the underlyin	g cause given i			24b. WERE AUTOPSY FINOINGS
2	Alexand	Ahre -	asse ble	Alcoha	-6	100	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
	1.1	.770 A	0	-		1 TYES	2 [] NO	OF DEATH?
Σ		withdrawa	a see	ferry.				1 TYES 2 NO
2				/				<u> </u>
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOŞPITAL:		26. P	LACE OF DEATH (	Check only one)		
S	1 TYES 2 NO	1 Sinpetlant 2 ER/Out	patiant 3 DOA		ne 5 🗆 Residenc	e 8 Other (Specify)		
ξl	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIR		JURY AT ORK?	28d. DESCRIBE HOW	INJURY OCCUP	IED
ВУ Р	1 Natural 5 Pending	(	"		YES 2 NO	L		
	2 Accident investigation 3 Suicide 8 Could not be	26e. PLACE OF INJURY		street, factory, offic	ca .	28f. LOCATION (Street		Rural Route Number,
ĕ	4 Homicide detarmined	building, atc. (Spe	nuny)			City or Town, State	7)	
E	29a, CERTIFIER OF SETTIEVING BUYES	CIAN: To the best of	uladas dest					
MP	anal and	CIAN: To the best of my know						augustal and manner on other A
COMPLETED	2 MEDICAL EXAMINE		on anough investigati	on, in my opinion,			and due to the C	ause(a) and manner as stated.
BE (	29b. SIGNATURE AND TITLE OF CERTIFIED				29c. LICENSE N		29d. DATE S	IGNED (Month, Day, Year)
	Michay of	D Path	~ 100 Vs	7	D3961	0 7	1 8	2/70

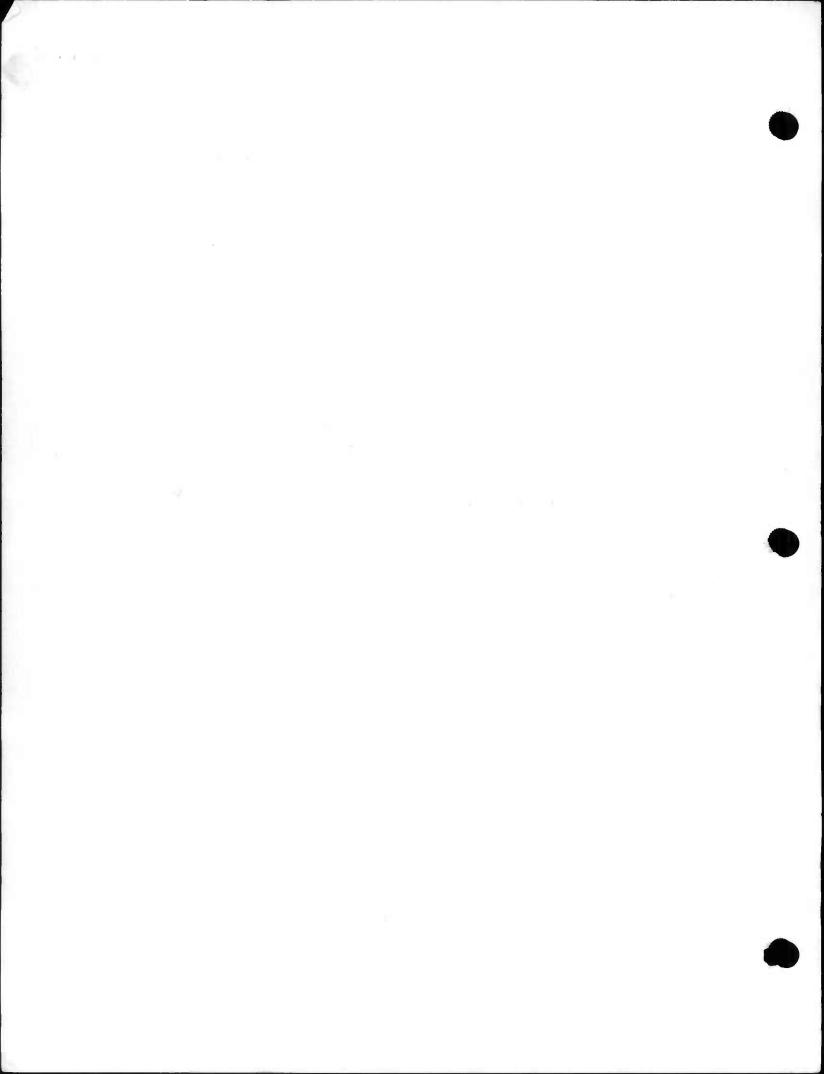
22 S. Greene

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

D.

190

Patter



DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.
---

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEALI		IENTAL HYGIENE		
1. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
H. EDGA	AR LENTZ				MONTH DAY	, , ,	
4. SOCIAL SECURITY NUMBER	8. SEX 8. AGE	(In yrs. lest birthday)	UNDER 1 YEAR IF UN	DER 24 HRS.	7 16 7. DATE OF BIRTH	9.0	TTHPLACE (State or Foreign
214-01-1267	1 ☑ M 2 □ F 7 2	MO.	ONTHS DAYS HOUR		(Month, Day, Year)	Co	untry)
9a. FACILITY NAME (If not institution, give :			b. CITY, TOWN OR LOC	ATION OF DE	10/31/	9c. COUNTY O	E DEATH
				ATION OF DE	un.		
205 E. Joppa	Rd.		TOWSON			BALTI	MORE
10a. STATE 10b. COUNT	Y	10c. CITY, T	OWN OR LOCATION				10d. INSIDE CITY
MD DATE	THODE	mor	1001				LIMITS?
MD. BALT	TIMORE	TOV	VSON	006		10a CITIZEN C	F WHAT COUNTRY?
IN. STREET AND NOMBER			101. 217 0	OOE		iog. Gilizen o	WINNI COONTAIT
205 E. JOPPA	7	OF THE OWNERS	212			U.S.	
11. MARITAL STATUS  1 Never Married 2 Married	12. WAS OECEOENT EVER I				C ORIGIN? (Specify Yes, Puerto Rican, etc.)	or No 14. R	ACE — American Indian, lack, White, etc.
3 Widowed 4 Divorced	IF YES, OIVE WAR OR D		1   YES 2   1				pecify:
	<u> </u>						VHITE
15. OECEOENT'S EOU (Specify only highest grade	e completed)	16a. OECEOENT'S US (Give kind of work	k done during most of w	orking	16b. KINO OF BUS	INESS/INOUSTR	Y
Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT use n	1000				
		LAWYER	R				
17. FATHER'S NAME (First, Middle, Last)			18. N	OTHER'S NAM	NE (First, Middle, Malden S	Sumame)	
H. EDGAR LEN	ΓZ						
19a. INFORMANT'S NAME (Type/Print)	1	19b. MAILING AC	ODRESS (Street and Nur.	nber or Rural A	oute Number, City or Town	, State, Zip Code	
JACK LENTZ	(son)	765 Pa	ark Ave.	New	York, NY		
20s. METHOD OF DISPOSITION	20	b. PLACE OF DISPOSITI	ION (Name of cemetery,	cremetory or	20c. LOC	ATION City o	r Town, State
1 Durial 2 Cremation 3 Ren 4 Donetton 5 Other (Specify)	noval from State	other place)	•				
21. SIGNATURE OF FUNERAL BERVICE L	ICENSEE /		22. NAME AND ADD	PRESS OF FAC	ILITY		
8.	101						
Jonard!	1 Wille		State	Anato	my Board	, Balt	co., Md.
iMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR AS	A CONSEQUENCE OF):	Clan	h	gatie of	its	Onset and Daeth
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF):					
CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):					
PART II. Other significant condition	na contributing to death	but not resulting in	the underlying cau	se given in i	Part i. 24s. WAS AN PERFOR 1 TYES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
					_		
25. WAS CASE REFERRED TO MEDICAL			26. PLACE (	OF DEATH (Che	ick only one)		
EXAMINER?	HOSPITAL:		OTHER:		No State of the		
27. MANNER OF DEATH	28a. DATE OF INJURY		OF 26c. INJURY A		a : Other (Specify)  26d. OESCRIBE HOW II	WILLIBA OCCUBE	0
1 Natural 5 Pending	(Month, Day, Year)	INJUF	RY WORK?		and requires now in	WONT OCCURE	
2 Accident Investigation			M 1 TES	Z [] NO			
3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJUR building, etc. (Sp.	(Y — At home, ferm, streedly)	eet, factory, office		26f. LOCATION (Street a City or Town, State)	and Number or Ru	iral Route Number,
one)	SICIAN: To the best of my knowers. On the basis of examination						rse(a) and manner as stated.
29b. SIONATURE AND TITLE OF CERTIFI	ER/		29c.	LICENSE NUM	IBER	29d. OATE SIG	NEO (Month, Day, Year)
ant,	Lepus	and		DIC	1091	D 7/	25/90
30. NAME AND ADDRESS OF PERSON W	THO COMPLETED CAUSE OF F	FATH (ITEM 27) (See 1)	rint		0 11	1/	- / (0
Arthur A	Serpick			IL R	1 Tous	, , ,,	10 21264
AUG 6 1990 4	Mie Davidson-RM	NATURE					,

permit, Pages 1, 2, 3 should

BALTIMORE, MARYLAND 21203-

page 5 should be detached for

notified at

Pe

Jeu

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

death.	funer		жаш
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zerous after death.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funer	filed writhin 72 hours after death with the State Dept. of Health and Mental Hyglehe prior to Durial, cremation, or removal.	PORTANT: If tem 28 is marked or Item 23 shows any Injury, or other traumatic event, the medical exami
SIR	d in t	0	med
4	y fille	MOM,	the
within	pletel	crema	rent.
cuted	000 p	urian,	Hc en
909 9	an an	000	<b>E</b> Wn
cate b	Mysici	200	or tra
certifi	guil p	ygien	otho
eath	atten		٧. وا
the d	the ite	d Me	
that	d par	The state	anv
duire	n sign	f Hea	SW01
law re	s bee	ept. o	23 st
E P	ate ha	ate D	ше
CIAN	ertifica	the St	or 1
PHYSI	this c	With	head
NING F	After	death	mar
TEN	TOR:	after	28 18
OR A	DIREC	NOUITS	fam
TAL	PAL	27	FI
HOS	FUNE	WITH	TAN
뿔	물	Peg	PUR

223

31. DATE FILED (Month, Day, Year)
AUG 0 6 1990

32. REGISTRAR'S SIGNATURE

Sevidon

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) Alma Sophia Elizabeth LOTZ 2. DATE OF DEATH MONTH 3. TIME OF DEATH MA 11:509" 90 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 8. BIRTHPLACE (State or Foreign CLINK NOW N DAYS HOURS 1 M 2 PF 217-01-6697 YRS. 03/01/02 9a. FACILITY NAME (If not institution, give street and number) 96 CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH BAltimere HOSDITAL Joseph TOWSON, RESIDENCE OF DECEDENT 10e. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Overlea-Baltimore 1 X YES 2 NO Baltimore 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 702 Old Home Road 21206 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No If yes, specify Cuban, Mexican, Puerto Rican, etc.)
 T YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 11. MARITAL STATUS 1 Never Married 2 Merried Specify: White 3 Wildowed 4 Divorced ED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INOUSTRY (Specify only highest grade comple COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) Housewife 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surname) Anna Josephine Demetz John Henry Edward Walter H 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 190. INFORMANT'S NAME (Type/Print) 2 7548 Belair Road Baltimore, MD. 21236 Margaret K 20s. METHOD OF DISPOSITION

TO Burle 2 Cremetion 3 Removal from Stete

Donatton 5 Other (Specific) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State Gardens of Faith Baltimore, MD. Donation 5 C Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 7110 Belair Road Martin Baltimore, Maryland 21206 23. PART I. Enter the disesses, Dr complications that caused the death, Dp npt enter the mode of dying, such as cardisc pr respiratory arrest, Approximate shock, or haert feilure. List only one cause on each line. Interval Betwe Onset and Death IMMEDIATE CAUSE (Final disease or condition PNEUMONIA DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) ASCVD DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions. if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in dasth) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 245. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one, HOSPITAL: OTHER: 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28c. INJURY AT WORK? 28b. TIME OF INJURY 284 DESCRIBE HOW INJURY OCCURED Natural Accident 5 Pending М 1 YES 2 NO BY Investigation 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER 1 A CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and manner ee stated. 29b. BIGNATURE AND TITLE-OF CERTIFIE 29c. LICENSE NUMBER 29d. DATE SIGNED-(Month, Day Year) BE 97 2 OMPLETED CAUSE OF DEATH STEM 27) (1908, Print

Ä	ŧ	all sh	notif
BALTIMORE, MA	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Yours after death. Page 6 may be resembled.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the finerial directar, page 5 wh be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Nem 28 is marked, or Nem 23 shows any Injury, or other traumatic event, the medical examiner must be notifi
Ĩ	E	H	nust
ž	F	dia	10
5	6	mera	î
8	er de	the fa	l ex
	rs aft	remo	dica
	NON	lled in	m e
	in .	ely fil	t.
ó	with	nplet	vent
314	cuted	d cor	lc e
	900	to b	ıma
5	ite be	ysicia	tra
	rtifica	g ph	ther
S.	th ce	a Hyg	0
à.	e dea	Nemta	uny,
ě	at th	by th	y In
S	th sa	gned	S 3n
II.	adnir	en si of He	how
I	WE!	as be	23 s
4	The	ate h	lem
>	CIAN	be Si	0
4	HYSI	uis ce	(ed,
Z	NG P	fter th	mari
2	ENDI	R: A	-09
	ATT	ECTO rs aft	n 28
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	L OR	- DIR	Her
	SPITA	IERA I	H III
	FOS	Nith With	TAN
	THE	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	PO
	5	1 2	=

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPART				GIENE G. NO.		4.000
	1. DECEDENT'S NAME (First, Middle, Last)	Charles	Lerov	Lewis		DATE OF DE		350	3. TIME OF DEATH  2:05
	4. SOCIAL SECURITY NUMBER 212-03-5498 9s. FACILITY NAME (If not institution, give str	6. SEX 6. AGE (III	yrs. last birthday)	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DAYE OF BIR (Month, Dey, Feb 16,	1903	Country Mai	ryland
TOR	Maryland Mason				11ey / C			Balti	imore
FUNERAL DIRECTOR		ltimore	10c. CITY,		alley /	Cockeys			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
VERA		sonic Home -	Cockeyvi	11e	2130			U.S.	NAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? YES YES IF YES, GIVE WAR OR DA 1920 - 192	2 NO	If yes, sp	ENDENT OF HISPAI ecify Cuban, Maxica 2 NO Specif	nn, Puerto Rican,		14. RACE Black Specifi	- American Indian, , White, atc. y. White
LETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION	16a. DECEDENT'S U	rk done during mo retired.)	st of working	2.65	OF BUSINESS/IN	DUSTRY	
COMPL	unk 17. FATHER'S NAME (First, Middle, Last)		Ketiled	- Sale			Jewlry		
	17. FATHER'S NAME (First, Middle, Last)	Charles L.	Lorric			AME (First, Middle,			
BE	19a. INFORMANT'S NAME (Type/Print)	Chartes L.		DDDEER (0	ELS  nd Number or Rural	ie Pear			
2	The second secon		190. MAILING A	DDNESS (Street a					
	Gordon Lewis	20h	PLACE OF DISPOSIT	ION (Name of cer		stown,	Maryla 20c. LOCATION -		un Stele
	MXBurial 2 ☐ Cremation 3 ☐ Ramo 4 ☐ Donation 5 ☐ Other (Specify)	val from Stata	other place)		outerly, are made y or				
	21. SIGNATURE OF FUNERAL SERVICE LICE		raine Pa		O ADDRESS OF FA	VCILITY ,			re, Md.
	1 60 ac	1 Soute	(h		818 Ro1a				Jr. Funeral
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart feiture. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								
MEDICAL	PART II. Other eignificent conditions	contributing to death b		the underlyin	g cause given in		WAS AN AUTOPSY PERFORMED? YES 2	240.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
A N									
C	25. WAS CASE REFERRED TO MEDICAL EXAMINER!	HOSPITAL:		OTHER:	ACE OF DEATH (C)				
PHYSICIAN:	1 PES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 FR/Outp			e 5 Residence			CCUBEO	
BY PI	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	(Month, Day, Year) INJURY WORK?  M 1 YES 2 NO						
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
COMPLETED	man and the second seco	CIAN: To the best of my knowl							) gryd manner as stated.
8	286. SIGNATURE AND TITLE OF CHETTERS	FOZIA	1 200	lea	296 NICENSE NU	MBER 1922	3 Þ	S BIOME	Strongs for heart
5	50. JUNE AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF OE	ATN (ITEM 27) (Type, F	75	0/ 7	NR.	1/00	150	n med
	T. DATE FILED (Month, Day, Year) Julia	32 REGISTOR S	THRE		-		, -		21214

S. DOX 10140, MAINTENING FIRST STATES	THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-train be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, F.C. BOX 12149,	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death of	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or

	1 - STATE REGISTRAR	STATE OF MA					EALTH DEAT		MENTAI	REG. NO.	10		
	1. DECEDENT'S NAME (First, Middle, Last)	v =	MO						2. DATE MONTH	OF DEATH		YEAR	3. TIME OF DEATH
	DOROTH  4. SOCIAL SECURITY NUMBER	5. SEX 1/6.	AGE (In yrs. lest b		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH		10	PLACE (State or Foreign
	213-32-7762	1   M 2   F	55	YRS.	MONTHS	DAYS	HOURS	2004,	10 -	1 2 - 19	34	Countr	m D
-	9a. FACILITY NAME (If not institution, give stre						R LOCATH		ATH		9c. COU	INTY OF D	EATH
5	HARBOR CITY H	102511AF			BA	LIII	MORE						
DINECTOR	10a. STATE 10b. COUNTY					N LOCAT		TV					10d, INSIDE CITY LIMITS?
- 4	10e. STREET AND NUMBER			D A	LII		ZIP CODE				10g. CIT	IZEN OF V	1 X YES 2 NO WHAT COUNTRY?
LONEDAL	811 WILBERT AVE	Ð					2121	2			Į	JSA	
0 10	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAR	YES 2 XNO			If yes, spe		n, Mexica	n, Puerto I	I? (Specify Yes Rican, etc.)	or No—	14. RACI Blaci Spec	E — American Indian, k, Whita, etc. #y: BLACK
3	15. DECEDENT'S EDUC. (Specify only highest grade of	ATION completed)	16a. DECE (Give	kind of v	vork done	CCUPATIO	N at of workin	g	16b.	KIND OF BUS	INESS/IN	DUSTRY	
1	Elamentary/Secondary (0-12) 12th	College (1-4 or 5+)			LED								
DE COMPL	17. FATHER'S NAME (First, Middle, Lest) WILLIAM E. LE	WIS					DO	ROT	HY (	Middle, Maiden : CAMPB	LL		
2	190. INFORMANT'S NAME (Type/Print) ANDREA MOORE					-				ber, City or Town			21230
	20a. METHOD OF DISPOSITION	wei from State	20h PLACE OF	DISPOS	ITION /W	ame of con	netery create	netony ny	. 07			- City or To	
	4 Donation 5 V Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICE	OMPMENT	WOODL	AWN			RY		CH ITY	BAL	TIMO	RE,	MD.
	DA O 9	Wan								i. 110	)1E.	NOR	TH AVE.
	23. PART I. Entar tha diseases or co	omplicationa that c	aused the deat	h. Do r	ot ente	the mo	de of dy	ing, suc	h as care	dlac or respi	ratory a	rrest,	Approximate Interval Batween
	ahock, or heart failure. L IMMEDIATE CAUSE (Final disease or condition resulting in death)	AL CÉ	ENCE O	. C	ARCI	Ne.	MA		WI7 H			Onset and Death	
2	Sequentially list conditions,	METAS DUE TO (O	TASis	7	0	Live	ER	AN	0 4	- U ~ G	,		
	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (O	A T I C	ENCE O	FI: EN	CEP	HA	40	CAT	V			
IIIICALION		DUE TO (O								1'			
	reaulting in death) LAST	нур	ONAT	RE	MI	A .							
MEDICAL	PART II. Other algorificant conditions	contributing to da	eath but not rea	ulting	In the u	nderlyln	g cause	given in	Part I.	24a. WAS AN PERFOR	MED?	246	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
181	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF D	EATH (Ch	mack only or	ne)			
PHTSICIAN:	1 - YES 2 - NO	HOSPITAL:				raing Hom		eeldence	a 🗆 Othe				
	27. MANNER OF DEATH  1 Netural 5 Pending Investigation	28a. DATE OF IN (Month, Day,		28b. TIM INJ	URY M		PES 2	] NO	28d, DE	SCRIBE HOW I	NJUHT O	CCUMED	
IED BY	2 Accident investigation 3 Suicide S Could not be 4 Homicide datermined	not be 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28s. LOCATION (Street and Number or Rural Route Nu City or Rown, State)						Route Number,					
COMPLEIED	29a. CERTIFIER 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER												e) and manner as stated.
O BE C	29b. SIGNATURE AND TITLE OF CERTIFIER						29c. LIC	ENSE NU	MBER		29d. DA		O (Month, Day, Year)
-	30. NAME AND ADDRESS OF PERSON WHO	H. ROS		27) (Турв		H C							
	31. DATE FILED (Mooth, Day, Year) AUG 0 6 1990	32 REGISTAN		delle									

afte	7	E	
ALI S	5	r re	•
2	pa	0,	
24	N F	tion	:
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by t	сгета	
ted	000	ia,	
поехе	and	to bur	-
2	ciar	10	
ate	Jan Jan	D	•
Sertific	ing p	ygiene	
=	tend	工	
dea	at at	ent	
the	#	N	
hat	5	an	
ires t	signe	Health	
100	Dec	6	
×	P P	P.	
9	has	2	
=	ate	tate	
AN	tific	8	
Sic	9	4	
PHY	this	¥	
DING	After	death	
TEN	S	fter	
A	EG	Sa	
8	DIR	DOG	
N	A	2	
SP	NEB	hin	
웊	F	W	
물	물	jed	
2	2	e t	
-	-		

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFI	MENT OF HE	EALTH AND ME DEATH	NTAL HYGIENI REG. NO.	E		
	1. OECEDENT'S NAME (First, Middle, Last)	EDWARD /	14+1	INAS		DATE OF DEATH	5 9	3. TIME OF DEATH  AR  2035 M	
	4. SOCIAL SECURITY NUMBER 220-82-7937	5. SEX 8. AGE (	Mine					BIRTHPLACE (State or Foreign Country)	
_	9e. FACILITY NAME (If not institution, give a	atreet and number)		7	R LOCATION OF DEATH	Nie	Be, COUNTY		
DIRECTOR	RESIDENCE OF DECEDENT	runde/		Olen	bur	NICE		/ \	
R	10a. STATE 10b. COUNT			, TOWN OR LOCATION	ON			10d. INSIGE CITY LIMITS?	
	Md. Balto	. City	В	altimore	ZIP CODE		ton CITIZEN	1 X YES 2 □ NO	
RAI	535 S. Catherin	a Stroot		101.	11.52		US		
I S	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED		21223 ENDENT OF HISPANIC			RACE — American Indian, Black, White, etc.	
BY FUNERAL	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES			cify Cuban, Mexican, F 2 NO Specify:	Puarto Rican, etc.)		Specify: White	
E	15. DECEDENT'S EDU (Specify only highest grade		(Give kind of w	USUAL OCCUPATION		16b. KIND OF BUS	INESS/INDUST	IRY	
E	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us						
COMPLETED	12th  17. FATHER'S NAME (First, Middle, Last)		Lon	struction	18. MOTHER'S NAME		ructio	'n	
COM	Norbert Edwar	d Mathias. J	r.				•	olds Mathias	
BE (	19a. INFORMANT'S NAME (Type/Print)	<u>a nacinas, o</u>		ADDRESS (Street ar	nd Number or Rural Rou				
2	Norbert Edward M				ve, Kearn	eysville,	W. V.	25430	
18	20e. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Rem	noval from State	b. PLACE OF DISPOS other place)					or Town, State	
Ē	4 Donation 5 Other (Specify)	CENCEE	Bunker H		tery D ADDRESS OF FACIL		inker H	1511	
			٥		rson Chap		1 Home		
EX.		Studer,	<u>u</u>		Box 838.				
medical examiner must be notined TO BE	23. PART I. Enter the diseases, or ahock, or heart fellure.	List only one cause on a		ot anter tha mot	da or dying, such a	na cardiac or reapi	ratory arrest	Approximate Interval Between Onset and Death	
lue l	iMMEDIATE CAUSE (Final disease or condition	T	) marin	11/1/-				Onset and Death	
en,	resulting in death)	disease or condition resulting in death)  a. DUE TO (OR AS A CONSEQUENCE OF):							
or other traumatic event, the ERTIFICATION		b							
AT 10	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF	F):				i	
	CAUSE (Disease or injury that initiated events	C. DUE TO (OR AS	A CONSEQUENCE O	F):					
CERTIFICATION	resulting in death) LAST	d							
	PART II. Other significant condition	na contributing to death	but not resulting	In the underlying	cause given in Pa	art I. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS	
CAL					000000000000000000000000000000000000000	PERFOI		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDIC								OF DEATH?	
S S S									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PL	ACE OF OEATH (Check	k only one)			
YSI	1 YES 2 NO	1 Inpatient 2 ER/Ou	tpetient 3 DOA	4 - Nursing Hom	e 5 Residence 6		IN HIEW COCKE	200	
E G	27. MANÑER OF DEATH  1Netural 5 Pending	28a. DATE OF INJURY (Aprit), Day, Ipar)  28b. TIME OF 28c. INJURY AT WORK?  WORK?  1 YES 2 NO CLUME A PARTICLE OF						Drowned	
BY M	2 Accident Investigation 3 Suicide 8 Could not be	restigation  286, PLACE OF INJURY — At home, term, street, factory, office  281, LOCATION wash, and Number or Rural Route Number,						Rural Route Number,	
28 is	4 Homicide determined		e e K			City or Town Man	9519	lent	
IMPORTANT: If Ifem 28 is marked, or item 23 shows any O BE COMPLETED BY PHYSICIAN: MEDIC/	(Check only	SICIAN: To the best of my kno IER: On the bests of axaminat						cause(a) and manner es stated.	
E CO	295 SIGNATURE AND TITLE OF CERTIFI	eff )	7)		29c. LICENSE NUMB	ER	29d. DATE S	BIGNED (Month, Days Year)	
10 BE	30, NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type	puty	D06	054	17	198/90	
	William	P. JON.	es, m1	0 60	75 1	Amer	rica	21035	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	O. J. CO						
	AUG 0 6 1991	June van de		- · · · · · · · · · · · · · · · · · · ·	· ·			DHMH-16 Rev 1/89	

BALTIMORE, MARYLAND 21203-3146

ROX 13146 0 PECOPOS

|--|

1 - FOR STATE REGISTRAR	STATE OF MARYLA	_	T OF HEALTH AND		GIENE 6. NO.	
1. DECEDENT'S NAME (First, Middle, Last)	De Ginnis			2. DATE OF DE	ATH	S. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 2/2 - 09 - 2709	5. SEX 6. AGE (In		R 1 YEAR JF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIR (Month, Day, ) 9 /2 5	bar)	BIRTHPLACE (State or Foreign Country) HILA, PA.
90. FACILITY NAME (If not institution, give so  MANON CARE A  RESIDENCE OF DECEDENT	reet and number)		y, town or Location of o	eath land.	177 5,1,500	Y OF DEATH XTIMORE
	ATIMORE.	10c. CITY, TOWN	MORE			10d. INSIDE CITY LIMITS? 1 YES 2 NO
10s. STREET AND NUMBER  14 W. Cold Sp  11. MARITAL STATUS	ring Lane	US ARMED 13	10f. ZIP CODE  2 1 2 0 1  . WAS DECENDENT OF HISPA	NIC OBIGIN2 (See	4.5	N OF WHAT COUNTRY?
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO	If yee, specify Cubert, Maxic  1 YES 2 NO Speci	en, Puerto Ricen, e	tc.)	Black, White, etc. Specify: Lah. TE
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)  Collage (1-4 or 5 +)	16e. DECEDENT'S USUAL (Give kind of work done life. Do NOT use retired.  MANAGE CL.	OCCUPATION So during most of working  NABISCO  LAND PRODUCE	16b. KIND	OF BUSINESS/INDUS	STRY
17. FATHER'S NAME (First, Middle, Last)  ERNEST  M		754		AME (First, Middle, I	Maiden Surname)	
19a. INFORMANT'S NAME (Type/Print) DO COTHY D		196. MAILING ADDRES	SS (Street and Number or Rural / KLOW AUE	Route Number, City	or Town, State, Zip Co	D. 21204
20a. METHOD OF DISPOSITION  1 Burlel 2 Cremetion 3 Rem  4-1 Donation 5 Other (Specify)	oval from State	other place)	varie of cometery, crematory or	0 (	655W.B	y or Town, State
21. SIGNATURE OF FUNETUL SERVICE LIC	Wille 7	31 40	State Anat		ard, Ba	lto., Md.
23. PMT I. Entar the diseases, proshock, pr heart feliure.  IMMEDIATE CAUSE (Final disease propndition resulting in death)	a. Preum	tha daeth. Do not anti- ch lina.	er tha moda of dying, su	ch as cardiac Di	respiretory arree	t, Approximata Interval Between Onset and Deat
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST	с.	CONSEQUENCE OF):				
PART II. Other significant condition	s contributing to death bu	t npt resulting in the u	undariying cause given ir	F	WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	_ отну				
27. MANNER OF DEATH	1 ☐ Inpetient 2 ☐ ER/Outpet  28e. DATE OF INJURY	28b. TIME OF	ursing Home 5 - Residence			PED
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  Yes 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending  2  Accident Investigation	(Month, Day, Ybar)	WORK?	28d. DESCRIBE HOW INJURY OCCURED			
	28e. PLACE OF INJURY - building, atc. (Specif	— At home, ferm, street, fa	ectory, office	281. LOCATION City or Town	(Street and Number or n, State)	Rural Route Number,
opel	ICIAN: To the best of my knowle					couse(s) and manner as stated.
296. Slosatione and title of Certifie	Bowie	mo	29c. LICENSE NU D 20	IMBER 6 4 9	29d. DATE:	SIGNED (Month, Day, Year)
	SOWIRMD	TH (ITEM 27) (Type, Print)	D20. Univ PR	ewy B	balt. M	221210
ALIC 6 1990 4	32 REGISTRAR TO GNA	416				

Carrier

No. of the state o

STATE OF	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
	CI	ERTIFICATE	OF	DEAT	TH		REG. NO.

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
1		DS BORNE				2. DATE O	2. DATE OF DEATH DAY YEAR 3. TIME OF DEATH MONTH AND AND AND AND AND AND AND AND AND AND			
OR	(0	SEX 6. AGE (In yrs. last 39	birthday) IF I	UNDER 1 YEAR	IF UNDER 24 H HOURS M	IRS. 7. DATE OF	P BIRTH Day, Yhar) 7 2,1	951 N. BIRTI	PLACE (State or Foreign gr) Lrginia	
	96. FACILITY NAME (If not institution, give street and number)  Washington Adventist Hospital				oma F	of DEATH Park, Mo	1.	%c. COUNTY OF DEATH Montogmery		
اظ	RESIDENCE OF DECEDENT									
DIR	Md. Montgomery			Silver Spring				LIMITS?		
COMPLETED BY FUNERAL DIRECTOR	8739 Carroll Ave. #3			101. ZIP COOE 20903				10g. CITIZEN OF WHAT COUNTRY? U.S.A.		
	11. MARITAL STATUS 12 1 Never Married 2 Merried 3 Widowed 4 Divorced	P. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 ☐ YES 2-4 NO IF YES, GIVE WAR OR DATES	MED O	if yes, spe		ISPANIC ORIGIN? lexican, Puerto Ric Specify:		or No— 14. RAC Blac Spec	E — American Indien, k, White, etc.	
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementery/Secondary (0-12)  7.2  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  Ass't Resident Manager Real Estate									
JMP.	12. FATNER'S NAME (First, Middle, Last)	lupp	t Ne	STUEIL		S NAME (First, Mi			t e	
S	Charlie Osborne Ruth Barnes									
TO BE	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  8739 Carroll Ave.Silver Spring, Md. 20903									
	20e, METNOD OF DISPOSITION  1 Description 3 Removal from State 4 Donation 5 Other (Specify)  20b. PLACE OF DISPOSITION (Name of cemetary, crematory or afree piece)  Lincoln Memorial Cem.  20c. LOCATION — City or Town, State Suitland, Md.							own, State		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			22. NAME AND ADDRESS OF FACILITY Hunt				Funeral Home		
	+7. Bemara	Hent						h.D.C.		
	23. PART I. Enter the diseases, or com- shock, or heart failure. List	pilications that caused the das t only one cause on each line.	ath. Do not	enter the mo	de of dyling,	, such as cardi	ac or respi	ratory srrest,	Approximata interval Batween	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  S. DUE TO (OR AS A CONSCOUENCE OF);									
N	Metastatic Adenocarcinoma to Liver with									
CATIC	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury  CAUSE (Disease or Injury  CAUSE (Disease or Injury									
CERTIFICATION	that initiated eventa resulting in death) LAST	DUE TO (OR AS A CONSEO	UENCE OF	U	0					
	PART II. Other algnificent conditions of	contributing to death but not re	sulting in ti	he undarlying	cause give	en in Part I.	24a, WAS AN		b. WERE AUTOPSY FINDINGS	
PHYSICIAN: MEDICAL							PERFOR		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)									
SIC	EXAMINER?  1 YES 2 PNO  HOSPIFAL:  OTHER:  1 Monpatient 2 ER/Outpatient 3 DOA 4 Nursing Name 5 Residence 6 Other (Specify)									
	27. MANNER OF DEATN  1 Netural 5 Pending investigation	28e. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  M 1 YES 2 NO								
TED BY	2 Accident investigation 3 Suicide 6 Could not be determined	me, farm, stree	farm, street, factory, office			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the ceuse(e) end menner ee stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end piece, end due to the ceuse(s) end menner ee stated.									
BE CO	294 MICHATURE AND TITLE OF CENTRED (MOUN, Day, Year)									
٩	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) Center Drive									
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE									
		1 st.				-		10 May 1		

4.

9	5	6
the	deta	0
2	pe	76
Ded	ould	led
retai	Sh	in the
2	96	9
may	r, pa	15
9	ecto	E
Pag	- di	10
€	Jera	Ē
dea	e fu	exa
after	y th	ca
5	in b	Pe
	Illed n. o	
	atio	=
With	plete	ent
29	COM Ial	2
noe:	pring	atic
8	r to	5
ite b	Sici	5
tifica	ane ene	the
8	는 P	0
eath ce	attendin	y, or 0
ne death cei	the attendin Mental Hyd	njury, or o
at the death cer	by the attendin	y Injury, or o
s that the death cer	ined by the attendin	s any Injury, or o
quires that the death cer	signed by the attending Health and Mental Hyd	ows any injury, or o
requires that the death cer	been signed by the attending to of Health and Mental Hyd	shows any injury, or o
e law requires that the death cer	has been signed by the attendin Dept of Health and Mental Hyd	23 shows any Injury, or o
. The law requires that the death cer	ate has been signed by the attendin	tem 23 shows any Injury, or o
JAN: The law requires that the death cer	rificate has been signed by the attending State Dept. of Health and Mental Hyd	or item 23 shows any Injury, or o
YSICIAN: The law requires that the death cer	s certificate has been signed by the attending the state Dept. of Health and Mental Hyd	ed, or item 23 shows any injury, or o
PHYSICIAN: The law requires that the death cer	r this certificate has been signed by the attending with the State Dent, of Health and Mental Hyd	arked, or item 23 shows any injury, or o
DING PHYSICIAN: The law requires that the death cer	After this certificate has been signed by the attendin	marked, or item 23 shows any Injury, or o
TENDING PHYSICIAN: The law requires that the death cer	OR: After this certificate has been signed by the attendin	8 is marked, or item 23 shows any injury, or o
ATTENDING PHYSICIAN: The law requires that the death cer	ECTOR: After this certificate has been signed by the attendin to after death with the State Deot, of Health and Mental Hyd	n 28 Is marked, or item 23 shows any Injury, or o
DR ATTENDING PHYSICIAN: The law requires that the death cer	DIRECTOR: After this certificate has been signed by the attendin	item 28 is marked, or item 23 shows any injury, or o
ITAL DR ATTENDING PHYSICIAN: The law requires that the death cer	RAL DIRECTOR: After this certificate has been signed by the attending 22 hours after death with the State Dest, of Health and Mental Hvor	It item 28 is marked, or item 23 shows any injury, or o
OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cer	NERAL DIRECTOR: After this certificate has been signed by the attending this 72 hours after death with the State Deet of Health and Mental Hvo	INT: It item 28 is marked, or item 23 shows any injury, or o
E HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death cer	E FUNERAL DIRECTOR: After this certificate has been signed by the attending within 72 hours after death with the State Bent of Health and Mental Hvo	RTANT: It item 28 is marked, or item 23 shows any injury, or o
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 72 hours after death with the State Best, of Health and Mental Hoolene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

77		CERTI				2, DAT	REG. NO			TIME OF OEATH	
	ian Panti	n				Aud	TH		90	м	
	5. SEX # 6. AG	E (In yrs. last birthda	MONTHS	DAYS	IF UNDER 24 NOURS 8	HRS 7. DATE	OF BIRTH	14	BIRTHPLAC	inadad	
9a. FACILITY NAME (If not Institution, give atre 2005 Bradis					imore			9c. COUNTY	OF DEATH		
New Jersey		10c. C	ary, rown o	OR LOCATI	île					10d. INSIDE CITY LIMITS? 1 YES 2 NO	
40 Clinton Av	e		101. ZIP CODE 0.85.31					10g. CITIZEN	of WHAT		
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FDRCES? 1 YE IF YES, GIVE WAR OR	S 2 NO			cify Cuban, I	HSPANIC ORIG Maxican, Puerto Specify:		ea or No- 14.	RACE — / Black, Wh Specify:	American Indian, lite, atc.	
	16. DECEDENT'S EDUCATION (Specify only highest grade completed)  16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  16b. KIND OF BUSINESS/INDUS (In the life of the l										
17. FATHER'S NAME (First, Middle, Last)  Drayton Pant	in	1 40	1110		18. MOTHER	rs NAME (First,					
19a. INFORMANT'S NAME (Type/Print)		19b. MAILE	NG AODRES	S (Street an				wn, State, Zip Co	de)		
Suzan Horn			005 I								
20a. METHOD OF DISPOSITION 1	other place)	POSITION (N				20c. LOCATION — City or Town, Steta Arbutus Maryland					
21. SIGNATURE OF FUNERAL SERVICE LICE	2211				of FACILITY	FH 17	01 Lau	ıren	s St		
23. PART I. Enter the diseases, or co- ahock, or man feliure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR A	each line.	UKE OF):	EM	A					Approximate interval Between Onset and Daath  Mowth	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR A	S A CONSEQUENCE	OF):	<i>F</i> /C	- 3 ;	الكرام	2007	E		conths	
CAUSE (Disease or injury that initiated events resulting in death) LAST					cause giv	en in Part í.		IN AUTOPSY DRMED?	AVA	RE AUTOPSY FINDINGS	
CAUSE (Disease or injury that initiated events	contributing to deet	but not reculting	ig in the u	nderlying			1 D YES	2 13 NO	DF.	MPLETION OF CAUSE DEATH?	
CAUSE (Disease or injury that initiated events resulting in death) LAST	contributing to deet	but not resultin	ig in the u	nderlying			1 TYES	2 (12 NO		DEATH?	
CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions 25. WAS CASE REFERRIGO TO MEDICAL		but not resultin		26. PL	ACE DF DEA	TH (Check only		2 (3 NO		DEATH?	
CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRISO TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL:	utpetient 3 🗆 DOA	OTHE 4 D	26. PL	/	TH (Check only	one)	2 (13 NO		DEATH?	
CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRISO TO MEDICAL EXAMINER?	HOSPITAL:  1 Inpatient 2 ER/O  28e. DATE OF INJUR (Month, Dey, Yea	outpetient 3 DOA	OTHE	26. PL R: rsing Home 28c. INJU WOI 1  Y	JRY AT RK?	lence 6 🗆 Oti	one) net (Specify)	2 (3/NO	1 [	DEATH?	
CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other aignificant conditiona  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	HOSPITAL: 1   Inpatient 2   ERVO	Supportion 3 DOA	OTHE	26. PL R: rsing Home 28c. INJU WOI 1  Y	JRY AT RK?	28d. D	ner (Specify) ESCRIBE HOW	I INJURY OCCUP	1 C	DEATH?	
CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERENCE TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Vestigation  2 Accident Investigation  3 Suicide 6 Could not be detarmined	HOSPITAL:  1   Inpatient 2   ERVC  28e. DATE OF INJUF (Month, Day, Yea  28e. PLACE OF INJU- building, etc. (S	utpatient 3 DOA  IY 28b. 1  IRY — At home, farr  pocify)	OTHE 4   Nu TIME OF INJURY M	26. PL: raing Home 28c. INJU WOI 1 Yetory, office	IRY AT RK?	28d. D 28f. LC	ner (Specify) ESCRIBE HOW CATION (Street, or Town, Ste	of INJURY OCCUR	1 [	DEATH?  YES 2 NO  Number,	
CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL:  1   Inpatient 2   ERVC  28e. DATE OF INJUF (Month, Day, Yea  28e. PLACE OF INJU- building, etc. (S	utpatient 3 DOA  IY 28b. 1  IRY — At home, farr  pocify)	OTHE 4   Nu TIME OF INJURY M	26. PL: raing Home 28c. INJU WOI 1 Yetory, office	IRY AT RK?	lence 6 Ott	ner (Specify) ESCRIBE HOW CATION (Street, or Town, Ste	of and Number or tend Number or tend number or tend as stated.	1 [ Rural Route ause(a) and	DEATH?  YES 2 NO  Number,	

DHMH-16 Rev 1/89

200 000

1

.

5.7



FOR STATE

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	KIIF	CALE	שט אל	AIH	R	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF S	DEATH	,	YEAR 3.	TIME OF DEATH
	Grace Ruth P	rice						8	3	3	90	2400 <sup>/м</sup>
	4. SOCIAL SECURITY NUMBER		. AGE (In yrs. last I		IF UNDER 1 YE		INDER 24 HRS.	7. DATE OF E (Month, De			8. BIRTHPL. Country)	ACE (State or Foreign
	213-01-7473	1 🗆 M 2 🖳 F	88	YRS.	MONTHS: DA	NA8 HOI	JR8 MIN.		3-02			larvland
	9a. FACTLITY NAME (if not institution, give s		9b. CITY, TO	WN OR LO	CATION OF D		T	9c. COU	NTY OF DEA			
۳ ا	St. Agnes Hospital				Baltimore City							
ĔΙ	RESIDENCE OF DECEDENT				24.		710 01	c y				
Ĭ Į	10a. STATE 10b. COUNTY				TOWN OR L	OCATION					10	Dd. INSIDE CITY LIMITS?
<b>a</b>	Maryland Baltimore				Haleth	norpe	9				1	YES 2 NO
FUNERAL DIRECTOR	10e. STREET AND NUMBER					101. ZIP				10g. CITI	ZEN OF WHA	AT COUNTRY?
2	38 Colony Hill (	Ct.					21227		i		USA	
ᄬᅵ	11. MARITAL STATUS	12. WAS DECEDENT	EVED IN H.C. ADM	ED	12 Wh 6	DECENDS		NIC ORIGIN? (S	naaltu Vaa	ar Na T		
ᆲ	1 Never Married 2 Married	FORCES? 1	YES 2 NO		If ye	s, specify	Cuban, Maxica	in, Puerto Ricar	n, atc.)	or No-		- American Indian, Vhita, etc.
à	3 Widowed 4 Divorced	IF YES, GIVE WAF	OR DATES		10	YES 2 2	NO Specif	y:			Specify:	White
	15. DECEDENT'S EDU	ICATION	16a DEC	EDENT'S I	JSUAL OCCU	DATION		I san was	D OF BUS	INECC/INF	MICTOV	
	(Specify only highest grade	completed)	(Give		ork done durin		working	100, KIN	D OF BUS	INESS/INL	JUSTAT	
ן ב	Elementary/Secondary (0-12)	College (1-4 or 5+)						777	1.0.		10 C	
M			ВО	okke	eper						(Safe	way)
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	71				18.		ME (First, Middl		Surname)		
BE	William Henry V	vnite						eed Dut				
ဦ	19a. INFORMANT'S NAME (Type/Print)							Route Number, C				
F	Mary Ellen Ander	cson	10	04 SI	hady N	look	Ct.; (	Catons	/ille	, Md	. 21	228
	20a. METHOD OF DISPOSITION		20b. PLACE O	F DISPOSI							City or Town	
	1 Buriel 2 X Cremetion 3 Rem 4 Donation 5 Other (Specify)	other place	Metro Crematory, Inc. Ba					Ba1	altimore Maryland			
- 1	21. SIGNATURE OF FUNEBAL SERVICE LI	CENSEE	///	/	22. NAN	AE AND A	ODRESS OF FA	CILITY				
	Howard H. Hubbard Funeral Home, Inc.											
	Muesa	~	MA					Ave.;				. 21229
	23. PART I. Enter the diseases, or shock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition	List only one cause	on each lina.	th. Do n	ot antar the	o moda c	f dying, aud	ch aa cerdlec	or reapli	retory an	rest,	Approximate Interval Between Onset and Death
	resulting in death)	DUE TO (C	R AS A CONSEQU	JENCE OF	):							+
_	_	0.4			Cation							
CERTIFICATION	Sequentially list conditions,	b. OUE TO (O	R AS A CONSECU									-
Ϋ́	if any, leading to immediate cause. Enter UNDERLYING											
윤	CAUSE (Disease or Injury that initiated events	OUE TO (O	R AS A CONSEOU	JENCE OF	):							
ᇎᅵ	resulting in death) LAST	v										1
핑ㅣ		d										+
ا پَ	PART II. Other significant condition	ns contributing to d	eath but not re	euiting is	the under	riying ca	use given in	Part I. 24	PERFOR			PERE AUTOPSY FINDINGS
EDICAL								1	YES 2		C	OMPLETION OF CAUSE
ᇜᅵ					_			''				F DEATH?
Σ											-   '	□ TES 2 □ NO
A	TE WAS CASE DESCRIPTION TO LIFE OUT					DO DI 15-	05.05.55					
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	6. PLACE	OF DEATH (C	neck only one)				
Z Z	1 YES 2 NO	1 Inpetient 2 🗆 I		DOA	4 - Nursing			8 Other (Sp	pecify)			
표	27. MANNER OF DEATH	28a. DATE OF IN (Month, Day,		28b. TIME INJU		c. INJURY WORK?	AT	28d. DESCRI	BE HOW I	NJURY OC	CURED	
BY	1 Natural 5 Pending 2 Accident Investigation		211621				2 NO					
	3 Suicide 8 Could not be	28s. PLACE OF building, at	INJURY At horr	10, farm, s	treet, factory,	offics		281. LOCATIO	N (Street a	nd Numbe	r or Rural Rou	ite Number,
	4 Homicide determined	bonding, at	a. (apacity)					Only or it	Wil, Stelle)			
<u>ا</u> و	29a. CERTIFIER	101411 7-11-1										
₽ P	anal anny	SICIAN: To the best of m										
COMPLET	2 MEOICAL EXAMIN	ER: On the basis of exa	minstion end/or in	rvestigation	n, in my opini	ion, death	occured at the	e time, date and	l placa, and	d due to ti	he cause(s) a	and manner as stated.
w l	29b. SIGNATURE AND TITLE OF CERTIFIE	R				290	LICENSE NU	MBER		29d. DAT	E SIGNEO (A	forth, Day, Year)
0	mynin	, MO										
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE	OF DEATH (ITEM	27) (Туре,	Print)							
	Miyum Choi. st	Agnes 4	-5b	900	(eigh	on 1	he	Balh	mara	N	10	
ı	31. DATE FILED (Month, Day, Year)	2_REGISTRAR	'S SIGNATURE		1		, , ,	1, 20011		/	1"	
	8 AUG 0 6 1990	2. REGISTRAR	an Band	AL.								

00.77

. .

AND THE RESERVE AND ADDRESS OF THE PARTY OF

DHMH-16 Rev 1/89

# BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTE be filed within 72 hours at IMPORTANT: If Item 21

when by are magned or ellerang physicials.	should be detached for use as the burial-transit permit. Pages 1, 2, 3 shou	iffed at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
AL LENDING PRISIDIAN. THE LAW EQUITED UND UNGUITED WITHING THE PROPERTY OF THE PROPERTY PROPERTY PROPERTY.	CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should after this certificate has been control. Or Health and Mental Hygiene prior to bunial, cremation, or removal.	28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTME			MENTAL HYGIENE REG. NO.						
1. DECEDENT'S NAME (First, Middle, Li	y HOUSE PARI	SH			2. DATE OF DEATH MONTH DAY		3. TIME OF DEATH  3:00P M				
4. SOCIAL SECURITY NUMBER 106-32-3153	6. SEX 6. AGE (I	8 YRS. MONT	100	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10/15/1	8. BIRT Cour 1 NE	THPLACE (State or Foreign stry) WYORK				
	institution, give street and number) sell Ave.Apt. 114 GAITHERSBURG MON										
	NTGOMERY	GAITI	HERSB	URG		10d. INSIDE CITY LIMITS? 1 YES 2 NO					
100. STREET AND NUMBER 403 RUSSell 11. MARITAL STATUS	Ave., Apt. 11			20760	IIC ORIGIN? (Specify Yes	U.S.					
3 Widowed 4 Divorced	FORCES? 1 TYES	FORCES? 1 YES 22 NO IF YES, GIVE WAR OR DATES			n, Puarto Rican, etc.)	Spe	CE — American Indian, lock, White, etc. octiy: ITE				
15. DECEDENT'S (Specify only highest of Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Last, Pathers of the Pa		(Give kind of work diffe. Do NOT use retir	one during moded.)	N at of working	166. KIND OF BUS						
17. FATHER'S NAME (First, Middle, Last, ADELBERT PA				ME (First, Middle, Malden S BELLE HO		100					
HELEN PARISH	19s. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
20e. METNOD OF DISPOSITION  1	Removal from State	other place)		netery, cremetory or		CATION — City or	Town, State				
Junan	23. PART   Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardisc or respiratory arrest,   Approximate										
	e. Card		ysrh.	ttim	. Ca	ratory strest,	interval Between Onset end Death				
Sequentielly list conditions, if erry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO FOR AS A	CONSTQUENCE OF):	her lar	ttypo	rtersmi	Dis	30 ys				
PART II. Other significant cond	itions contributing to desth b	out not resulting in th	e underlyin	g ceuse given in	Part I. 24a. WAS AN PERFOR 1 ( YES 2	MED?	4b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 MO				
25. WAS CASE REFERRED TO MEDICA	HOSPITAL: 1   Inpetient 2   ER/Outs		HER:	ACE OF DEATH (Ch	eck only one)  6 □ Other (Specify)						
27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigat	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJ WC		28d. DESCRIBE HOW II	NJURY OCCURED					
	t be building, etc. (Spec	f — Af home, farm, street cify)	, factory, offic	•	261. LOCATION (Street a City or Town, State)	and Number or Run	al Route Number,				
CONSCI ONLY	HYSICIAN: To the best of my know MINER: On the bests of examination						e(a) and manner as stated.				
296. SIGNATURE AND TITLE OF CERT	Scott	MO		29c. LICENSE NUI	MBER 727	29d. DATE SIGN	ED (Month, Day, Year)				
30. NAME AND ADDRESS OF PERSON 31. DATE FILED (Month, Day, Year)	N WHO COMPLETED CAUSE OF DE	20 ( Me	4	merican	Vill. Ar	e God	tres lang Wee/				
ALIC & 1000	10: K:1 . W.		V	/			10419				

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	STATE OF MARYLAN			OF HEALTH		NTAL HYGIE			
1. DECEDENT'S NAME (First, Middle, Last)		OLIVIII	IOAIL	OI DEA		. DATE OF DEATH	0.	3. TIME OF DEATH	
ANDREW	PETERS			I real		MONTH 7	6 90	3 2:50 Pm	
		rs. last birthday)	IF UNDER 1	YEAR IF UNDER	24 HRS. 7.	(Month, Day, Year)	6.	BIRTHPLACE (State or Foreign Country)	
131-05-4972	M2 □ F 74	YRS.	MONTAS	DATS HOURS	miry.	6/22/1		ANADA	
9e. FACILITY NAME (If not institution, give street				TOWN OR LOCATION		Н	9c. COUNTY		
EVERGREEN NO	RTHWEST		- 1	BALTO			BA	CTO	
RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY		100 000	Y, TOWN OR	LOCATION				10d, INSIDE CITY	
4	H BALD	100. 011	BA					LIMITS?	
10s. STREET AND NUMBER	1			10f. ZIP COD	E		10g. CITIZEN	OF WHAT COUNTRY?	
2525 W. BEZV	EDERE			1 7	21215			USA	
	. WAS DECEDENT EVER IN U	S. ARMED				ORIGIN? (Specify	Yee or No- 14.	RACE — American Indian,	
1 Nover-Married 2 Married	FORCES? 1 YES			yes, specify Cube		Puerto Ricen, etc.)		Black, White, atc. Black	
3 ☐ Wildowed 4 ☑ Divorced					.,,			被排作的 X	
15. DECEDENT'S EDUCAT (Specify only highest grade con	ION 10	Sa. DECEDENT'S		CUPATION pring most of workle	10	16b. KIND OF E	BUSINESS/INDUS	TRY	
	College (1-4 or 5+)	life. Do NOT us	se retired.)	ring most or works	•				
17. FATHER'S NAME (First, Middle, Last)				18. MOT	HER'S NAME	(First, Middle, Maid	en Sumame)		
ABNER BROOKS	PETERS			EM.	MA JA	ANE O'F	REE		
19a. INFORMANT'S NAME (Type/Print)	1	19b. MAILING	ADORESS (			te Number, City or 1		de)	
KRIS KOSER,	RN	953	5 UD	, BEZ	VEDE	PRE A	UE Z	1215	
20a. METHOD OF DISPOSITION 1	20b, P			e of cemetery, crem	natory or	20c.	LOCATION City	or Town, Stata	
4 Donation 5 Other (Specify)									
21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE		22. N/	AME AND ADDRE	SS OF FACIL	ITY			
Image 1.11	Male 8.	2-90	St	tate A	nator	ny Boar	d, Bal	to., Md.	
23. PART I. Enter the diseases, or con		-	not anter ti	he mode of dy	ing, such s	s cardisc or rea	piratory arrest	Approximate	
shock, or heart failure. Lie	t only one cause on asci	h line.		•				Interval Batween Onset and Death	
IMMEDIATE CAUSE (Final disease or condition	1/	- (	61	we				Offset and Death	
resulting in death)	DUE TO (OR AS A C	A Trus	Tare	we					
	( . N	A	٠,٠						
Sequentially list conditions, b	DUE TO (OR AS A C	ONSEQUENCE O	FI:						
if eny, leading to immediata ceuse. Enter UNDERLYING		DITOLOGENOE O	. ,.						
CAUSE (Disease or injury	DUE TO (OR AS A C	ONSEQUENCE O	E:						
that initiated events resulting in death) LAST	,		. ,.						
d									
PART II. Other significant conditions of	entributing to death but	not reaulting	In the und	erlying cause	given in Pa		AN AUTOPSY	24b. WERE AUTOPSY FINDINGS	
Dichel	e,						ORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
0		-				_   1   YES	2   NO	OF DEATH?	
-		-				-		1 TYES 2 NO	
25. WAS CASE REFERRED TO MEDICAL					F. 1711 (0)				
EXAMINER?	IOSPITAL:		OTHER:	38. PLACE OF C					
	☐ Inpetient 2 ☐ ER/Outpeti			ng Home 5 🗆 R	_				
27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIM	JURY 2	WORK?		8d. DEŞCRIBE HO	W INJURY OCCUR	EO	
			M	1 YES 2	NO				
2 Accident Investigation		3 Suicide 8 Could not be 26a. PLACE OF INJURY — At homa, farm, street, factory, office building, etc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
a Devictor	26e. PLACE OF INJURY — building, etc. (Specify,	At homa, farm,	street, factor	ry, office	2			Rural Route Number,	
3 Suicide 8 Could not be detarmined	building, etc. (Specify,				$\perp$	City or Town, Ste	ete)		
3 Suicide 8 Could not be detarmined  29a. CERTIFIER (Check only	N: To the best of my knowled	ge, death occurr	red at the tim	ne, date end place	, and due to	City or Town, Sta	nenner as stated.		
3 Suicide 8 Could not be detarmined  29a. CERTIFIER (Check only	N: To the best of my knowled	ge, death occurr	red at the tim	ne, date end place	n, and dua to red at the ilin	City or Town, Ste the cause(a) and r ne, date end place,	nenner as stated.	euse(a) and menner as stated.	
3 Suicide 4 Homicide 8 Could not be detarmined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	N: To the best of my knowled	ge, death occurr	red at the tim	ne, date end place	, and due to	City or Town, Ste the cause(a) and r ne, date end place,	nenner as stated.		
3 Suicide 4 Homicide 8 Could not be detarmined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	N: To the best of my knowled	ge, death occurr	red at the tim	ne, date end place	n, and dua to red at the ilin	City or Town, Ste the cause(a) and r ne, date end place,	nenner as stated.	euse(a) and menner as stated.	

id in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should urs after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely med in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

ALC:

2

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

8022 Belair Rd.

32. REGISTRAR'S SIGNATURE

Yin Oung,

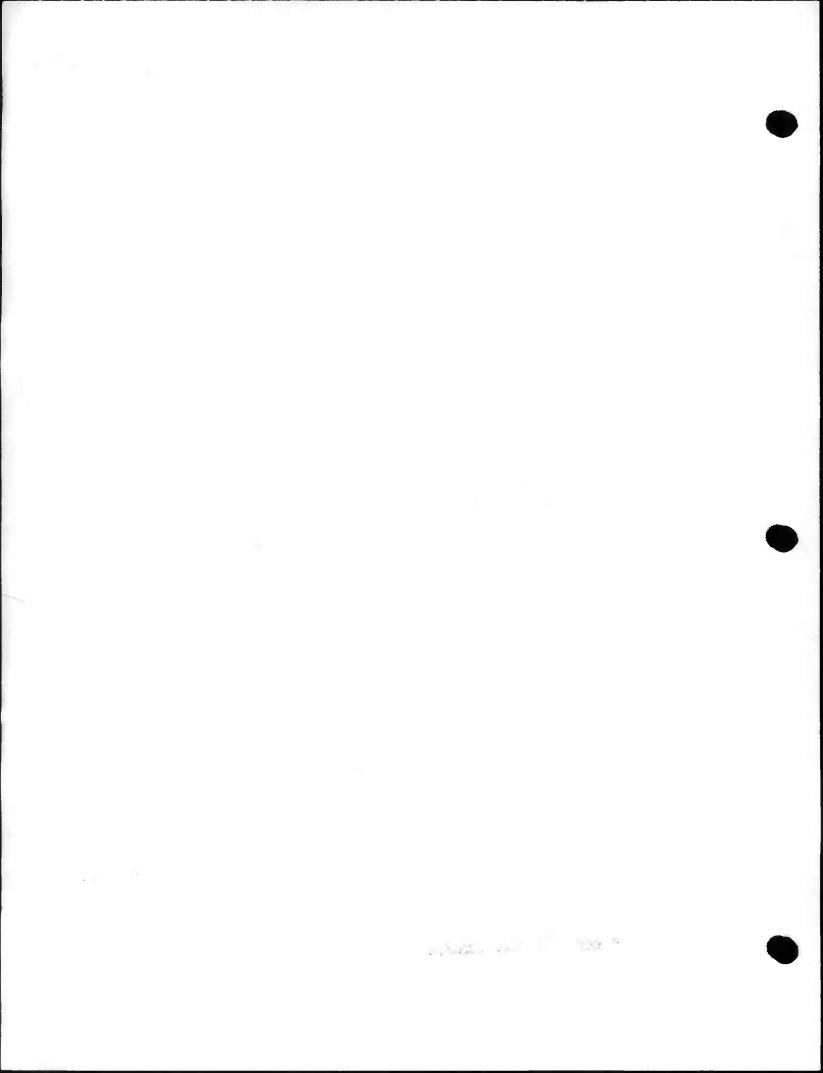
31. DATE FILED (Month, Dey, Year) AUG 0 6 1990

Ba

	FOR 1 - STATE REGISTRAR	STATE OF R	/MARYLAND /	DEPAR ERTIF					MENTAL	HYGIEN	E	50		
	1. OECEDENT'S NAME (First, Middle, Last) SINGAL			P.	ISTOF	810			MONTH		1990	YEAR	3. TIME OF OEATH	ı M
	4. SOCIAL SECURITY NUMBER 216-03-0663	5. SEX	6. AGE (In yrs. les 79		IF UNDER		IF UNDER	24 HRS.	7 DATE	OF BIRTH (, Day, Year) 7. 5,1		8. BIRTH Count	IPLACE (State or Fon	elgn
OR	9a. FACILITY NAME (If not institution, give st 4201 Parkmont A					ON OF OE	ATH		T	NTY OF D	EATH			
DIRECTOR	residence of decedent  10a. STATE  10b. COUNTY  Maryland				ity, town on Location Baltimore City								10d. INSIDE CITY LIMITS? 1 X YES 2   1	NO
FUNERAL	100. STREET AND NUMBER 4201 Parkmont Ave					_	2120	E			100	S.A	WHAT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	IT EVER IN U.S. AF YES 2 XI MAR OR DATES			If yes, sp		n, Maxica	n, Puerto I	? (Specify Ye Rican, atc.)	or No—	14. RAC Blac Spec	E — American India k, White, etc. #y: White	n,
COMPLETED	16. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		+)	ipe F	work done se retired.)	during mo		ng		Beth				
BE COM	17. FATHER'S NAME (First, Middle, Lost) Agostino		Pistor		1000		16. MOT	н <del>еяз на</del> Магу	ME (First, I	Middle, Maiden			Cellura	
10	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  Mrs. Jennie Alberti  Same as # 10													
	26a, METHOD OF DISPOSITION 1   Burial 2   Cremation 3   Rame 4   Donation 8   Other (Specify)	312		Red	eemei	r 8	/6/9	0		В	altir	nore	,Md.	
9	21. SIGNATURE OF FUNERAL SERVICE LIC	utour	L. Hartso	ck, Jr				J. Ru					21214 rford Rd.	
	23. PART i. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in dasth)	complications the List only ons can be seen as a limit of the list only one to be seen as a list of the list only one to be seen as a list of the list	at caused the diuse to each line  - 1 G N  O (OR AS A CONSE	eath. Do a. AN COUENCE C										tween
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events out to (OR AS A CONSEQUENCE OF):												
MEDICAL	PART II. Other significant condition	s contributing to	deeth but not	resulting	in the u	nderlyin	g cause	given in	Part i.	24a. WAS AP PERFO 1 YES	RMED?	24	b. WERE AUTOPSY FIT AMAILABLE PRIOR COMPLETION OF COMPLETION OF COF DEATH?	TO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1   YES 2   NO	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHE	R:			heck only o					
ВУ	27. MANNER OF OEATH  1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	28e, PLACE	F INJURY Day, Year)  OF INJURY — At h j, atc. (Specify)		JURY M	1 [	JURY AT DRK? YES 2	□ NO	28f. LOC	CATION (Street or Town, State	and Numbe		Route Number,	
E COMPLETED	4 Homicide datarmined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE  29b. SIGNATURE AND TITLE OF CERTIFIE	ER: On the basis of		r Investigat		opinion,	death occ		e time, data		nd due to t	the cause	(a) and manner as a O (Month, Day, Year)	itated.

21236

90



BALTIMORE, MARYEN

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2—yours after death. Page 6 may be retained by an examining physician and completely filled in by the funeral director, and the consistence has been signed by the attending physician and completely filled in by the funeral director, age is a marked and the physician and completely filled in by the funeral director, and the filled by the attending physician and completely filled in the funeral director and the filled by the fill
--

		90 2136
	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
Į.	1. DECEDENT'S NAME (First, Middle, Lest) PEANON	2. DATE OF DEATH DAY 9'EAR 3. TIME OF DEATH MONTH DAY 9'EAR 11'50 4 M
	4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. lest birthdey)   IF UNDER 1 YEAR   IF UNDER 24 HRS.    1 PM 2 F	7. DATE OF BIRTH (Month, Day, Year)  8. BIRTHPLACE (Stale or Foreign Country)  4. Country)
TOR	96. FACILITY NAME (If not institution, give street end number)  Mason F Lord Chronic Hosp. Baltimore RESIDENCE OF DECEDENT	EATH Sc. COUNTY OF DEATH  Ralhmore City
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION  10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION	10d. INSIDE CITY LIMITS? 1 MYES 2 \( \text{NO} \) NO
FUNERAL	100. STREET AND NUMBER 101. ZIP CODE 2/22	10g. CITIZEN OF WHAT COUNTRY?
BY FUN	11. MARITIME STATUS  1	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementery/Secondary (0-12)  College (1-4 or 5 +)  18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)	16b. KIND OF BUSINESS/INDUSTRY
	17. FATHER'S NAME (First, Middle Cost) Harry Pearson Harran	ME (First, Middle, Meiden Surname)
TO BE	190. INFORMANT'S NAME (Type/Print)  Margaret Planon 190. MAILING ADDRESS (Street and Number of Paral  190. MAILING ADDRESS (Street and Number of Paral	Poule Number, City or Town, State, Zip Code) Apt B2 Balto Md 21224
	20e, METHOD OF DISPOSITION  1   Suriel 2   Cremation 3   Removal from State  4   Donation 5   Other (Specify)   HT Calvary	By Ann p Arundel CO.HU
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FUNERAL SERVICE LICENSEE  23. NAME AND ADDRESS OF FUNERAL SERVICE LICENSEE	- West Ave
	23. PART I. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such shock, or heart failure. List only one cause on each line.	ch as cerdiec or respiratory errest, interval Between Onsat and Dasth
- 1	immediate cause (final disease or condition resulting in dasth)  a.   DUSTO (OR AS A CONSEQUENCE OF)	
NO	Sequantielly list conditions, b. Suere and CONSEQUENCE OF):	
FICAT	If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events cause).	
CERTIFICATION	resulting in death) LAST	
PHYSICIAN: MEDICAL	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Congressital retardation ascitation ascitations and an arrangement of the contribution of the c	Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (C. EXAMINER?	neck only one)
	1   YES 2   MO   1   Inpatient 2   ER/Outpatient 3   DOA   Moraling Home 5   Recidence   27. MANNER OF DEATH   28e. DATE OF INJURY (Month, Day, Year)   26b. TIME OF INJURY WORK?	6 ☐ Other (Specify)  28d. DE\$CRIBE HOW INJURY OCCURED
TED BY	2 Accident 3 Suicide 4 Homicide  N 1 YES 2 NO  28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)
COMPLETED	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, and du medical management of the best of my knowledge, death occurred at the time, date end piece, and du medical management of the best of my knowledge, death occurred at the time, date end piece, and du medical management of the best of my knowledge, death occurred at the time, date end piece, and du medical management of the best of my knowledge, death occurred at the time, date end piece, and du medical management of the best of my knowledge, death occurred at the time, date end piece, and du medical management of the best of my knowledge, death occurred at the time, date end piece, and du medical management of the best of my knowledge, death occurred at the time, date end piece, and du medical management of the best of my knowledge, death occurred at the time, date end piece, and du medical management of the best of my knowledge, death occurred at the time, date end piece, and du medical management of the best of my knowledge, death occurred at the time, date end piece, and du medical management of the best of my knowledge, death occurred at the time, date end piece, and du medical management of the best of my knowledge, death occurred at the time, date end piece, and du medical management of the best of my knowledge, death occurred at the time, date end piece, and du medical management of the best of my knowledge, death occurred at the time, date end piece, and du medical management of the best of my knowledge, death occurred at the time, date end piece, and du medical management of the best of my knowledge.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NU  29c. LICENSE NU	MBER 29d. DATE SIGNED (Mdnih, Day, Year)   ★ 3 3 4 ▶ 8
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	ve Ralto MD
	31. DATE FILED (Morith, Day, Year) 32. REGISTRAN'S SHENATURE 1	S. Bulling

22. REGISTRAP'S BHOMASS.
Savidson-Pondass.

AUG. 0 6 1990

TO THE HOSPITAL OR ATTENDITY TO THE FUNERAL DIRECTOR: Af the Mithin 72 hours after de IMPORTANT: If Item 28 is in

me satur. Fage o may be retained by the hospital of attending physician.	10 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the medical examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deam certificate be executed within the last the deam certificate be executed within the last region of the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this cartificate has been signed by the attending physician and completely filled in by the it be filled within 72 hours after death with the State Dept, of Heath and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPAR	TMENT OF HEALTH AND	MENTAL HYGIENE REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last)	- 1		2. DATE OF DEATH 3. TIME OF DEATH				
Alexand	er Rutti	n	MONTH DAY 13	90 11 P M			
CONTRACTOR OF THE PROPERTY OF	6. AGE (In yrs. last birt day)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	B. BIRTHPLACE (State or Foreign Country)			
214-20-3484	M 2 □ F 63 YRS.	WORTHS DAYS HOURS MIN.	11/26/26				
9a. FACILITY NAME (If not institution, give street	t and number)	9b. CITY, TOWN OR LOCATION OF D	EATH 9c. CO	OUNTY OF DEATH			
RESIDENCE OF DECEDENT	MARTE						
10a, STATE 10b. COUNTY	10c. CIT	Y, TOWN OR LOCATION		10d. INSIDE CITY			
MD.	BA	ALTIMORE		LIMITS?			
10e. STREET AND NUMBER		10f. ZIP CODE	10g. C	ITIZEN OF WHAT COUNTRY?			
809 EDMONDSON	AVE.			U.S.A.			
	2. WAS DECEDENT EVER IN U.S. ARMED		NIC ORIGIN? (Specify Yea or No-	14. RACE — American Indian, Black, White, etc.			
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	If yes, specify Cuban, Mexico		Specify:			
				BLACK			
15. DECEDENT'S EDUCAT (Specify only highest grade co	TION 18e. DECEDENT'S (Give kind of life. Do NOT u.	Work done during most of working	16b. KIND OF BUSINESS/II	NDUSTRY			
Elementary/Secondary (0-12)	Collage (1-4 or 5 +)	ae reareg.)					
17. FATHER'S NAME (First, Middle, Last)		48 MOTHERIS N	AME (First, Middle, Malden Surname				
The Paris of The Paris Process Caray		16. MOTHER'S NA	AME. (First, Middle, Malden Surname,				
19a, INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street and Number or Rural	Brute Number City or Town State	7in Code)			
			rodio rombe, ony or rown, orane, a	Lip Good)			
20a. METHOD OF DISPOSITION	20b. PLACE OF DISPO	SITION (Name of cemetery, crematory or	20c. LOCATION	- City or Town, State			
1 Buriel 2 Cremation 3 Remove	I state removal	, , , , , , , , , , , , , , , , , , , ,					
21. BUSKATURE OF FUNERAL SERVICE LICEN	see )	22. NAME AND ADDRESS OF FA	ACILITY				
1 400 4111	War.	State Anato	my Board B	alto Md			
23. PART I. Enter the diseases, or con	Welle 7-31-90						
ahock, or heart failure. Lie	mplications that caused the death. Do not only one cause on each line.	not enter the mode of dying, euc	ch as cardiac or respiretory	Approximate Interval Between			
IMMEDIATE CAUSE (Fine)	1	Carron al	toot	Onset and Death			
resulting in death) a.	(ermina)	Cancer U-	- Int to	ing			
	OUE TO (OR AS A CONSEQUENCE O	Lastocia he	Can to.				
Sequentially list conditions, b.	DUE TO FOR AS A CONSEQUENCE O	(N, 1002) JAN	Gart Ca				
if any, leading to immediate cause. Enter UNDERLYING	Dichoton	Mandetas	Times II				
CAUSE (Disease or injury that initiated events	OUE TO (OR AS A CONSEQUENCE,O	F): 0	1000				
resulting in death) LAST	SPIRIN A	inades	0				
PART II. Other eignificant conditiona	contributing to death but not resulting	in the underlying cause given in	Part I. 24s, WAS AN AUTOPS PERFORMED?	AVAILABLE PRIOR TO			
			1 TES 2 NO	OF DEATH?			
				1 TYES 2 NO			
	HOSPITAL:	26. PLACE OF DEATH (C	heck only one)				
	□ Inpatient 2 □ ER/Outpatient 3 □ DOA	4 Nursing Home 5 - Residence					
27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year) 28b. TIN	JURY WORK?	26d. DESCRIBE HOW INJURY O	OCCURED			
2 Accident Investigation		M 1 YES 2 NO					
3 Suicide a Could not be	28e. PLACE OF INJURY — At home, ferm, building, etc. (Specify)	street, fectory, office	28f, LOCATION (Street and Numl City or Yown, State)	ber or Rural Route Number,			
200 CENTIFIED							
100000	AN: To the best of my knowledge, deeth occurr						
2 MEDICAL EXAMINER:	On the basis of examination and/or investigation	on, in my opinion, death occured at the	time, data and place, and due to	the cause(s) and manner as stated.			
29b. SHINATURE AND TULE OF CERTIFIER	C-100 MA	29c. LICENSE NU	MBER 29d. D.	ATE SIGNEO (Month, Day, Year)			
16 1-NH4	10 OVIGA	5) 14 11		11490			
30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF GEATH (ITEM 27) (Type	p. Print) P. h 1-	1 - 111-1 .	Mno			
1/ W- 17	445/17 >T	DITUIM	& Malia	12-5			
31. DINTE FILED (Month, Day, Year)	32 REGISTRAR'S SIGNATURE		,				
AUG 6 1990 du	Ma Devidson-Randalls						

DHMH-16 Rev 1/89



	1 - STATE OF MAR REGISTRAR James M. Sloran		ENT OF HEALTH AND	MENTAL HYGIENI REG. NO.	Ē ==			
	1. DECEDENT'S NAME (First, Middle, Last)  5	oman		2. DATE OF DEATH DA		0.10		
	213031611 18M2 = F	78 YRS. MON		7. DATE OF BIRTH (Month, Day, Year) 07/12/12	TE OF BIRTH Infth, Day, Year)  12/12  8. BIRTHPLACE (State or For Country)  Baltimore			
TOR	90. FACILITY NAME (II not institution, give street and number)  METCY Itospital  RESIDENCE OF DECEDENT	EATH	Balti	more City				
DIRECTOR	100. STATE 100. COUNTY  MD Baltimore		wn or Location Essea	•	10d. INSIDE CITY LIMITS? 1 ★ YES 2 □ NO			
FUNERAL	359 Miles Road	•	101. ZIP CODE 2/22					
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced  12. WAS DECEDENT EVEN FORCES? 1 IF YES, GIVE WAR OF YES, G	YES 2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 YES 2 NO Specify	en, Puerto Ricen, atc.)		RACE — American Indian, Black, White, atc. Specify: White		
LETED	15, DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)	life. Do NOT use reti	done during most of working red.)	16b. KIND OF BUS				
COMPLET	17. FATHER'S NAME (First, Middle, Last)	Shoe Repa		AME (First, Middle, Maiden	Sumame)	many .		
BE C	Arthur R. Sloman Sr.			ary Pfeife				
2	19a. INFORMANT'S NAME (Type/Print)  Mary C. Slomen wife		RESS (Street and Number or Rural s Road Baltim			.,		
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)		N (Name of cemetery, crematory or	20c. LO	CATION — City	or Town, State		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1	22. NAME AND ADDRESS OF F. Bruzdzinski F	uneral Home	PA	21.221		
NO	23. PART . Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, ahock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  Choic Obtroctive Pulmonary Disease  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):							
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or Injury	AS A CONSEQUENCE OF):						
MEDICAL	PART II. Other algoriticant conditions contributing to dec	ath but not resulting in th	e underlying cause given in	inderlying cause given in Part I. 24a. WAS AN AUTOPS PERFORMED? 1 YES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. PLACE OF DEATH (C	heck only one)				
IXSI	1 YES 2 NO 1 1 1 In Inpetiant 2 EF  27. MANNER OF DEATH 286. DATE OF INJ	VOutpatient 3 □ DOA 4 □	Nursing Home 5 - Residence	8 Other (Specify) 28d, DESCRIBE HOW I	N II IDV OCCID	50		
BY PI	1 Natural 5 Pending Accident Investigation (Month, Day, 1)		M 1 YES 2 NO	200. DESCRIBE NOW I	NOON! OCCON	EU		
ETED B		JURY — At home, farm, street (Specify)	t, factory, offica	281. LOCATION (Street of City or Town, State)	and Number or E	Rural Route Number,		
OMPL	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my one)  2 MEDICAL EXAMINER: On the basis of axem					ause(a) and menner as stated.		
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER WILL M	·B.		IMBER Univ of MD	29d. DATE 9	GNED (Month, Day, Year) 4/90		
F	Andrew 14. Zwick 6805 B	onnie Ridge D	r. #202 Ba	Himore MO	31909			
	31. DATE FILED (MATILIFIE TO ) 6 1990 32. REGISTERS	BIGNATURE And SE	,					

mach . He

m many

C7/1931 DELUGEO

£ 9- 3-

the many some transfer to the

telist gust

Mary D. Clorum with 550 Mile Dead rationers invided and

estimate the state of the state

The classic function of the contraction of the cont

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR			- C	ak i ini	CATE (	JE DEA!	TH .		REG. N	Ο.		
1. DECEDENT'S NAME (First	, Middle, Last)							2. DATE (	OF DEATH	DAY A P	YEAR	3. TIME OF DEATH
Andrew								mon i.i.	8	4	40	928 PM
4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. las		IF UNDER 1 YE	EAR IF UNDER	24 HRS.	7. DATE ( (Month,	Dey, Year)		8. BIRTH Country	PLACE (State or Foreign
213-10-1		1 M 2 □ F	18	YRS.				NOV.	16,	_		MD.
9a. FACILITY NAME (If not in	stitution, give stree		1 00			WN OR LOCATI				9c. CO	JNTY OF O	EATH
RESIDENCE OF DEC	TECHICO	of Cen	Levi		Balt	MONE	2 1	40				
10a. STATE	10b. COUNTY			10c. CITY	, TOWN OR L	OCATION						10d. INSIDE CITY LIMITS?
MID					Bali	HMO	re					1 YES 2 NO
10e. STREET AND NUMBER		, ,,				101. ZIP COD	501	/		10g. CI	TIZEN OF W	WHAT COUNTRY?
2106	Bunk					^1	よン				05	
11. MARITAL STATUS  1 Never Married 2	A .	12. WAS DECEDENT FORCES? 1	YES 2 1	MED	If ye	DECENDENT (	nn, Maxica	n, Puerto R		Yea or No-	Black	— American Indian, c, Whita, etc.
3 Widowed 4 Oly		IF YES, GIVE W	AR OR DATES		1 🗆	YES 2 NO	Specify	r:			Speci	white
	CEDENT'S EOUCA	TION	16a, QE	CEDENT'S	USUAL OCCU	PATION		16b.	KIND OF E	BUSINESS/II	IOUSTRY	
(Specify on Elementary/Secondary (	ly highest grade co 0-12)	College (1-4 or 5 +	life	. Do NOT use	e retired.)	ng most of working			_		0	
			1/1	OJE	CTIO.	NIST					- 1	CTURE
17. FATHER'S NAME (First, N		2111				0	-		. 4	en Surname)	10/1	
19a. INFORMANT'S NAME (		ARA	100	* ****	************	710	SE			ROL		
IREN'S	< 7 Ph	IRA		D. MAILING	RA	treet and Numbe	or Hurai i	Houte Numu	QAL	own, Sture, A	(p Code)	7. 21231
20a. METHOD OF DISPOSIT		7177			ITION (Name	of cemetery, cres	matory or		20c.	LOCATION -	- City or To	
1 Burial 2 Cremation 5 Other	r (Specify)		other pl	57/	1025,	LAUS	6	EN	2. 3	ALT	0,	MD.
21. SHONATURE OF FUNERA	IL SERVICE LICE	NSEE	1			WE AND ADDRE			EBL	50 1	H	
Dave	el h.	· Wo	Mer	-		101 :	5.		657		55	
23. PART I. Enter the d							ring, suc				rrest,	Approximate
IMMEDIATE CAUSE (FI	nei	ist only ona cau										Interval Between Onset and Deeth
disease or condition resulting in death)	<b>→</b> a.	RESP	inator	7	Faile	ure						
												10/0
Sequentially list condi		DUE TO	OR AS A CONSE	CHIENCE OF	lema.	<u> </u>						104rs
If any, leeding to imme cause. Enter UNDERLY	ing Ing	Cons	ectivi	o H	teart	Fai	lura	•				Zelav.
CAUSE (Disease or Injuthat initiated events	ury C.	DUE TO	(OR AS A CONSE	OUENCE OF	7:							7-17
resulting in death) LAS	ST d.	Rena	el fo	alov	r &							14 hrs
PART II. Other algnific	ent conditions	contributing to	deeth but not	reeuiting I	in the unde	riving cause	given In	Part I.	24a, WAS	AN AUTOPS	y 24b	WERE AUTOPSY FINDINGS
CVA, H									PERF	ORMED?		AVAILABLE PRIOR TO
									4 C ME8		- 1	COMPLETION OF CAUSE
		<u>, p</u>						-	1 TYES	2 0 NO		COMPLETION OF CAUSE OF DEATH?
								_	1 TYES			COMPLETION OF CAUSE
25. WAS CASE REFERRED	TO MEDICAL					26. PLACE OF G	DEATH (Ch	eck only on				COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:	] ER/Outpatient :	I DOA	OTHER:	26. PLACE OF (			e)			COMPLETION OF CAUSE OF DEATH?
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	TO MEDICAL	HOSPITAL:	INJURY	28b. TIMI	OTHER: 4 - Nursing			8 🗆 Othe	e) r (Specify)		CCURED	COMPLETION OF CAUSE OF DEATH?
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	TO MEDICAL	HOSPITAL: 1) Inpetient 2 28a. OATE OF	INJURY Pay, Year)	28b. TIMI	OTHER: 4 Nursing E OF URY M 1	Home 5 R	Insidence	8 🗆 Othe	e) r (Specify)	2 K NO	CCURED	COMPLETION OF CAUSE OF DEATH?
EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5  2 Accident  3 Suicide 8	Pending Investigation	HOSPITAL: 1 Inpatient 2 28s. OATE OF (Month, D) 28s. PLACE 0	INJURY	28b. TIMI	OTHER: 4 Nursing E OF URY M 1	Home 5 R	Insidence	8 Other 28d. DES 281. LOC	r (Specify)	W INJURY C		COMPLETION OF CAUSE OF DEATH?
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5  2 Accident  3 Suicide 8  4 Homicide	Pending Investigation	HOSPITAL: 1 Inpatient 2 28s. OATE OF (Month, D) 28s. PLACE 0	INJURY Pay, Year)  OF INJURY — At he	28b. TIMI	OTHER: 4 Nursing E OF URY M 1	Home 5 R	Insidence	8 Other 28d. DES 281. LOC	r (Specify) CRIBE HOT	W INJURY C		COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 CANCER  2 Accident  3 Suicide 8 CANCER  4 Homicide  29a. CERTIFIER 1 CER	Pending Investigation Could not be detarmined	HOSPITAL: 1) Inpetient 2 28e. OATE OF (Month, D 28e. PLACE O building,	INJURY  ay, Year)  F INJURY — At he  etc. (Specify)	28b. TIMI INJI	OTHER: 4 Nursing E OF 28- UNY M 1  Intreet, factory,	g Home 5 R	NO NO	8 Other 28d. DES 28t. LOC. City	r (Specify) CRIBE HOT ATION (Street, S	W INJURY C	er or Rural I	COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5   2 Accident  3 Suicide 8   4 Homicide  298. CERTIFIER (Check only one) 2   MEC	Pending Investigation Could not be detarmined ITIFYING PHYSICI DICAL EXAMINER	HOSPITAL: 1) Inpetient 2 28e. OATE OF (Month, D 28e. PLACE O building,	INJURY  ay, Year)  F INJURY — At he  etc. (Specify)	28b. TIMI INJI	OTHER: 4 Nursing E OF 28- UNY M 1  Intreet, factory,	g Home 5 R	NO NO a, and due	8 Other 28d. DES 28t. LOC. City is to the cause time, data	r (Specify) CRIBE HOT ATION (Street, S	W INJURY C	er or Rural I	COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Route Number,
EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 CANCER  2 Accident  3 Suicide 8 CANCER  4 Homicide  29a. CERTIFIER 1 CER	Pending Investigation Could not be detarmined ITIFYING PHYSICI DICAL EXAMINER	HOSPITAL: 1) Inpetient 2 28e. OATE OF (Month, D 28e. PLACE O building,	INJURY  ay, Year)  F INJURY — At he  etc. (Specify)	28b. TIMI INJI	OTHER: 4 Nursing E OF 28- UNY M 1  Intreet, factory,	g Home 5 R	NO NO	8 Other 28d. DES 28t. LOC. City is to the cause time, data	r (Specify) CRIBE HOT ATION (Street, S	W INJURY C	er or Rural I	COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 2 Accident  3 Suicide 8 4 Homicide  29a. CERTIFIER (Check only one) 2 MEC  29b. SIGNATURE ANO TITL	Pending Investigation Could not be determined ITIFYING PHYSICI DICAL EXAMINER.	HOSPITAL: 1   Inpatient 2   28a. OATE OF (Month, D) 28a. PLACE O building, IAN: To the best of a	INJURY  Pop, Year)  FINJURY — At he etc. (Specify)  my knowledge, de xamination and/or	28b. TIMI INJI ome, farm, a eath occurre investigatio	OTHER: 4   Nursing E OF   28 URY M   1 Intreet, factory, and at the time on, in my opin	g Home 5 R	NO NO a, and due	8 Other 28d. DES 28t. LOC. City is to the cause time, data	r (Specify) CRIBE HOT ATION (Street, S	W INJURY C	er or Rural I	COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Route Number,
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5   2 Accident  3 Suicide 8   4 Homicide  298. CERTIFIER (Check only one) 2   MEC	Pending Investigation Could not be determined ITIFYING PHYSICI DICAL EXAMINER.	HOSPITAL: 1   Inpatient 2   28s. OATE OF (Month, D) 28s. PLACE Of building, IAN: To the best of : On the basis of a:	INJURY  OF INJURY — At he  etc. (Specify)  my knowledge, de  examination and/or  SE OF OEATH (ITE	28b. TiMi INJi ome, farm, a eath occurre investigatio	OTHER: 4   Nursing E OF   28 URY M   1 street, factory, ed at the time en, in my opin	g Home 5  Re. INJURY AT WORK? 1 YES 2 C, office	NO NO a, and due	8 Other 28d. DES 28t. LOC. City of to the cause time, data	e)  r (Specify)  cCRIBE HOT  ATION (Street, St	W INJURY C	er or Rural I	COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Route Number,
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 2 Accident  3 Suicide 8 4 Homicide  29a. CERTIFIER (Check only one) 2 MEC  29b. SIGNATURE ANO TITL	Pending Investigation Could not be detarmined ITIFYING PHYSICI DICAL EXAMINER: E OF CERTIFIER OF PERSON WHO	HOSPITAL: 1   Inpatient 2   28s. OATE OF (Month, D) 28s. PLACE Of building, IAN: To the best of : On the basis of a:	INJURY  OF INJURY — At he  etc. (Specify)  my knowledge, de  examination and/or  SE OF OEATH (ITE	28b. TiMi INJi ome, farm, a eath occurre investigatio	OTHER: 4   Nursing E OF   28 URY M   1 street, factory, ed at the time en, in my opin	g Home 5 R	NO NO a, and due	8 Other 28d. DES 28t. LOC. City of to the cause time, data	e)  r (Specify)  cCRIBE HOT  ATION (Street, St	W INJURY C	er or Rural I	COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Route Number,

HARL TO

mit. Pages 1, 2, 3 should

# TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burget has be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

	1 - FOR STATE REGISTRAR	OF MARYLAND /	DEPART					IENTAI	L HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) MARY	E. STALNA	KER					2. DATE	OF DEATH	- 19	3. 790	TIME OF DEATH 8100 M
	4. SOCIAL SECURITY NUMBER 5. SEX 1 \( \text{1} \) M :	6. AGE (In yrs. las	st birthday)	IF UNDER	DAYS	IF UNDER	24 HRS. MIN,	(Monti	OF BIRTH		Country)	RGINIA
OR	98. FACILITY NAME (If not institution, give street and nut	,		4.64		R LOCATION IN	ON OF DEA			9c. COUNT	Y OF DEAT	
5	RESIDENCE OF DECEDENT										-	d. INSIDE CITY
DIRECTOR	MD. 100. STATE 100. COUNTY ANNE ARU	WOEL	10c. CITY	TOWN O	LEN	BU	RNIE	3			1	LIMITS?  YES 2 XHO
FUNERAL	100. STREET AND NUMBER 121K WARWICKSHIRE	LANE			101.	ZIP CODI	E 2106	51			S.A	T COUNTRY?
BY FUN	1 Nove Married 2 Married FORC	DECEDENT EVER IN U.S. AI ES? 1 YES 2 S, GIVE WAR OR DATES		1	l yes, sp	city Cube		, Puerto	Y? (Specify Yes Ricen, etc.)	or No—	Black, W Specify:	American indian, hite, etc.
	15. DECEDENT'S EDUCATION		ECEDENT'S					16b	. KIND OF BUS	INESS/INDU	STRY	
COMPLETED	(Specify only highest grade completed)  Elementary/Secondary (0-12)  12  College	(1-4 or 5+)	Silve kind of w a. Do NOT use HOUS	e retired.)		st of workir	ng		НС	MEMA	KER	
	17. FATHER'S NAME (First, Middle, Last)  JAMES DUMAS	D. 194					HER'S NAM		Middle, Melden	Surname)		
BE	19a. INFORMANT'S NAME (Type/Print)	16	b. MAJLING	ADDRESS	(Street s	nd Numbe	r or Rural A	loute Num	iber, City or Town	n. Stete. Zip (	Code)	
2	REBECCA SEMENIUK	1										0.21061
	20e, METHOD OF DISPOSITION 1	State 20b. PLACE other p	OF DISPOS		me of cer	netery, crer	natory or		20c. LO	CATION - C	ity or Town,	State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Imon		R	MYA	DNC	C. I	FIN	K FUNI	ERAL LEN 1	HOMI BURN	E 21061 IE,MD.
	23. PART I. Enter the diseases, or compilcat	ons that caused the d	eath. Do n	ot enter	the mp	de of dy	ing, such	as can	disc or respi	ratory erre	ist,	Approximate
	shock, Dr heart fellure. List Drity  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  s.	1	scul		ac	cia	let					Interval Between Onset and Death
CERTIFICATION	Sequentisily list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSE	EOUENCE OF	j:								
F	resulting in deeth) LAST											
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions contrib Hx of previous Cer Heat block wi	ebenal wasc	resulting i	in the un	ed ac	ent ent	given in	Part I.	24a. WAS AN PERFOR	MED?	AN CH OI	ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION DF CAUSE F DEATH?  YES 2 \( \text{NO} \) N/A
AN	25. WAS CASE REFERRED TO MEDICAL				26. P	LACE OF I	DEATH (Che	eck only o	ine)			/
SIC	EXAMINER? HOSP	ITAL:	3 DOA	OTHER 4 X Nur	₹:		asidence					
	27. MANNER OF DEATH 26e 1 Netural 5 Pending	DATE OF INJURY (Month, Day, Year)	28b. TIM	-	26c. IN.	URY AT ORK? YES 2			SCRIBE HOW I	NJURY OCC	URED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	PLACE OF INJURY — At I building, etc. (Specify)	nome, farm, s	street, fac	tory, offic	:8			CATION (Street of Your Town, State)		or Runil Rou	te Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To to the one) 2 MEDICAL EXAMINER: On the											nd manner se stated.
TO BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER  J. C. Cullis MD						ENSE NUM			29d. DATE ▶ <b>5</b>	SYNED (N	forth, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO COMPL	ETEO CAUSE OF OFATH AT	EM 22 /5-00	(Defeat)					_	1		

AVE

Severna

WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

7 O PRICES
32. REGISTRAR'S SIGNATURE

AUG 0 6 1990

DHMH-16 Rev 1/89

Park Md-21146

17 11 04 pages or of a model 55. 74 5.4 52.50. and their Bertell and product of color grander of the LAN 

DHMH-16 Rev 1/89

### BALTIMORE, MARYLAND 21203-3146

⋖	P
ğ	affar
	2
6,	urithin
4	3
5	avant.
×	2
8	Serata
o.	han
J.	death
ທົ	94
	400
Ö	4
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	to on streaman Dancholski. The law requires that the death northers he executed within
-	100
Z	The
=	N.N.
F	Melor
	2
Z	21810
=	147
~	-
$\leq$	5
_	:

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. — Gurs after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR	STATE OF MARY	AND / DEPAR CERTIF				MENTAL	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Line HE.	u LEN LOUGENE	SELLS				2. DATE O MONTH 7	DEATH DAY		EAR	ime of death 5:50 A
4. SOCIAL SECURITY NUMBER  228-44-2001  9a. FACILITY NAME (If not institution, given	1 M 2 XF 5	(In yrs. lest birthday) 2 YRS.		DAYS I	IF UNDER 24 HRS. HOURS MIN. LOCATION OF DE	4/	F BIRTH Day, Year) 26/38	- 17	Country)	E (State or Foreign
RT. 11, BOX				LISE				WICO	OMIC	)
	OMICO	100	LISB		N				1	INSIDE CITY LIMITS? YES 2 NO
RT. 11, BOX	368				2 1 8 0 1			U . S		COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 _ YES IF YES, GIVE WAR OR I	2 X NO	H	yes, speci	IDENT OF HISPAN Ify Cuban, Mexica NO Specify	n, Puerto R		or No— 14	Black, Wh Specify: WHI'	
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of life. Do NOT L	work done di	CUPATION luring most	of working	16b.	KIND OF BUS	INESS/INDUS	TRY	
17. FATHER'S NAME (First, Middle, Last) ALONZO WILL	IAM PARLETT				18. MOTHER'S NA				ETT	
19a. INFORMANT'S NAME (Type/Print) GORDON SELLS 20a. METHOD OF DISPOSITION	(spouse)	Rt.	11,	Вох	Number or Rural I		sbury	, Md	. 21	
20a. METHOD OF DISPOSITION  1 Buriel 2 Cremation 3 R  4 Donation 0 Other (Specify)  21. SIGNATURE OF FUN. BALLERMICE	emoval from State	other place)			ADDRESS OF FA	OH ITY	20c. LOC	CATION — CH	y or Town, S	Stata
21. SIGNATURE OF FUNERAL BEHINGE	/	2-20			Anato		Board	, Ba	lto.	, Md.
23. PART J. Enter the diseases, shock, or heert fellu IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. Mexast		Col	M	CC2	h as card	ec or respi	ratory srres	,	Approximate interval Betwee Onset and Dea
Sequentially list conditions, if smy, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE (								
PART II. Other significant conditions	d.	but not resulting	In the un	derlying	cause given in	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	AMA COR OF	RE AUTOPSY FINDING ILABLE PRIOR TO MPLETION DF CAUSE DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER		CE OF DEATH (Ch	neck only on	9)		J	
1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	1 Inpatient 2 ER/Ou  28a. DATE OF INJURY (Month, Day, Year)	28b. TI	_	28c. INJUI WOR	RY AT		(Specify) CRIBE HOW II	NJURY OCCU	RED	
2 Accident Investigation 3 Suicide 6 Could not determined	be 26s. PLACE OF INJUF	RY — At home, farm, ecify)	, street, facto			281. LOCA	TION (Street a or Town, State)	and Number or	Rural Route	Number,
29a. CERTIFIER CERTIFYING P	IYSICIAN: To the best of my kno									d manner as ateled
onel only	NNER: On the besis of examinat	ion and/or investigat								3 THEIRIPE ES SUSTOS.
onel only					29c. LICENSE NUI	MBER 507		29d. DATE 5	DE CA	nth, Day, Year)

DHMH-16 Rev 1/89

after death. Page 6 may be retained by the hospital or attending physiciar BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146, 1. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE HOSPITAL OF THE FUNERAL CO DE filed within 72 h

	Should		
	S,		
	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3		
	ermit. F		
	ransit p		
property	burial-t		
2	the		
100.00	Se as		
5	for u		
2	ched		
2	deta		ouc.
2	ed bi		nd at
o compos	shou		ntiffe
2	age 5		he n
5	tor, p		tati
200	direc		ar m
1000	meral		amin
2	the fu	Mal.	al ave
2	u by	Tem E	adle
	illed	n, 0ç	A TO
	tely f	matio	f th
	omple	I, cre	AVAIL
-	and co	buria	affe
3	cian a	or to	Taum.
2000	physi	ne pri	her h
3	Build	Hygie	r off
2000	e atte	ental	NI VI
22 17	by th	M pu	ini v
3	peud	alth :	E SR
hohor	en si	of H	how
MOI C	d Ser	Dept.	23
1. 117	cate	State	Itam
200	certifi	the .	10
1	this	With L	reken
DAILO	After	death	e ma
N ICIN	CTOR:	after	28 6
of Although the same opening and the court of the court o	DIRE	POULS	Hann
al l			

STATE OF MARYLAND / DEPARTMENT	0F	HEALTH	AND	<b>MENTAL</b>	HYGIENE
CERTIFICATE	0	F DEAT	TH		REG. NO.

FOR 1 - STATE REGISTRAR	STATE OF MARYLA		NT OF HEALTH AN	D MENTAL HYGIEN		
1. DECEDENT'S NAME (First, Middle, Las	el)			2. DATE OF DEATH	DAY YEAF	3. TIME OF DEATH
LEROY	E. SCHWEIKE	RТ		4	5 90	5:10P M
4. SOCIAL SECURITY NUMBER		yrs. last birthday) IF U	NOER 1 YEAR IF UNDER 24 H	MA Day March	8. Bif	RTHPLACE (State or Foreign
214-03-4251	1 🔀 M 2 🗆 F 9 1	YRS.	HS DAYS HOURS MI	8/22/1		RYLAND
9a. FACILITY NAME (If not institution, give			CITY, TOWN OR LOCATION O	F DEATH	9c. COUNTY O	
EDENWALD NUR			TOWSON		BALTI	MORE
EDENWALD NURS RESIDENCE OF DECEDENT 10e. STATE 10e. COU		10c. CITY, TO	VN OR LOCATION			10d, INSIDE CITY
MD. BAL	TIMORE	TOW	SON			LIMITS?
			10f. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
800 SOUTHERL	Y RD.		21204		U.8	S.A.
10e. STREET AND NUMBER 800 SOUTHERLY 11. MARITAL STATUS	12. WAS DECEDENT EVER IN		13. WAS DECENDENT OF HI		e or No- 14. R	ACE — American Indian,
	FORCES? 1 YES		If yes, specify Cuban, Ma	ixican, Puarto Rican, alc.)		lack, White, etc.
3 🔀 Widowed 4 🗌 Divorced						IITE
15. DECEDENT'S E (Specify only highest on Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Last)	DUCATION ade completed)	(Give kind of work of	one during most of working	16b. KIND OF BI	USINESS/INDUSTR	1
Elementary/Secondary (0-12)	College (1-4 or 5+)	ilfe. Do NOT use retir	ed.)			
100						
17. FATHER'S NAME (First, Middle, Last)			18. MOTHER	S NAME (First, Middle, Maide	n Sumeme)	
198. INFORMANT'S NAME (Typo/PTINE)	(danahtan)		RESS (Street and Number or R	The state of the s		
HOID DANNER			. 1st St.,			
20s. METHOD OF DISPOSITION 1 Duriel 2 Cremetion 3 R	emovel from State	PLACE OF DISPOSITION other place)	(Name of cemetery, cremator)	or 20s. L	OCATION — City of	Town, State
4 (XDonation 5 () Other (Specify)	LICENSEE		22. NAME AND ADDRESS O	E EACH ITY		
The state of the s	10:11.		22. HAME AND ADDRESS O	e email i		
1 Amille	Malle 7	31.20	State Ana	tomy Boar	d, Balt	o., Md.
Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Dyphon AS A	CONSEQUENCE OF):	with Re spiral	curren	<i>F</i>	
PART II. Other algnificant condit	lone contributing to deeth bu	t not resulting in th	underlying cause give		N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1				1 🗆 YES	2 🗋 NO	OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			28. PLACE OF DEAT	(Check only one)		
EXAMINER?	HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/Outpa		HEA: Nursing Home 5 - Reside	nce 6 Other (Specify)		
27. MANNER OF DEATH	28a, DATE OF INJURY	28b. TIME OF	28c. INJURY AT	28d. DESCRIBE HOW	INJURY OCCURE	
	(Month, Day, Year)	INJURY	WORK?  M 1 YES 2 No			
2 Accident Investigation 3 Suicide & Could not	28e. PLACE OF INJURY			26f. LOCATION (Stree	t and Number or Ru	rel Route Number,
3 Suicide 6 Could not datermined	be building, etc. (Special		ALVERTAGE AND ADDRESS	City or Town, Star		
owel only	IYSICIAN: To the best of my knowle					se(a) and manner as stated.
			29c, LICENSI			WED (Month, Day, Year)
296. 1100 01 02 01	1. 1 Town	ce mo	Day Dickers	206 49	▶ 7/	26/90
	100				//	~~/~/ / L/
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CALISE OF DEA	TH (ITEM 27) (Tone Dries				
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Print				
30. NAME AND ADDRESS OF PERSON 31. DATE FILED (Month, Day, Year)	WHO COMPLETED CAUSE OF DEA					

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely limed in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
3	pe	7
pa	밁	0
lain	Sho	=
E	S	00
y be	age	90
E	0,	ten
9 90	rect	E
Ta	P P	Inei
eath	une	EBES
ter d	the year	ai e
S	E D	dici
mo	or in	E
	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely lifted in by the fu be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the
WITH	plete	ent,
ted	mo ,iai	5
Xecu	Pur	ati
90	ian or to	THE .
ate	nysic pric	T tr
rtific	g pl	the state
8	野田	0 10
Jeat	atte	7.
the	The The	큳
hat	d by	'n
res	igne	50
edui	S La	P O
W F	p be	3 8
he	has De	2 E
N.	Stat	ite
ICIA	the	0,
HYS.	this with	ked
NG F	ter	Par
N	R. Al	69
TE	afte afte	28
DR A	DIRE	E
AL	AL C	H
SPIT	YER.	=
오	豆素	TA
出	THE BELL	POF
-		=
5	23	3

								2. DATE OF DEATH	AY	YEAR	3. TIME OF DEATH
AGNES		II.ER						ЛПУ 26		90	12:30 A
		. AGE (In yrs. lest		IF UNDER 1	YEAR DAYS	HOURS	24 NRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)		Count	
		35	YRS.			111.5.5.0		9/ 9/04		NEW	JERSEY
9a. FACILITY NAME (If not institution, give street				9b. CITY, 1	TOWN OF	LOCATIO	ON OF DE	EATH	9c. COL	INTY OF I	DEATH
FRIENDS NURSING H	OME, INC.	,		SAND	Y SI	PRIN	3		XXX	MONT	GOMERY
10a. STATE 10b. COUNTY			10c. CITY	, TOWN OR	LOCATION	ON					10d. INSIDE CITY
MARYLAND MONTG	OMERY		SAND	DY SP	RINO	3					1 YES 2 XWO
10e. STREET AND NUMBER					_	ZIP CODE			10g. CIT	IZEN OF	WHAT COUNTRY?
17330 QUAKER LANE					1 2	20860	)		US	Α	
	12. WAS DECEDENT E	VER IN U.S. ARM	ED	13. W	AS DECE	NDENT O	F HISPAN	NIC ORIGIN? (Specify Yes	or No-	14. RAC	E — American Indian,
1 XX ever Married 2 Marriad 3 Widowed 4 Divorced	FORCES? 1 [	YES 2	0	1 {	yes, aper	olfy Cubin	n, Maxica Specifi	n, Puarto Rican, atc.) y:		Spec	k, White, etc.
											ITE
15. DECEDENT'S EDUCA (Specify only highest grade of		16a, DEC	EDENT'S U	USUAL OCC rork done du e retired.)	cupation ring most	N of workin	g	18b. KIND OF BUS	SINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	1119. I						TOTAL	ONT		
17. FATHER'S NAME (First, Middle, Last)			T	EACHE	K	46 1400	EDIC NO	EDUCATI  ME (First, Middle, Malden			
19a. INFORMANT'S NAME (Type/Print)		105	MAILING	ADDRESS /	Street an			ETH CLOTHI Route Number, City or Tow		in Code	
Henry Sailer (	nephew)							Washing			C 20000
20a. METHOO OF DISPOSITION	-	20b. PLACE O									own, State
iMMEDIATE CAUSE (Finel disease or condition resulting in death)  a.  Sequentielly list conditions, if any, leading to immediata		R AS A CONSECU			1	/2	C	zvdi:	rl	D	Onset and De
	DUE TO (O	R AS A CONSECU	UENCE OF	7):							
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  d.											
CAUSE (Disease or Injury that initiated events	contributing to de	eeth but not re	suiting it	n the und	erlying	ceuse g	jiven in	Part i. 24a, WAS AN PERFOF	MED?	24	AVAILABLE PRIOR TO
CAUSE (Disease or Injury that initiated events resulting in death) LAST  DART II. Other significent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	contributing to de			отнея:	26. PL/	ACE OF O	EATH (Ch	PERFOR	MED?	24	AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
CAUSE (Disease or Injury that initiated events resulting in death) LAST  DART II. Other significent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:   Inpetient 2   E   28a. DATE OF IN (Month, Day,	ER/Outpatient 3 [	DOA 28b. TIME	OTHER: Nurale E OF URY	26. PL/ ng Homa 28c. INJU WOF 1  Y	ACE OF O	EATH (Ch	PERFOF  1 YES 2	NJURY O	CCURED	COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO

90. SIGNAPHINE AND TITLE OF CENTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)

Charles, 0	gers he	0099	75	1 in ly	12-61
MAME AND ADDRESS OF PERSON WHO	COMPLETED PAUSE OF DEATH (ITEM 27) (Type, Print)				7
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE				

6 1990 Julia Nevidon-Rondalle

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		011112 01 11						DEATH		REG. NO.	_			
1. DECEDENT'S NAME (First,									ANCIANTA	OF DEATH	v	YEAR	3. TIME OF DE	ATH
Meryl W. So	CHOLL								Aug	ust 3,	199	0	4:55	Ам
4. SOCIAL SECURITY NUMB		5. \$EX		yrs. lasi birti		UNDER 1 YE		IF UNDER 24 HRS.		OF BIRTH , Day, Year)		B. BIRTH	IPLACE (State or	Foreign
214-05-3217		1 M 2 X F	/	5 y	RS.	MINS UA	AYS	HOURS MIN.	8-17	-14		Bal	to. Md	•
9a. FACILITY NAME (If not in	stitution, give st	reet and number)			9t			LOCATION OF DE	ATH		9c. COU	NTY OF D	EATH	
FRanklin		Hospita	1			Bal	lti	more			Ba	ltim	ore	
10a. STATE	10b. COUNTY			10	c. CITY, T	OWN OR L	OCATIO	ON					10d. INSIDE CIT	ry
Md.	Ba1	timore			P	erry	На	11					1 TES 2	NO NO
100. STREET AND NUMBER 4128 Bak	er Lan	e					101. 2	ZIP CODE	21236	5	10g. CIT	U.S.	WHAT COUNTRY	•
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN	J.S. ARMED		13. WAS	DECE	NDENT OF HISPAN	HC ORIGIN	17 (Specify Yea	or No-		E American in	dlen.
1 Never Married 2 3 Widowed 4 Dive		FORCES? 1				If ye	s, apec	Ify Cuban, Maxica	n, Puerto I			Spec	k, White, atc.	
15. DEC	EDENT'S EDUC y highest grade	CATION		16a. DECEDI	ENT'S US	UAL OCCU	PATION	of smaller	16b	. KIND OF BUS	SINESS/IN	DUSTRY		
Elementary/Secondary (0		College (1-4 or 5	P)	Ilfe. Do i	VOT use re		ng most	or working		Haal	hoob:	:14 1	Zohns C	
12th Grad				S	Ales	lady				носі	uscn:	TTU 1	Kohn& C	U •
17. FATHER'S NAME (First, M	liddle, Last)	*** 1 1						18. MOTHER'S NA	ME (First, I	Middle, Malden	Sumame)			
Henry		Willner						Martha			1	Daut	erich	
19a, INFORMANT'S NAME (				1 1 1 1 1 1 1 1 1				d Number or Rural i					0.4	
Robert H. W	ııııneı			41	28 B	aker	La	ne Balt	imor	e,Mary	land	-212	36	
20a. METHOD OF DISPOSIT  1 Burial 2 Cromatic  4 Donation 5 Other	on 3 🗆 Rem	ovel from State	20b.	PLACE OF D	wood	ON (Name Cem	of come	etery, crematory or			cation – alti		, Md.	
21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE				22. NAN	ME AND	ADDRESS OF FA	CILITY	6	415	Bela	ir Road	
Kath	leen	& her	John			Joh	n C	. Mille	r, I				21206	
23. PART I. Enter the d shock, or h immEDIATE CAUSE (Fil disease or condition resulting in death)  Sequentially liet condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuit that initiated events	tions, addete	Multipl DUE TO Sepsis DUE TO Congest	COR AS A COR AS A COR	eloma consequent consequent deart	ICE OF):									Between nd Death
resulting in death) LAS	ST C	d												
PART II. Other significe	ent condition	a contributing to	death bu	t not reau	iting in	the unde	rlying	cause given in	Part I.	24a. WAS AN		24	b. WERE AUTOPSY	
										PERFOR	1.0		COMPLETION O	
										1 1 123 2	MINO		OF DEATH?	T MO
													1 1 159 2	J NO
25. WAS CASE REFERRED 1	TO MEDICAL						26 Pl /	CE OF DEATH (CA	ack only o	00)				
EXAMINER?		HOSPITAL:	F0/0 -	den a m		THER:								
27. MANNER OF DEATH		1 Inpatient 2			b. TIME (		g Home Bc. INJU	5 Residence		SCRIBE HOW I	NJURY O	CCURED		
	Pending Investigation	(Month, I			INJUR	Y	WOF	IK?	200. DC	JOHIDE HOW I		JOUNED		
3 Suicide a Suicide	Could not be determined	28e. PLACE ( building	OF INJURY - , atc. (Specif	— At home,	form, stre	et, factory,	, affice		28f, LOC City	CATION (Street or Town, State)	end Numb )	er or Rural	Route Number,	
One)	7. 70	CIAN: To the best o											(a) and menner a	a stated.
29b. SIGNATURE AND TITLE	E OF CERTIFIE	Mas	/ who	Ms	>			29c. LICENSE NU	MBER		29d. DA		D (Month, Day, Yes 03/90	nr)
30. NAME AND ADDRESS O	F PERSON WH	o completed cal	SE OF DEA	TH (ITEM 27			ank	lin Sq.	Dr.	Balto	). 21	237		
				TURE	- 50				2 9	, 50100	· · L	.207		_
31. DATE FILED (Month, Day,		32. REGISTR			-									
AUG O	b 1990	1 a Da	Heland	/Sanda	2									

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zymenrs after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-18 Rev 1/89

W. 1 

AUG 6 1990

32. REGISTRAR'S SIGNATURE

										90	21316
	1 - FOR STATE REGISTRAR	STATE OF M			TMENT OF I	HEALTH AND DEATH		IYGIEN REG. NO.			
	1. OECEDENT'S NAME (First, Middle, Lest) Lill:	ian	L.		Schle	in	2. DATE OF MONTH	2-90	AY 1	EAR	3. TIME OF DEATH 8:27PM M
	Total Section 11/10-25	5. SEX 1	6. AGE (In yrs. last	birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF	BIRTH by, Ybar)	6	Country	PLACE (State or Foreign YLAND
OR	90. FACILITY NAME (If not institution, give street WILHELM 2100 Wallagm Street	et and number)				timore C			9c. COUNT	Y OF DE	ATH
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY  MARYLAND			10c, CIT	Y, TOWN OR LOCA BALTI	TION				T	10d. INSIDE CITY LIMITS? 1 X YES 2 NO
	10e. STREET AND NUMBER				10	of. ZIP CODE			10g. CITIZE		HAT COUNTRY?
FUNERAL	2100 WILHELM S		T EVER IN U.S. ARK	MED	13. WAS DE	21223 CENDENT OF HISPA	NIC ORIGIN? (S	specify Yes	or No.— 1	US.	A American Indien.
₽	1 Never Merried 2 Merried 3 Wildowed 4 Divorced		YES 2 N		If yes, s	pecify Cuben, Mexic S 2 X NO Speci	en, Puerto Rice	n, etc.)			White, etc.
ETED	15. DECEDENT'S EDUCA (Specify only highest grade co	ompleted)	(Gh	ve kind of	USUAL OCCUPAT work done during m se retired.)	ION osl of working	16b. KII	ND OF BU	SINESS/INDU	STRY	
COMPLE	Elamentary/Secondery (0-12) 11TH	College (1-4 or 5	•)		ESPERSON	100	1	DEPAI	RTMENT	ST	ORE
	17. FATHER'S NAME (First, Middle, Lest)  JOHN E. HANE	75				16. MOTHER'S N	AME (First, Midd HENRIE'	-		v	
) BE	19e. INFORMANT'S NAME (Type/Print)	30	196	. MAILING	ADDRESS (Street	and Number or Rural					
٤	Meyer Schlein	·				PLACE, O	WINGS 1	_			
	20a. METHOD OF DISPOSITION  7 Buriel 2 X Cremetion 3 Remove 4 Donation 5 Other (Specify)	val from State	other ole	lene	SITION (Name of C	emetery, crematory or EMETERY			CATION — CI LTIMOR		MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	( A	211 - 1/10	22. NAME	ND ADDRESS OF F					
	I blan	- Seit	. 01		A. 381	ALAN SEI 8 ROLAND	TZ, JR AVENU	. FUI	NERAL ALTO	HOM MD	E . 21211
	23. PART I. Enter the diseases, or co shock, or heart failure. L IMMEDIATE CAUSE (Final	omplications the lat only one cau	it caused the deuse on each line.	ath. Do	not enter the m	ode of dying, au	ch aa cardlad	or reap	iratory arre	st,	Approximate interval Between Onset and Death
il.	disease or condition resulting in death)	*	iosclero			ascular	diseas	e			
ERTIFICATION	Sequentially list conditions, if any, leading to immediate	OUE TO	(OR AS A CONSEC	DUENCE (	PF):						
FICA	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO	(OR AS A CONSEC	DUENCE (	PF:						
ERTI	resulting in death) LAST										
( C	PART II. Other algnificant conditions	contributing to	death but not r	eaulting	in the underlyl	ng cause given i	n Part i. 24	le. WAS AN	N AUTOPSY RMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDICAL								NES :	2 ⊠ NO ECTION	,	OF DEATH?  1 YES 2 NO
						500		IIVOI .	DCITOR		- Asi
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	PLACE OF OEATH (C					
PHYSICIAN:	1 DTRS 2 NO  27. MANNER OF DEATH  DEStructed 5 Pending	26a. DATE O	FINJURY Day, Year)	26b. TII	WE OF 28c, II	IJURY AT /ORK?	T		INJURY OCCI	RED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE ( building	OF INJURY — At ho, stc. (Specify)	me, farm,			26f. LOCATI City or	ON (Street Town, State	end Number o	r Rural F	loute Number,
COMPLETED	29e. CERTIFIER (Check only one)										
	29b. SIGNATURE AND TITLE OF CERTIFIER		examination end/or	irivestigat	ion, in my opinion	29c. LICENSE N	121 22-2-7-22	o piace, e	-		(Month, Day, Year)
TO BE	Men t.	The	AL	12		OC			<b>&gt;</b>		3-90
	MARIO F. GOLLE,		ISE OF OEATH (ITE	M 27) (Typ		Penn Str	eet,Ba	ltimo	ore,MD	21	201 v

DHMH-16 Rev 1/89

111 Penn Street, Baltimore, MD 21201

BALTIMORE, MARYLAND 212

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Amounts after death. Page 6 may be retained by the hospital DT THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	ID / DEPARTMEN CERTIFICATI	T OF HEALTH AND I E OF DEATH	MENTAL HYGIENI REG. NO.	E
	1. DECEDENT'S NAME (First, Middle, Lest)	HELEN F.	SANDERS		2. DATE OF DEATH DA	y YEAR 3. TIME DF DEATH
	4. SOCIAL SECURITY NUMBER		ANDER		7. DATE OF BIRTH	90 2;20 P M  8. BIRTHPLACE (State or Foreign
	219-10-2409	1 - M 2 F 6	YRS. MONTHS	DAYS HOURS MIN.	5/20/34	Country) Md,
OR	9s. FACILITY NAME (If not institution, give atree  St. Joseph H	OS \$1/a	96. CITY	Y, TOWN OR LOCATION OF DE	EATH	BOHIMOVE
בַּ	RESIDENCE OF DECEDENT		10c, CITY TOWN			10d, INSIDE CITY
DIRECTOR	Md Baltin	more	102.01.7.70111	on Localiton	Roseda	4 46 4 TO TO TO
FUNERAL	1415 M+ AIr1	Rd		2123,	7	10g. CITIZEN OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FDRCES? 1 - YES IF YES, GIVE WAR OR DATE	2 X ND	WAS OECENOENT OF HISPAN If yes, specify Cuben, Mexica 1 YES 2 ND Specify	n, Puerto Rican, etc.)	or No— 14. RACE — American Indian, Black, White, atc. Specify: White
8	15. DECEDENT'S EDUCAT (Specify only highest grade co	TION 1	6a. DECEDENT'S USUAL C	OCCUPATION	16b. KIND OF BUS	SINESS/INDUSTRY
COMPLET		College (1-4 or 5+)	(Give kind of work done life. Do NOT use retired.)  Operator	ourng most or working	Weste	rn Electric
COM	17. FATHER'S NAME (First, Middle, Lest) Peter Francz	koveki			ME (First, Middle, Melden	s <sub>umame)</sub> Dudek
BE	Peter Francz	KOWSKI	THE MAN INC ADDRESS	Julia S (Street and Number or Rural	O. 4 W Ch T.	
2	Mr. William J. San	nders		as #10	node number, City or low	n, stere, zip cooej
	20a, METHOD OF DISPOSITION 1 A Burisi 2 Cremetion 3 Remove 4 Donation 6 Other (Specify)	at from State 20b. P	PLACE OF DISPOSITION (N	erme of cormetery, cremetory or aith 8/6/90	20c. LO Ra	CATION — City or Town, State  ltimore, Md.
	21. SIGNATURE OF FUNERAL SERVICE LICEN			NAME AND ADDRESS OF FA		more, Md. 21214
	Haul L. Ha	tool of				5305 Harford Rd.
	23. PART i. Entar the diseases, or conshock, or heart failure. Lie	mplications that caused t	ha daath. Do not anta	r tha mode of dying, suc	h as cardisc or reapi	
4			h ilne.			Interval Between
	IMMEDIATE CAUSE (Final	of only one cape on each	h iine.	01 11	1	Interval Between Onset and Daath
		Carcin Due to (or as a c	oma	of the	Kung	Onnet and Dooth
NO	IMMEDIATE CAUSE (Final disease or condition	Cascina Due to (or as a c	CONSEDUENCE OF):	of the	Kung	Onnet and Dooth
CATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediata cause. Enter UNDERLYING	DUE TO (OR AS A C	CONSEQUENCE OF):	of the	Kung	Onnet and Dooth
RTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  a.  Sequentielly list conditions, if any, leading to immediate	Cascina Due to (or as a c	CONSEQUENCE OF):	of the	Kung	Onnet and Dooth
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE OF):			Onset and Daeth
AP.	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentiely list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A C	CONSEQUENCE OF):		Part I. 24s. WAS AN PERFO!	AUTOPSY 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE
AP.	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE OF):		Part I. 24s. WAS AN	AUTOPSY AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE OF):		Part I. 24s. WAS AN PERFO!	AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions	DUE TO (OR AS A COOL OF TO (DR AS A COOL OF TO	CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):	indarfying cause given in	Part I. 24a. WAS AN PERFO!	AUTOPSY AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2  NO	DUE TO (OR AS A COOL OF TO (DR AS A COOL OF TO	CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):	andarfying cause given in  28. PLACE OF DEATH (CF. RE:  ITSING HOME 5 - Residence	Part I. 24a. WAS AN PERFO!  1 VES 2  heck only one)  6 Other (Specify)	AUTOPSY AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	DUE TO (OR AS A COOL OF TO (DR AS A COOL OF TO	CONSEQUENCE OF):  CONSEQUENCE OF):  It not resulting in that under the consequence of the	indarlying cause given in 26. PLACE OF DEATH (CF	Part I. 24a. WAS AN PERFO!  1 YES 2	AUTOPSY AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
D BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OR AS A COUPLE TO (OR AS A COUPLE TO (DR AS	CONSEQUENCE OF):  CONSEQUENCE	26. PLACE OF DEATH (C) CR: crising Home 5 — Residence 26c. INJURY AT WORK? 1 — YES 2 — ND	Part I. 24a. WAS AN PERFOI 1 VES 2	AUTOPSY MARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO  NJURY OCCUREO
D BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OR AS A C  DUE TO (OR AS A C  OUE TO (DR AS A C  OUE TO (DR AS A C  Contributing to death but  Inpetient 2 ER/Outpet  26s. DATE DF INJURY  (Month, Day, Year)  26s. PLACE DF thujury –  building, etc. (Specify	CONSEQUENCE OF):  CONSEQUENCE	28. PLACE OF DEATH (C/ER: Irsing Home 5   Residence   26c. INJURY AT   1   YES 2   ND   ND   ND   ND   ND   ND   ND	Part I. 24a, WAS AN PERFO!  1 VES 2  heck only one)  6 Other (Specify)  28d. OESCRIBE HOW (City or Town, State)	AUTOPSY AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO  NJURY OCCUREO
D BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OR AS A C  DUE TO (OR AS A C  OUE TO (DR AS A C  OUE TO (DR AS A C  Contributing to death but  HOSPITAL:    Inpetient 2	CONSEQUENCE OF):  CONSEQUENCE	28. PLACE OF DEATH (C): R: Insing Home 5   Residence 26c. INJURY AT 1   YES 2   ND ctory, office	Part I. 24a. WAS AN PERFO!  1 VES 2  check only one)  6 Other (Specify)  28d. OESCRIBE HOW I  28f. LOCATION (Street City or Town, State)	AUTOPSY AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO  NJURY OCCUREO
COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OR AS A C  DUE TO (OR AS A C  OUE TO (DR AS A C  OUE TO (DR AS A C  Contributing to death but  HOSPITAL:    Inpetient 2	CONSEQUENCE OF):  CONSEQUENCE	28. PLACE OF DEATH (C): R: Insing Home 5   Residence 26c. INJURY AT 1   YES 2   ND ctory, office	Part I. 24s. WAS AN PERFO!  1 VES 2  1 VES 2  1 Other (Specify)  28d. OESCRIBE HOW I  26f. LOCATION (Street City or Yourn, Street)  1 to the cause(s) and me time, date and place, as	AUTOPSY AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO  NJURY OCCUREO  and Number or Rural Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER DF DEATH  1 Natural 5 Pending Investigation  3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:  29b. SIGNATURE AND TITLE OF CERTIFIER  MEANINERS	DUE TO (OR AS A C  DUE TO (OR AS A C  OUE TO (DR AS A C  OUE TO (DR AS A C  OUE TO (DR AS A C  CONTributing to death but  I   Inpetient 2   ER/Outpet  26s. DATE DF INJURY (Month, Day, Year)  26s. PLACE DF INJURY - building, etc. (Specify)  IAN: To the best of my knowled: On the besis of examination to	CONSEQUENCE OF):  CONSEQUENCE	26. PLACE OF DEATH (C)  26. PLACE OF DEATH (C)  26. INJURY AT WORK?  1 YES 2 ND  ctory, office	Part I. 24s. WAS AN PERFO!  1 VES 2  1 VES 2  1 Other (Specify)  28d. OESCRIBE HOW I  26f. LOCATION (Street City or Yourn, Street)  1 to the cause(s) and me time, date and place, as	AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  NJURY OCCUREO  and Number or Rural Route Number,  nner as stated.  Indidus to the cause(s) and menner as stated.
COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER DF DEATH  1 Natural 5 Pending Investigation  3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:  29b. SIGNATURE AND TITLE OF CERTIFIER  MEANINERS	DUE TO (OR AS A C  DUE TO (OR AS A C  OUE TO (DR AS A C  OUE TO (DR AS A C  OUE TO (DR AS A C  CONTributing to death but  I   Inpetient 2   ER/Outpet  26s. DATE DF INJURY (Month, Day, Year)  26s. PLACE DF INJURY - building, etc. (Specify)  IAN: To the best of my knowled: On the besis of examination to	CONSEQUENCE OF):  CONSEQUENCE	26. PLACE OF DEATH (C)  26. PLACE OF DEATH (C)  26. INJURY AT WORK?  1 YES 2 ND  ctory, office	Part I. 24s. WAS AN PERFO!  1 VES 2  1 VES 2  1 Other (Specify)  28d. OESCRIBE HOW I  26f. LOCATION (Street City or Yourn, Street)  1 to the cause(s) and me time, date and place, as	AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  NJURY OCCUREO  and Number or Rural Route Number,  nner as stated.  Indidus to the cause(s) and menner as stated.

La Taindren Rando

AUG 0 6 1990

. TOU

# BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a month of a flar death. Page 6 may be retained by the hospital or attending physician.

TO THE FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			ENTAL HYGIEN	_		
1. DECEDENT'S NAME (First, Middle, L	ast)				2. DATE OF DEATH		3. TIME OF DEATH	
DINGN	IESS JAN VERS	CHUURE			MONTH D	2.1 9.0	7:50A M	
4. SOCIAL SECURITY NUMBER 120-14-2275	1 1 1 2 □ F 6 5	YRS. MON	THE DAYS H	OURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10/19/2	Cour	THPLACE (State or Foreign attry) W YORK	
99. FACILITY NAME (if not institution, s 88 E. Padoni RESIDENCE OF DECEDEN 100. STATE 100. CO	a Rd.		Timoni		тн	9c. COUNTY OF	DEATH  10d. INSIDE CITY	
MD.  100. STREET AND NUMBER			nium	IP CODE		10g. CITIZEN OF	LIMITS? 1 YES 2 NO WHAT COUNTRY?	
10e. STREET AND NUMBER  88 E. Padoni  11. MARITAL STATUS  1 Never Merried 2 Amerried  3 Widowed 4 Divorced	a Rd. #304  12. WAS DECEDENT EVER IN FORCES? 1 YES, GIVE WAR OR DA	2 NO	13. WAS DECEN		C ORIGIN? (Specify Yes Puerto Rican, etc.)	Spo	CE — American Indian, lick, White, etc.	
15. DECEDENT'S (Specify only highest statementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Last		18e. DECEDENT'S USU. (Give kind of work of life. Do NOT use reti	AL OCCUPATION done during most of ired.)	of working	16b, KIND OF BU	SINESS/INDUSTRY		
17. FATHER'S NAME (First, Middle, Last	1)		1	a. MOTHER'S NAM	E (First, Middle, Maiden	Surname)	•	
	/ERSCHUURE			MADALI	NE VAN	WHELE		
MARIUS JAN V		19b. MAILING ADD	ORESS (Street end	Number or Rural Re	oute Number, City or Tow	m, State, Zip Code)		
MARIE CHILTO	N (spouse)	88 E.	Padoni	a Rd.,	Timoni	ım, Md.	21093	
20e. METHOD OF DISPOSITION 1	Removal from State	. PLACE OF DISPOSITIO other place)	N (Name of cemet	ery, crematory or	20c. LO	CATION — City or	Town, State	
21. SIGNATURE OF TUNERAL SERVICE	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  State Anatomy Board, Balto., Md.							
23. PART   Enter the diseases, shock, or heart fall iMMEDIATE CAUSE (Final disease or condition resulting in death)	ure. List only one cause on a	I the death, Do not a ach line.				iratory arreat,	Approximate Interval Between Onset and Death	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	E PENL	CONSEQUENCE OF): CONSEQUENCE OF):				ऽह		
PART II. Other eignificent cond	litiona contributing to deeth b	ut not reaulting in th	ne underlying o	cause given in F	Part i. 24a. WAS AP PERFO 1   YES :	RMED?	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 HO	
25. WAS CASE REFERRED TO MEDIC	AL		26. PLAC	CE OF DEATH (Che	ck only one)			
EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Outp		THER:  Nursing Home	5 Residence	Other (Specify)			
25. WAS CASE REFERRED TO MEDIC. EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  27. MANNER OF DEATH  28. Pending Investigat	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJUR	TA Y	28d. DESCRIBE HOW	INJURY OCCURED		
D 2 Detection	28e. PLACE OF INJURY building, atc. (Spec	— At home, farm, stree	t, factory, office		281. LOCATION (Street City or Yown, State	and Number or Run )	al Route Number,	
Cont only	PHYSICIAN: To the best of my know						e(s) and manner se stated.	
296. SIGNAMILE AND TITLE OF CER	MSUDI	(m)		D'ZY	242	29d. DATE SIGN	ED (Month, Day, Year)	
BBunkentute	N WHO COMPLETED CAUSE OF DE	YOK Rd	11)	IMENI	un M	d vio	13	
AUG 6 1990	32. REGISTRAR'S SIGN	4						

BA	r de	15 E	ex	
-	afte	TO THE	ical	Ī
	S S	in a	Ped	
3 1		n, o	9	
	4	and of	=	
10	AP.	plet	ent	ı
4	20	Ed., is	8	
<u> </u>	noa	PE	atic	
T U	8	an a	E	
6	te b	Sici	ta	
0	ffea	P a	her	
o	cent	ly gig	0	
O.	ath	Iten	0	
10	de	Nem Nem	3	
ő	4	N P	-	
E	tha	ed t	any	ŀ
8	res	sign	2	
M	nba	9	9	ŀ
100	ME	s b	23	
₹ ×	2	e ha	E	l
E	N:	Sta	He	l
>	CIA	the	0	
9	HYS	his with	pex	l
Z	9	ath a	nar	
ō	Š	Af	69	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TE	afte	28	l
≥	RA	IRE US	E	l
	9	2 20	=	l
	F	ERA In 7	12	l
	8	E E	M	l
	里	里里	DH	
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely fined in by the fi be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical ex	
	-			l

I. DECEOENT'S NAME (First, Middle, Last	Elmer	WITTMAN J	R		2. DATE OF DEATH MONTH AUGUST	5, 1990	EAR 3. TIN	e of death 8:00 A
214 38 6511	5. SEX 1 M 2 F	6. AGE (In yrs. last birthday 50 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	0 6. I	BIRTHPLACE COUNTY)	(State or Foreign
Franklin Squ  RESIDENCE OF DECEDENT		al Center	400	or location of DEA	TH .		of DEATH	County
Maryland	Baltimore		ESSEX	ATION			L	NSIDE CITY JIMITS? YES 2 XNO
2229 Seneca Ro	ad		1	of. ZIP CODE 21221		10g. CITIZE	N OF WHAT C	COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	T EVER IN U.S. ARMED YES 2 20 AR OR DATES	If yes, s	ECENDENT OF HISPANI specify Cuban, Maxican S 2 NO Specify:	, Puerto Rican, stc.)	pa or No 14	Black, White	merican Indian, e, etc. White
15. DECEDENT'S EI (Specify only highest gra	DUCATION ide completed) College (1-4 or 5+	(Give kind of the Do NOT	r's usual occupat of work done during n use retired.)		18b. KIND OF B	structi		
17. FATHER'S NAME (First, Middle, Last)	ittman			18. MOTHER'S NAM	E (First, Middle, Meide	n Sumame)	ξ.	
196. INFORMANT'S NAME (Type/Print) Margaret Anni Wi	ttmen			Road Balt				
20e. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Re 4 Donalion 5 Other (Specify)	emoval from State	20b. PLACE OF DISP Meadowr	idge Com	emetery, crematory or		ocation - ch		
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			AND ADDRESS OF FAC		Lean.		
How Dr	your	12		dzinski F				21221
21 FAIT Enter the disease, or ahock, or heert failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	e Liat only one ceu	t ceused the death. Do	not anter the m	7 Old East	ern Ave	Baltimo	ore Ma	Approximata interval Betw
21 FART Enter the disease, or ahock, or heert failure immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	a. Hepati	se on each line.	o not anter the m	7 Old East	ern Ave	Baltimo	ore Ma	Approximata Interval Between
21. FART Enter the disease, or anock, or heert failure IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions,	e. Hepati DUE TO  DUE TO  C.	IC Encephal (OR AS A CONSEQUENCE	o not anter the m	7 Old East	ern Ave	Baltimo	ore Ma	ryland
23. FART Enter the diseases, or shock, or heert failure immediate CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Hepati DUE TO  c. DUE TO  d. lone contributing to	C Encephal (OR AS A CONSEQUENCE (OR AS A CONSEQUENCE (OR AS A CONSEQUENCE	opathy op; op;	7 Old East	as cardiac or rea	Reltime	24b. WERE ANAIL COMPOF OF OR	Approximata Interval Between
Entar tha disease, o ahock, or heert failur immediate CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events reaulting in death) LAST  PART II. Other algnificant conditions and in the conditions of the cond	a. Hepati bue TO  b. DUE TO  c. DUE TO  d. Lons contributing to  rointestir	C Encephal (OR AS A CONSEQUENCE (OR AS A CONSEQUENCE (OR AS A CONSEQUENCE	opathy opathy opi	7 Old East	Part I. 24a. WAS A PERF	Reltime	24b. WERE ANAIL COMPOF OF OR	Approximate Interval Betwo Onset and De Cons
Entar the disease, or anock, or heert failure immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST  PART II. Other algnificant conditions in death conditions in death conditions.  Alcohol Ab  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 XXX	a. Hepati DUE TO  b. DUE TO  c. DUE TO  d. On  USE  HOSPITAL: 1 (Ampetient 2	C Encephal (OR AS A CONSEQUENCE (OR AS A CONSEQUENCE (OR AS A CONSEQUENCE death but not resultin (OR AS A CONSEQUENCE	Opathy Opathy Opinic officers Opathy Opathy Officers Officers Officers Officers A 4 Nursing Ho	7 Old East node of dying, such ing ceuse given in I	Part I. 24a. WAS A PERF( 1 YES	N AUTOPSY PRIMED? 2 NO	24b. WERE AWAIL COMPOF OF O	Approximate Interval Betwo Onset and De Cons
Enter the disease, or shock, or heert failure immediate Cause (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST  PART II. Other algnificant conditions in death) LAST  PART III. Other algnificant conditions in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 XXX  27. MANNER OF OEATH  1 Natural 5 Pending investigation	a. Hepati bue to b. Due to c. Due to d. Due to d. Contributing to c. Pointestir On USE Hospital: 1 [Ainpatiant: 2] 28e. OATE OF (Month, D	C Encephal (OR AS A CONSEQUENCE (OR AS A CONSEQUENC	Opathy Opathy Opathy Opi Opi Opi Opi Opi Opi Opi Opi Opi Opi	PLACE OF DEATH (Che	as cardiac or real as cardiac or	IN AUTOPSY PRIMED? 2 NO	24b. WERE ANAL COMPO OF OR 1	Approximata Interval Betwo Onset and De Cons
Entar the disease, or shock, or heert failure immediate cause. Enter Understyling Cause or conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions in death and investigations in the conditions of the conditions in the condits in the conditions in the conditions in the conditions in the c	a. Hepati DUE TO b. DUE TO c. DUE TO d. DUE TO d. PLACE O MONTH, D DUE TO  28e. PLACE O be be be be be be be be be be be be be	C Encephal (OR AS A CONSEQUENCE (OR AS A CONSEQUENCE (OR AS A CONSEQUENCE death but not resulting all Bleed  Dervoutpetient 3 DOA  INJURY 286.	Opathy Opathy Opathy Opi Opi Opi Opi Opi Opi Opi Opi Opi Opi	PLACE OF DEATH (Che	Part I. 24a. WAS A PERF( 1 YES	N AUTOPSY PRIMED? 2 NO	24b. WERE ANAL COMPO OF OR 1	Approximata Interval Betwo Onset and De Cons
Entar the disease, or anock, or heert failur immediate CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events reaulting in death) LAST  PART II. Other algnificant conditions and investigations are conditions.  Al cohol Ab  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 JAYA  27. MANNER OF OEATH  1 Natural 5 Pending Investigations and investigations are could not a determined.	a. Hepati DUE TO b. DUE TO c. DUE TO d. DUE TO d. POINTESTIN ON USE HOSPITAL: 1 (Ampetion 2 Control of (Month, D) Due TO Due TO 1 28e. OATE OF (Month, D) Due TO Due TO To To To The Desire of the Des	C Encephal (OR AS A CONSEQUENCE (OR AS A CONSEQUENCE (OR AS A CONSEQUENCE  (OR AS A CONS	Opathy  Opathy  Opathy  Opathy  OF:  OF:  OF:  OF:  OTHER:  A   A   Nursing H  TIME OF   INJURY M   1   1   1   1   1   1   1   1   1	PLACE OF DEATH (Che ome 5   Residence NUMBER AT WORK?   YES 2   NO	as cardiac or reasonal as cardiac or reasonal	IN AUTOPSY DRMED? 2 NO INJURY OCCU t and Number of	24b. WERE AWAIL COMP OF ON 1  RED	Approximate Interval Betw Onset and De Autopsy Findin ABLE PRIOR TO ALETION OF CAUSATH?  YES 2 NO

OHMH-18 Rev 1/89

The state of the s

no.idourudence no de la construction de la construc

[52] haggint evolution are comed the margin and through

lier . fourth

1. J. C. 1. 3.00 (1.8) A. J. C. 181

resosinsed Peneral How PA Tables Alexander

Acidection is a second

Pages 1, 2, 3 should

permit.

ģ	anim.
L RECORDS, P.O. BOX 13146,	PRITTE OF STITE SIDIAL PERCENTAL The last consistent that the dark modificate he month and
×	2
). BC	artificate
7	4
0	door
S	4
문	404
Ö	90
Ш	- Contraction
Œ	779
_	-
₹	É
5	AM
LL.	Sio
I OF VITAL	2550
Z	O.A
0	CIA
DIVISION	1
=	00
	-
	CLICA

등	3		
90	the		
Dug	38		
atte	Se		
9	0 0		
pital	P		
100	che		es
9	deta		900
N H	99		at
D.	pl		P
aine	ğ		Ĕ
Tet.	S		not
8	90		9
nay	9		=
9	ctor		No.
90	dire		70
4	70		ine
ath	Jue		E
90	96 Th	-i	ex
afte	y th	NOV	Ca
52	d n	100	Pa
ĕ,	Pa	9	E
	直	HOU	the
F	nely	ma	4
×	nple.	C	Ver
rted	8	ria.	2
Sec	and	2	lat
9	an	r to	5
te b	Sici	prio	Ē
fica	£	De	Jet
ne.	ing	gi	등
5	end	Ī	9
dea	att	enta	Š
the	#	2	를
lat	5	and	M
St	ned	量	9
uire	Sig	Ä	*
De	een	ō	Sho
MP	ls b	ept.	23
he	e he	9	E
N.	icat	Stal	흗
CIA	ertif	the	9
3	S	5	Bd,
4	E	3	ark
P.	Afte	leat	Ē
2	A	er c	- 00
E	8	aft	28
JR /	IRE	SUUC	E
TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with this sites death. Page 6 may be retained by the hospital or attending phy	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely mied in by the funeral director, page 5 should be detached for use as the bu	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
PITA	ERA	7 6	T.
8	N	ithi.	AN
F	E	× p	H
王	F	Fig.	100
2	10	2	3

2

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MONTH 14-90 YEAR Johanna W. Amone It 3:20 P 7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER 8. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign DAYS 1 M 2 7 577-46-4254 August 7,1932 Maryland 90. FACILITY NAME (If not institution, give street and number)
Southern Maryland Hospital 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Clinton DIRECTOR Prince George's RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Prince George's Brandywine 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 11704 Redwood Drive East 20613 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X00 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yea, specify Cuban, Maxican, Puarto Rican, atc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 TYES 2 NO Specify. Specify BY 3 Wildowed 4 Divorced Caucasian COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 8+) N/A Secretary Justice Dept US Government 17. FATHER'S NAME (First, Middle Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Conrad Von Garrell BE Rosa Streun 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5 William B. Amonett Same as 10 A-F 28a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State 1 X Burial 2 Cremation 3 Re Washington Suitland Maryland Donation 5 Other (Sensity) National Cemetery 21. SIGNATURE OF TUNEDA RVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, Inc. 6633 Old Alexander Ferry Rd Clinton, Md 20735 Mulenn 23. PART I. Enter the diseases, or complications caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or heart failure. List only one use on each line. IMMEDIATE CAUSE (Final **Onset and Death** disease or condition stituanterapeluotu cerebro conscovasculardiscert reaulting in death) MEDICAL CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE RESERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER! HOSPITAL:
1 Impettent 2 ER/Outpettent 3 DOA OTHER: ng Home 5 - Residence 6 - Other (Specify) 4 - Nt 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be 4 Nomicide determined 1 CERMITYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, data and place, and due to the cause(a) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and man 29c. LICENSE NUMBER BE 29d, DATE SIGNED (Month, Day, Year)

PEGIETRAN'S SIGNATURE Pandale

order -

FOR STATE REGISTRAR

1 -

## TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

	1. DECEDENT'S NAME (First		A - J							2. DATE O	F DEATH DA	17	YEAR	3. TIME OF DEATH.
	Jane Eliz:	abern abern	Anderson 6. SEX		yrs. last birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE O		1		PLACE (State or Foreign
	578-24-9285	10	1 🗆 M 2 💢 F	77	YRS.	MONTHS	DAYS	HOURS	MIN.	1 - 1 - 1	27/12	W	ash	ington, DC
_	9a. FACILITY NAME (If not in	estitution, give si	treet and number)			9b. CITY	Y, TOWN	OR LOCATI	ON OF DE			9c. COUNT		
DIRECTOR	Suburban Ho	ospita.	1				Betl	nesda				Mon	tgon	nery
REC	10a. STATE	10b. COUNTY	1		10c. CI	TY, TOWN	OR LOC	ATION						10d. INSIDE CITY LIMITS?
	Maryland	Pri	nce Geor	ge's	M	t. R		ier or. zip cod	-			1 TYPES 2 NO		
FUNERAL	3808 33rd S	Stroot					ď		712				THAT COOKINT	
5	11. MARITAL STATUS	14 1 1 1 1 1 1 1	12. WAS DECEDER	NT EVER IN U	S. ARMED	13.		CENDENT	OF HISPAN		(Specify Yea	or No-	4. RACE	- American Indian, White, atc.
BY F	1 Never Married 2 3 Nover Married 2 1 Nover Married 2 1 Nover Married 2 Nover		IF YES, GIVE					S 2 NO		in, Puerto Ri y:	cen, etc.)		Specif	
ED		EDENT'S EDU		1	6a. DECEDENT'S	S USUAL C	OCCUPAT	TION		16b.	KIND OF BUS	SINESS/INDU	STRY	WILLCE
<b>5</b>	Elementary/Secondary (	ly highest grade 0-12)	College (1-4 or 5	+)	(Give kind of life. Do NOT u	use retired.)			ng					
COMPL	4				Prac	tica.	1 Nu					tors	Offi	ce
	17. FATHER'S NAME (First, A Robert Pow	fiddle, Last)						-7-		-	iddle, Melden Hayes	Surname)		
B	19a. INFORMANT'S NAME (	Type/Print)			19b. MAILIN	G ADDRES	S (Street				or, City or Tow	n, State, Zip (	Code)	
임	Jane E. Lar	ndolt			6700	Be1c	rest	t Rd,	Apt	.#121	, Hya	ttsvi	11e,	MD 20782
	20a, METHOD OF DISPOSIT		oval from State	/ 0	LACE OF DISPO						1 - 2 - 2 - 2	CATION — C		
	4 Donation 6 Other		MINSEE ()	- <del>/ /</del>	t. Lin	22	. NAME	AND ADDRE	SS OF FA					Maryland
	Francis Gasch's Sons Funeral Home 4739 Baltimore Ave., Hyattsville													
$\dashv$	23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory errest,  Approximate													
	induction in the state of the s											Interval Between		
	disease or condition resulting in deeth)  S. CADIA ARREST  DUE TO (OR AS A CONSEQUENCE OF):									10 MILLE				
											- 1/ -			
CATION	Sequentielly list condi	tions,	b. HEAT	O (OR AS A C	CONSEQUENCE	CRE OF):							Z MOCK	
ఠ	If any, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or inle	ING	c. Cep R	ena.	ay 19	RIZ	5/24	7	5.50	85.5	_		3 YEAR	
ERTIFI	that initiated events resulting in death) LAS		DUE TO	O (OR AS A C	ONSEQUENCE	OF):								
O			d		_									
DICAL	PART II. Other signific		ASCU								24a. WAS AN PERFOR		24b	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE
MEDIC	-	000	11360	C Mich	A)C	(10	5/	0,		-	1 TYES 2	□ NO		OF DEATH?
- 1										-				1 YES 2 NO
SICIAN:	25. WAS CASE REFERRED 'EXAMINER?	TO MEDICAL				,		PLACE OF	DEATH (C	heck only one	9)			
YSIC	1 TYES 2 NO		HOSPITAL:	☐ ER/Outpat	ient 3 🗆 DOA	OTHE		ome 5 🗆 F	tesidence	6 🗆 Other	(Specify)			
ВУ РНУ	27. MANNER OF DEATH  1	Pending Investigation	26a. DATE O (Month,	F INJURY Day, Year)	28b. Ti	ME OF NJURY M	1	NJURY AT WORK? YES 2	□ NO	26d. DES	CRIBE HOW	NJURY OCC	URED	
ETED	3 Suicide 6 S	Could not be determined		OF INJURY - g, atc. (Specif)	- At home, ferm	, street, fa	ctory, of	fice			ATION (Street or Town, State)		or Rural i	Route Number,
2 Accident Investigation 3 Suicide 5 Could not be determined 28s. PLACE OF INJURY — At home, ferm, street, factory, office 29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.  29s. SIGNATURE AND TITLE 9F CERTIFIER 29s. DITTLE 9F CERTIFIER 29s. DITTLE 39s. DIT										d.				
S	2 MEI			examination	and/or Investigat	tion, in my	opinion	, death occ	ured at the	e time, date	and place, ar	nd due to the	cause(	i) and menner as stated.
BE	Par D	e d	noer	/ m	8				Z-3	SO S		29d. DATE	SIGNET	(Month, Day, Year)
5	DANGEL		RONCE		and the same of th	oe, Pfint)	44	0.01	601	3517	C M	was,	u	# 213
	31. DATE FILED (Month, Day			RAR'S SIGNAT	M D	-	>/2	VUR	5	PRIN	4 M	0 2	09	10/
	JUL 2	3 '90	Jul	ia David	bon-Rand	lace								
		14, 1-, 1	0											DUMM 18 Day

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

IMPORTANT: If Nem 28 is marked, or Nem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
	C	ERTIFICATE	O	F DEAT	TH		REG NO

	FOR STATE REGISTRAR	STATE OF MA					EALTH DEAT		MENTA	L HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Lest) IRA GILF	ORD ALEX	KANDER						MON1	of DEATH DAY		YEAR	3. TIME OF DEATH 5:55 PM M	
	4. SOCIAL SECURITY NUMBER 228-14-9720		AGE (In yrs. last	birthday) YRS.	IF UNDER	1 YEAR DAYS	# UNDER	24 HRS.	7. DATE	OF BIRTH		8. BIRTH	PLACE (State or Foreign ginia	
OR	98. FACILITY NAME (If not institution, give st 1519 Clayton Road	,				орра Береро	R LOCATIO	ON OF DEA		9c. COUNTY OF DEATH Harford				
DIRECT	10a. STATE 10b. COUNTY Maryland Ha	rford		10c. CITY, TOWN OR LOCATION  Joppa									10d. INSIDE CITY LIMITS? 1  YES 2 NO	
ERAL	100. STREET AND NUMBER 1519 Clayton Road	· <del>-</del> ·		101. ZIP CODE 21085							109. CITIZEN OF WHAT COUNTRY? USA			
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 3 IF YES, GIVE WAR	ČYES 2 □N OR DATES		1 0	f yes, sp		n, Maxican	, Puarto	N? (Specify Yea Rican, atc.)	or No-	Speci	E — American Indian, k, White, atc. fly: ite	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) Cottege (1-4 or 5+)	(Gr	EDENT'S We kind of the Do NOT us	se retired.)	CCUPATIO	N st of workin	9	16	Coal	INESS/IND	USTRY		
BE COM	17. FATHER'S NAME (First, Middle, Last) Dave J. Alexa	nder					18. MOTH			Middle, Melden S White	Surname)			
5	Ollie M. Poling									Md. 2				
	20e. METHOD OF DISPOSITION 1		20b. PLACE of other pie	ice)	emet	ery				Ieban	on,	-	wn, Stata	
	21. SIGNATURE OF FUNERAL SERVICE LIC	M. P.	mas	111	Ho	ward		McCo	mas				me, P.A.	
	shock, or haart failure.	List only one cause	on each line	C	EPS1	S					ratory sm	rest,	Approximats interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	с	RAS A CONSEC	UENCE O	F):	MON	7	K	Lu	The state of the s				
CERTI	that initiated eventa resulting in death) LAST	d												
PHYSICIAN: MEDICAL	PART ii. Other significant condition	s contributing to de	eath but not r	esuiting	in the ur	ndarlyin	g cause (	given in	Part i.	24a. WAS AN PERFOR 1 TYES 2	MED?	246	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO	
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE	-	ACE OF D	EATH (Che	ick only o	one)				
IYSI	1 TYES 2 NO	1 Inpatient 2 E				sing Hor		sidence		er (Specify)		CURED	_	
ВУ РН	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF IN (Month, Day,	Year)		JURY M	1 🗌	PURY AT PRK?	NO	28d. DI	EŞCRIBE HOW II	NJURY OC	CURED		
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF I building, at	NJURY — At ho c. (Specify)	me, ferm,	atreet, fac	tory, offic				CATION (Street a y or Town, State)	and Number	r or Ruml	Route Number,	
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated.													
BE	29b, SIGNATURE AND TITLE OF CERTIFIE	- 5	m)				29c. LIC	ENSE NUM	(BER			E SIGNED	Month, Day, Year)	
2	30. NAME AND ADDAMS OF PERSON WH	O COMPLETED CAUSE	OF DEATH (ITE	M 27) (Type	e, Print)	cu	el	0	20	1 20	40	<del></del>		
	31, DATE FILED (Month, Day, Year)	32. REGISTRAR	S SIGNATURE		0									

TO BE COMPLETED BY FUNERAL DIRECTOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

									_				
1. DECEDENT'S NAME (First, M HELENE PEARI		KER							2. DATE OF DEATH DAY JULY 20 1990				3. TIME OF DEATH  2:15 D N
4. SOCIAL SECURITY NUMBER	3	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BI			8. BIRTI	HPLACE (State or Foreign O
578-16-9372		1 M 2 XF	70	YRS.	MONTHS	DAYS	HOURS	MIN.	JANUAR	Year)	0.19	Count	COLUMBIA
9a. FACILITY NAME (If not insti	tution, give s	treet and number)			9b. CIT	Y, TOWN	OR LOCATI	ON OF DI		-		NTY OF E	
NATIONAL NAV	ZAT. MI	EDICAL CI	ENTER			BETE	IESDA				MOI	ינשכט	MERY
RESIDENCE OF DECE			3212210									NI GO	MEKI
10a. STATE	Ob. COUNTY	,		10c. CI	TY, TOWN	OR LOCA	ATION						10d. INSIDE CITY LIMITS?
MARYLAND	MONT	GOMERY		SI	LVER	SPR	RING						XX YES 2 NO
10e. STREET AND NUMBER						10	of. ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?
102 WHITMOOF	TER	RACE				1	20901				UNIT	red	STATES
11. MARITAL STATUS		12. WAS DECEDER	T EVER IN U.S.	ARMED	13	. WAS DE	CENDENT		NIC ORIGIN? (Sp			14. RAC	E — American Indian, ck, White, etc.
1 Never Married 2 M 3 Widowed 4 Divorce			MAR OR DATES	21110		1 YE	S 2X NO	Specif		arc.)		Spec	
													WHITE
15. DECEL (Specify only it	DENT'S EOU highest grade		18a.	(Give kind of	work done	e during m	TON nost of worki	ing	18b. KIND	OF BUS	SINESS/IN	DUSTRY	
Elementary/Secondary (0-1)	2)	College (1-4 or 5		life. Do NOT u		)							
12			H	OUSEW.	IFE					MES'			
17. FATHER'S NAME (First, Mide		TO					100		ME (First, Middle,				
EARL RAYMON		12						RESI		COOK			
19a. INFORMANT'S NAME (Typ				19b. MAILIN	G ADDRES	SS (Street	and Numbe	r or Rural	Route Number, Ci	ty or Tow	n, State, Zij	p Code)	
CHARLES J. B		<u> </u>		8450	ARDM	ORE	DR.	LAND	OVER M	D 20	0875		
20a/METHOD OF DISPOSITIO	N 3 ☐ Rem	oval from State	othe	CE OF DISPO				,		20c. LO	CATION —	City or T	own, Stata
4 Donation 5 Other (S			_ FOR	r LINC	V					BREN	TWOO	D. M	IARYLAND
21. SIGNATURE OF FUNERAL	SERVICE LI	CENSEE			F R	ANC.	AND ADDRE	SS OF FA	LINS FU	INER	АТ Ц	OME	TNC
KHA	HA	Car lase											,MD. 20901
23. PART i. Enter the dis	eases, or	complications the	at caused the	death, Do									Approximate
		List only one ca	use on each	iina.							•		Interval Batween
IMMEDIATE CAUSE (Fina disease or condition		HPPER	GI HEM	ОВВНАО	CE.								Onset and Seatt
resulting in death)		8	OR AS A CON										
	_		CELL L			D MT	ጥ ለ ፍጥ /	ידר					İ
Sequantially list condition if any, leading to immediate			OR AS A CON			K III	INULI	1110					
cause. Enter UNDERLYIN	G	V.											
CAUSE (Disease or injury that initiated events		DUE TO	OR AS A CON	ISEQUENCE (	OF):								
resulting in death) LAST		d.											
	-												
PART ii. Other aignifican	condition	a contributing to	daath but n	ot resulting	in the t	undarlyl	ng cause	given in	Part I. 24a.	PERFOI	AUTOPSY	24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
									1 [	YES 2	NO X		OF DEATH?
													1 TYES 2 X NO
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:				-	PLACE OF	DEATH (C	neck only one)				
1 TYES 2 X NO		ix Inpatient 2	☐ ER/Outpation	t 3 🗆 DOA	4   N		ma 5 🗆 R	laaldanca	8 - Other (Spe	ecify)			
27. MANNER OF DEATH		28a. DATE O	F INJURY Day, Year)	28b. TI	ME OF		NJURY AT		28d. DESCRIB	E HOW	NJURY OC	CURED	
1 Natural 5 P	ending vestigation	(			М		YES 2	□ NO					
2 Destate	ould not be		OF INJURY — A	t homa, ferm,	, atrest, fe	actory, off	fica		281. LOCATION			or Rural	Route Number,
	termined	- Contains	, area (openny)						Only or los	wn, Otato,	,		
29a. CERTIFIER 1 CERTIF	YING PHYS	ICIAN: To the best of	f my knowledge	. death occur	rred at the	time, da	ta and plac	a, and du	to the cause(a)	and me	nner en str	nted.	
(Original Oriny													(e) end manner ee stated.
29b. SIGNATURE AND TITLE (		P	,					ENSE NU					O (Month, Day, Year)
Kul	1.1	W7 (	DAL1	meli	lan		1	4024					20, 1990
30. NAME ANO A OORESS OF	PERSON WI									T 0 1 2			20, 1770
JOAN C. KISH				(	es, crutt)	BET	TUNAL HESDA	, NAV	AL MED: 20814-	-501	CEN	TER	

32. REGISTRAR'S SIGNATURE
Julia Davidson Aandell.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL OIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

31. DATE FILED (Morith, Day, JUL 23

BALTIMORE, MARYLAND 21203-3146

DHMH-18 Rev 1/89

DHMH-16 Rev 1/89

FOR STATE REGISTRAR

ó	within
1314	icate be executed within
K	8
6, P.O. BOX 13146,	certificate
Į.	death
3	the
Ĕ	that
ECC.	requires
	WE
₹	The
F 41	PSICIAN:
0	d.
DIVISION OF VITAL RECORDS,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate
É	OR.
	HOSPITAL
	꾿
	2

		1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE O				. TIME OF DEATH
		Rose	W		Bay1	iss					Ju1	y 15	, 199	O O	11:20 am
		4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (#r	n yrs. last b	oirtnday) IF L	INDER 1 YEA		IF UNDER 24 HRS.	7. DATE O	F BIRTH Day, Year)		8. BIRTHPL Country)	ACE (State or Foreign
P.		328-22-209		1 🗆 M 2 🔼 F	84	<u> </u>	YRS.				Jar	. 7,	1906		
3 should	æ	99. FACILITY NAME (If not in 9901 Indian			ond					LOCATION OF DE	ATH			TY OF DEA	
1, 2,	5	RESIDENCE OF DEC	EDENT		oau								Prince George's		
Pages	DIRECTOR	10a. STATE MD	10b. COUNT				10c. CITY, TO							-	Od. INSIDE CITY LIMITS?
Ĕ		10e. STREET AND NUMBER	FILL	ce George	28		г	C. W	_	ington			10a, CITI		XYES 2 NO
nsit pe	ERA	9901 Indian	Queen	Point Ro	ı.				10.00	0744			J.S.A		
the bunal-transit permit, Pages 1, 2,	Y FUNERAL	11. MARITAL STATUS  1 Never Married 2		12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES	2 X NO		It yes	s, speci	IDENT OF HISPAN Ify Cuban, Maxican NO Specify	n, Puerto R		or No-	– American Indian, White, atc.	
	D BY	3 Widowed 4 Divo													hite
esn.	ETED	(Specify only	EDENT'S EDU y highest grade	completed)		(G/ve	EDENT'S USUA kind of work of NOT use reti	done during		of working	16b.	KIND OF BU	SINESS/IND	USTRY	
od for	PLE	Elementary/Secondary (0	College (1-4 or 5+	, [		memak					At	Home			
detach once.	COMPL	17. FATHER'S NAME (First, M	liddie, Last)						18. MOTHER'S NAME (First, Middle, Maiden S						
d be	BE (	Chester A		on						Unkno				_	
5 should notified	10	John Wallace								Number or Rural F					
bage page		20a. METHOD OF DISPOSIT	ION		20b.	PLACE OF	F DISPOSITIO			tery, crematory or	nt Ko		t. Washington, MD		
must		132 Burisi 2 Cremetion 3 Removed from State 4 Donation 6 Other (Specify) Lakewood Cem. Minneapolis.										lis.	MN		
e funeral dir I. examiner		21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  JOSEPH Gawler's Sons, Inc.  5120 MT Area NIL Mark													
al.		>6 muel	raul	selhe	le	m				WI Ave.				20016	
the attending physician and completely filled in by the funeral director, page 5 should be detached for use as Mental Hyglene prior to burial, cremation, or removal. Ajury, or other traumatic event, the medical examiner must be notified at once.		23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fit disease or condition resulting in death)	eart fallure.	complications that List only one cau Sepsis			th. Do not e	enter the	mode	of dyling, such	h ss card	ac or raap	iratory arr	eat,	Approximate Interval Between Onset end Death
ai, crei		DUE TO (OR AS A CONSEQUENCE OF):  Massive tissue necrosis													
sician and completel vior to burlai, crema traumatic event,	NO	Sequantielly list conditions, DUE TO (OR AS A CONSEQUENCE OF)-													
sician prior t	CAT	cause. Enter UNDERLYING  Perpheral arterial occlusion—bilateral													
ing phy giene p	RTIFICATION	that Initiated events  DUE TO (OR AS A CONSEQUENCE OF):													
tal Hy	CER	resulting in desth) LAST												ļ	
n signed by the att if Health and Mental ows any injury,		PART II. Other significa		_	desth be	ut not re	suiting in th	na under	riying	ceuse given in	Pert I.	24s. WAS AN			VERE AUTOPSY FINDINGS IVAILABLE PRIOR TO
signed by the Health and I nows any in	DICAL	Urinary tra										1 TYES			COMPLETION OF CAUSE OF DEATH?
	ME	Suspected p	neumon	1a							_			1	YES 2 NO
has been Dept. of H n 23 sho	AN	25. WAS CASE REFERRED T	O MEDICAL	1					DI A	CE OF DEATH (Ch	ack only on				
certificate has been the State Dept. of, or item 23 sh	SICIAN:	EXAMINER?	O MEDICAL	HOSPITAL:	ER/Outp	etient 3		HER:		5 Alesidence					
th the	높	27. MANNER OF DEATH		28a. DATE OF (Month, D	INJURY		28b. TIME OF		c. INJUF	RY AT		CRIBE HOW	INJURY OC	CURED	
After this of death with s marked,	ву Р	1 A Netural 5	Pending Investigation	(1707.117, 25				M 1		\$ 2 NO					
after d	ETED 8	a C Guistala	Could not be determined	28a. PLACE O building,	F INJURY atc. (Spec	— At hom	ne, term, stree	t, factory,	office			TION (Street or Town, State		or Rural Ro	ute Number,
1 8 to	MPL	one)		ER: On the best of											and menner as stated.
With	8	29b. SIGNATURE AND TITLE	E OF CERTIFIE	14		-0			1	29c. LICENSE NUI	MBER	-	29d. DAT	E SIGNED (	Month, Day, Year)
TO THE FUNERA  be filed within 7  IMPORTANT:	TO BE	Slewer Stewart mr													
10		20. Mame and address of person who completed cause of death (ITEM 27) (Type, Print)  Eleanor S. Stewart, M.D. 5100 Auth Way, Suitland, MD 20746													
		31. DATE FILED (Month, Day,		32. REGISTRA	AN'S SIGN	ATURE	do PO								
	ш	JUL 2 0	50	0	A PARTIE	-	1								20000 11 21 2

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1

	•
13146,	Sales of the last in
BOX	4. 4. 4.
P. 0	*
OF VITAL RECORDS, P.O. BOX	Table to the second of the sec
VITAL	-
OF	-
DIVISION	
Ö	

9 OF K akenei Darrell A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 8 BIRTHRI ACE (State IF UNDER 24 HRS. 1 1 1 2 | F 9e. FACILITY NAME (If not inelitution, y... Hand Pages 1, 2, 3 should 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Mostgomen SI VET-S DRAC DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY FOTESTV 11ac 1 YES 2 NO permit. 10g. CITIZEN OF WNAT COUNTRY? FUNERAL 20747 VE NUE use as the burial-transit 12. WAS DECEDENT EVER IN U.S. ARMED 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, alc. FORCES? 1 YES 2 IF YES, GIVE WAR OR OATES it yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Men BY 3 Widowed 4 Divorced Black COMPLETED 15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION 16b. KINO OF BUSINESS/INOUSTRY (Give kind of work done during most of working life, Do NOT use retired.) (Specify only highe detached for Elamentary/Secondary (0-12) College (1-4 or 5 +) N/A 0 17, FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname, Blakenes TENCE director, page 5 should be ਜ notified 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Terence & Pamela Blakenev Tulip Avenue, Forestville, MD 20747 be 20a. METHOD OF DISPOSITION
1 □ Burlal 2 ☒ Cremellon 3 □ Re
4 □ Donation 5 □ Other (Specify) \_\_\_\_ 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State must Suburban Crematory Silver Spring, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSES Rapp Funeral Sent examiner funeral Services, P. A. 933 Gist avenue, Silver Spring, MD 20910 attending physician and completely filled in by the cremation, or removal. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line. Interval Between Onset and Death Extreme Prematurity--22 weeks gestation IMMEDIATE CAUSE (Final the disease or condition\_ EMPREME event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF) Hygiene prior to burial, traumatic MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseasa or Injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST een signed by the atter of Health and Mental item 23 shows any injury, 24a. WAS AN AUTOPSY PERFORMED? PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 ☐ YES 2 ☐ NO OF DEATH? 1 | YES 2 | NO certificate has been h the State Dept. of I PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 TES 2XXNO ng Home 5 - Realdence 6 - Other (Specify) 10 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 26d. DESCRIBE HOW INJURY OCCURED with 28 is marked, this 1 Natural 1 YES 2 NO BY After t \_\_ Accident 26s. PLACE OF INJURY — At home, farm, streel, factory, offica building, atc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Town: State) 3 Suicide 6 Could not be DIRECTOR: / COMPLETED 4 Homicide Item 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. FUNERAL C MPORTANT: IF 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29d. DATE SIGNED (Month, Day, Year) BE 王 5 ASAL July 14, 1990 223 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 0 Garth Asay, M. 1500 Forest Glen Road, Silver Spring, MD 20910 D. 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 9 '90 whia Davidson Randoll. DHMH-18 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Blakenev

July 15, 1990

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Helen

E.

Berger

တ်
4
5
×
BOX
0
D.
ທົ
Ö
RECORDS,
ECC
W
Z
=
OF VI
ō
_
O
S
2
0

	4. SOCIAL SECURITY NUMBER	5. SEX	5. AGE (In yrs. last		IF UNDER 1	YEAR	IF UNDER	24 HRS. MIN.	7. DATE OF B (Month, Day	IRTH Year)		Country)	NCE (State or Foreign
	577–52–0051	1 □ M 2XXF	79	YRS.					August	9,			ylvania_
~	9a. FACILITY NAME (If not institution, give to				96. CITY, 1				EATN			NTY OF DEAT	
CTOR	6618 Juneau S	treet			For	est	vill.	e			Princ	ce Geo	rge's
DIREC	Maryland Prin	v ce Georgo	e's	_	y, town or orest								d. INSIDE CITY LIMITS?
FUNERAL	100. STREET AND NUMBER 6618 Juneau St	reet					2074					J.S.A.	
B⊀	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. ARI I YES 23(3)N MAR OR DATES		H	yes, sp		m, Maxica	NIC ORIGIN? (Sp an, Puarto Rican ly:		a or No— 14. RACE — American Indian, Slack, Whita, etc. SpecifyWhite		
PLETED	15. DECEDENT'S EDL (Specify only highest grade Elementary/Secondary (0-12)		+) (Gh	ve kind of a Do NOT us	usual occ work done du se rettred.)	ring ma	st of workir	ng			tion	DUSTRY	
BE COMPL	17. FATHER'S NAME (First, Middle, Last)  James Cupples							Ma		Bri	en		
2	190. INFORMANT'S NAME (Type/Print)  Carolyn Ann Fran	cavilla	1.5						estvil				
	26a. METNOD OF DISPOSITION  1 N Burlel 2 Cremetion 3 Ren 4 Donation 5 Other (Specify)	noval from State	20b. PLACE Cother pla	of Dispos	Ceme	ete	netery, crer L'Y	natory or				City or Town. Penn	sulvania
	21. SIGNATURE OF FUNERAL BETWICE LICENSEE  22. NAME AND ADDRESS OF FACILITY George P. Kalas Funeral Home 6160 Oxon Hill Rd. Oxon Hill, Md.  23. PART I. Enter the greeses, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest,   Approxim												
CERTIFICATION	ahock, or Men't failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due to (or as a consequence of):											Interval Between Onset and Dea MINUTES  Months  Years  Years	
: MEDICAL	PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  1 1											ERE AUTOPSY FINDING MILABLE PRIOR TO COMPLETION OF CAUSE F DEATH?  YES 2 70	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:		-		heck only one)	ecify)			
ВУ РНУ	27. MANNER OF OEATN  1 Neturel 5 Pending 2 Accident Investigation	28a. DATE O (Month,	F INJURY Day, Year)	28b. TIN	IE OF S	W	JURY AT DRK? YES 2 [	□ NO	28d. DESCRI	BE HOW I	NJURY OC	CURED	
0	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE building	OF INJURY — A1 ho j, etc. (Specify)	me, farm,	atreel, facto	ry, offic				N (Street wn, State)		r or Rural Rou	te Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS	SICIAN: To the best of											nd menner as stated
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE Adward 1. Co.	elles h	).					ENSE NU			29d, DAT	16/90	fonth, Day, Year)
7	50. NAME AND ADDRESS OF PERSON W Edward T. Cullen	, M.D. 51	103 Marl			, C	apito	o1 H	eights	Md	. 207	743	
	31. DATE FILEO (MOGIF), Day, Year), 90  32. REGISTRAR'S SIGNATURE  Julia Davidson-Randala												

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3. TIME OF DEATH

Α.

7:25

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

**Onset and Death** MINUTES

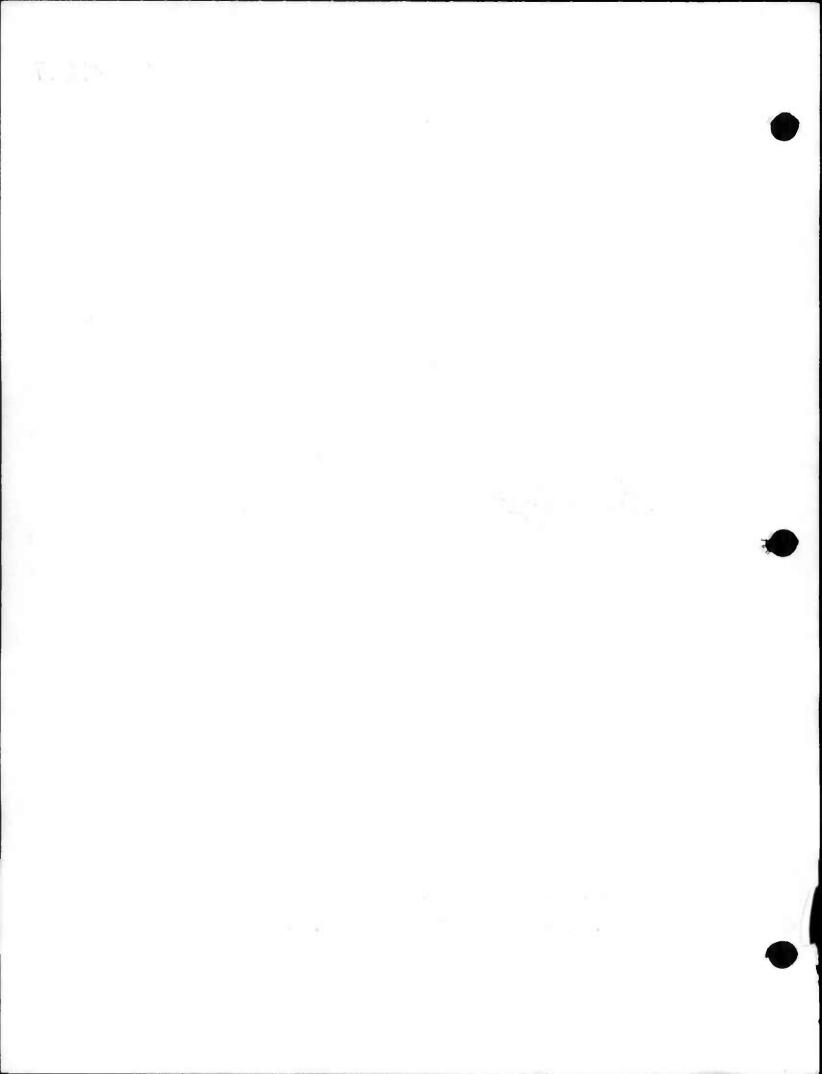
## BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the completely fled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTM CERTIFICA				GIENE	-		
ļ	1. DECEDENT'S NAME (First, Middle, Last) Hattie	Virginia	Best			2. DATE OF DI	EATH DAY	YEAR O	A .	ME OF DEATH
	4. SOCIAL SECURITY NUMBER 246-50-6522	6. SEX 6. AGE (I		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI (Month, Day, 5-4-]	RTH Year)		untry)	N.C.
OB		PRYLATIO (7	LOSPITIAL SO.	CITY, TOWN O	ATH /Y	7	RIM		GEORGES	
DIRECTOR	10a. STATE 10b. COUNTY  M. P. (	2		on Hil			INSIDE CITY LIMITS? YES 22 NO			
	10e. STREET AND NUMBER				ZIP CODE		10	g. CITIZEN C		
FUNERAL	7907 Indian Head				20745			USA		
BY FU	11. MARITAL STATUS 1 Never Married 2 Married  1 Nover Married 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 KNOK	If yes, spe	ENDENT OF HISPANI city Cuben, Mexican 2 XXVO Specify:	n, Puerto Rican,			lack, Whit	nerican Indian, ia, atc. Trite
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	CATION completed) College (1-4 or 6+)	16e. DECEDENT'S USU (Give kind of work life. Do NOT use rel	AL OCCUPATIO done during mos lired.)	N It of working			SS/INDUSTR	Υ	
MP	10 17. FATHER'S NAME (First, Middle, Last)	0	Homemak	er	16. MOTHER'S NAM		1 Home			
	Oscar Van Butle	r			Olivia		Melderi Suri	ramu)		
TO BE	19a. INFORMANT'S NAME (Type/Print) Michael Best			oress (Street a	nd Number or Rural R		ty or Town, St	tate, Zip Code	)	
	20s. METHOD OF DISPOSITION 1-1 Burlai 2 Cremation 3 Ramo 4 Donation 6 Other (Specify)	ovel from State A	other place) rlington N	lat'1 C	emetery		Arlin	ngton,	Va.	
	21. SIGNATURE OF FUNE DEL SERVICE LIC	ENSEE 1	5	6633	on, Maryl	ander 1	Ferry	ral Ho Road	me,I	nc.
	23. PART I. Enter the diseases, prosphere in the process of condition resulting in death)	DIMPICE ON A THE CAUSE ON A CAUSE OF A SA A PURCO OR AS A PURCO	CONSEQUENCE OF):		and			ory arrest,		Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	9 90	لمثع					
PHYSICIAN: MEDICAL C	PART II. Other eignificant condition	e contributing to death b	nt not resulting in t	he underlying	g cause given in		WAS AN AUT PERFORME YES 2	D?	COM OF D	E AUTOPSY FINDINGS LABLE PRIOR TO PLETION OF CAUSE MEATH? YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	100	26. PL	ACE OF DEATH (Che	eck only one)				
YSI	1 YES 2 NO	1   Inpetient 2   ER/Outp	petient 3 DOA 4	☐ Nursing Hom	e 6 - Residence	8 Other (Spi		INV COOLINE		
ву Рн	1. Natural 6 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	M 1 🗆 1	RK? (ES 2 NO					_
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	' — Al home, farm, stree cify)	et, factory, offic	•	261. LOCATION City or Tox	N (Street and wn, State)	Number or Re	iral Route i	Number,
COMPLETED	CONSUR OTHY	CIAN: To the best of my know R: On the basis of examination							use(s) and	manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	Tarenty	no (otten	land /	29c. LICENSE NUN	MBER 523	21	DATE SIG	NED (Mon	eh, Day, Year)
0	30. NAME AND ADDRESS OF PERSON WH	-		,	9 0000					
	31. DATE FILED (Mouth, Day, bed)	anberg MD 32 MEGISTRAR'S SIGN Fulia Davidson	5711 Aller	ntown I	Rd #301	Camp S	pring	s, Ma	ryla	nd 20746



Pages 1, 2, 3 should

permit.

use as the burial-transit

ĮQ.

ched

9	deta		OUC
2	pe		ᅗ
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a cours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be deta		IMPORTANT: II item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at onc
2	90		e n
6 шау	ctor, pa		nust b
age	dire		16
death. P	funeral		хати
Ter	the	oval.	ale
2	4	E	dic
3	ed ir	0.	E
3	A fill	tion,	the
Within 5	mpleteh	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	ivent,
ntec	00	lujal,	9
exe	anc	0	mat
20	cian	0	ne
cate	hysi	e bu	er t
THE STATE OF	D D	giene	othe
n ce	udir	Ŧ,	0
deat	atte	еща	ž
the	the	Ž.	Inju
that	d b	ank I	my
es :	gne	eatth	60
inba	S Lie	THE TO	NO.
W L	bee	pt. c	3 8
le la	has	e De	П 2
F	cate	State	Re
CIA	ertifi	the	0
133	is c	HIL	ed,
20	er th	W 45	ark
NO	Afte	dea	ES
TEN	08:	ther	28 1
A AT	RECT	MS 3	E
Ô	0	100	<u>=</u>
PITA	R	72	E
100	N.	vithir	AN
부	平	w pa	DRT
T O	10	e fil	MP

223

2

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

30 REGISTBAR'S SIGNATURE
Funa Davidson-Randelle

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH - 20-1990 10:05 AM MIRIAM DINSMORE BECKNER 7. DATE OF BIRTH (Month, Day, Year) 04-15 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS 18 New York 1 M 2 X F 072-05-9097 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Greenbelt Nursing Center Greenbelt Prince George's RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY Maryland Prince George's Beltsville 1 YES 2 NO 10a, STREET AND NUMBER 10f. ZIP COOE 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10422 44th Avenue 20705 U.S.A. 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

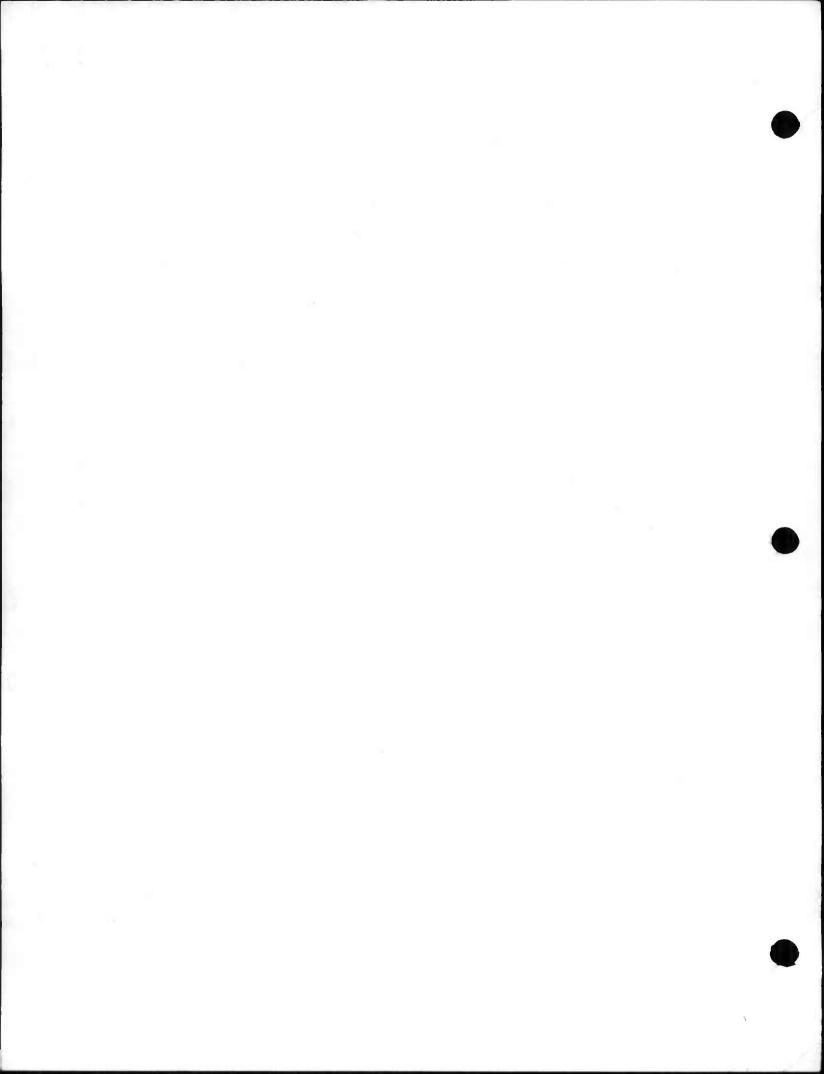
1 YES 2 NO Specify: 1 Never Married 2 Merried BY 3 Widowed 4 Divorced White ETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compi Flementary/Secondary (0-12) College (1-4 or 5+) COMPL 12th Grade Secretary F.B.I. & Dept. of Agriculture 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surnama) John Knox Dinsmore Mary Jane Simpson H 19e, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 Ernest T. Beckner [Husband] 10422 44th Avenue, Beltsville, Md. 20705 20e, METHOD OF DISPOSITION

1 (XBuriel 2 Gremation 3 Removal fr
4 Donation 5 Other (Specify)

21. SIGNATURE OF FUTERIAL SERVICE ALCENSE 20c. LOCATION — City or Town, State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or Fort Lincoln Cemetery Brentwood, Maryland 22. NAME AND ADDRESS OF FACILITY Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Ave., Hyattsville, Md 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, Approximate shock, or heart failure. List only one cause on each line. Onset and Death IMMEDIATE CAUSE (Final Bespiratory DUE TO OR AS A CONSEQUENCE OF: disease or condition reaulting in death) Dementia year PHYSICIAN: MEDICAL CERTIFICATION Sequantistiy ilst conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in dasth) LAST PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE ymphoma 1 TYES 2 THO OF DEATH? 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF OEATH (Check only one) HOSPITAL: 1 TYES 2 NO lent 2 - ER/Outpetient 3 - DOA e 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28e. OATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 284 DESCRIBE HOW INJURY OCCURED INJUR 1 Netural 5 Pending 1 YES 2 NO BY Investigation 2 Accident 28e. PLACE OF INJURY — Al home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) Sulcide 3 6 Could not be COMPLETED 4 Homicide determined 1 DEFITIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(a) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basic of exemination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner as stated. 29d. DATE SIGNED (Month, Day, Year) 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 5

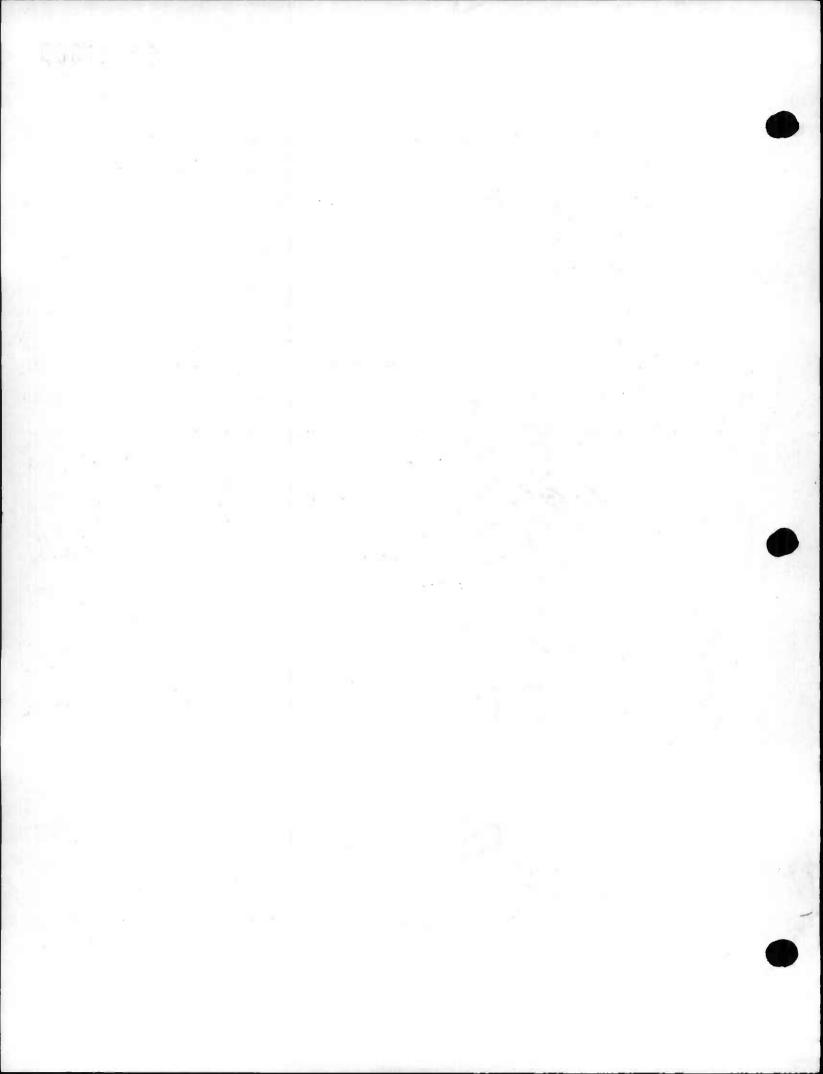
Saints

070



	100.
	7
_	6
, ph	9
ဖ	:
4	3
4	4
ന	-
-	
BOX 13146	
_	4
0	- 5
m	1
_	4
-	1
0	
P.0.	4
ш.	1
95	7
ഗ	1
0	1
-	
<u></u>	4
0	1
Ō	
1	
RECORDS,	П
II.	
-	
Q.	ā
-	-
=	- 3
~	i
111	1
~	1
OF VITAL	1
-	
~	1
0	1
=	1
CO	1
NISI	-
-	

Part II, Other significant conditions, If any, leading in death)   College (Processes)   Conditions, If any, leading in death)   College (Processes)   Conditions, If any, leading in death)   College (Processes)   Conditions, If any, leading in death)   College (Processes)   Conditions, If any, leading in death)   College (Processes)   Conditions, If any, leading in death)   College (Processes)   Conditions, If any, leading in death)   College (Processes)   Conditions, If any, leading in death)   College (Processes)   Conditions, If any, leading in death)   College (Processes)   Conditions, If any, leading in death)   College (Processes)   Conditions, If any, leading in death)   College (Processes)   Conditions, If any, leading in death)   College (Processes)   Conditions, If any, leading in death)   College (Processes)   Conditions, If any, leading in death)   College (Processes)   Conditions, If any, leading in death)   College (Processes)   Conditions, If any, leading in death)   College (Processes)   Conditions, If any, leading in death)   College (Processes)   Conditions, If any, leading in death)   College (Processes)   Conditions, If any, leading in death)   College (Processes)   Conditions   College (Processes)   Conditions   College (Processes)   Conditions   College (Processes)   Conditions   College (Processes)   Conditions   College (Processes)   Conditions   College (Processes)   Conditions   College (Processes)   Conditions   College (Processes)   Conditions   College (Processes)   College   Conditions   College   C	ATAI									
230-30-9682	DAY	YEAR 3. TIME OF DEATH								
BOUND THE DOTAIN AND (IN CONTROL OF STATE CALLET NAME (IN CONTROL		8. BIRTHPLACE (State or Foreig								
THE BISTORING OF DECEDENT    100. STREET AND NUMBER   95.21 Badger Ave.   100. ZIP CODE	-1931 V	Washington, D								
Top   Street and Number   Tot   Zip Code	Sou Thern Md. Hospital Clinton P.G.  Residence of pecepent									
11. MANTAL STATUS		10d. INSIDE CITY LIMITS? 1 YES 2 X NO								
11. MANTAL STATUS										
Elementary/Secondary (p-12)   College (1-4 or 5+)   Bindery Worker   Set   Dept   10th   Bindery Worker   Set   10th   Set   10th   Bindery Worker   Set   10th   Bindery Worker   Set   10th   Bindery Worker   Set   10th   Bindery Worker   Set   10th   Bindery Worker   Set   10th   Bindery Worker   Set   10th   Bindery Worker   Set   10th   Bindery Worker   Set   10th   Bindery Worker   Set   10th   Bindery Worker   Set   10th   Bindery Worker   Set   10th   Bindery Worker   Set   10th   Bindery Worker   Set   10th   Bindery Worker   Set   10th   Bindery Worker   Set   10th   Bindery Worker   Set   10th   Bindery Worker   Set   10th   Bindery Worker   Set   10th   Bindery Worker   Set		14. RACE — American Indian, Black, White, etc. Specify: White								
Richard Calvin Swann    Recommendation	work done during most of working se retired.)  Federal Government									
Richard Calvin Swann    Research	t. of La	abor								
DATO L. Gue  1706 Gaffney Ct. Crofton, N.  20e, METHOD OF DISPOSITION 1 Burdal 2 Dremation 3 Removal from State 4 Donation 5 Office (Specify) 21. Burdal UNE DE SENSIAL SERVICE LICENSES  22. NAME AND ADDRESS OF FACILITY George P. Kalas Fur 6160 Oxon Hill Rd.  23. PART I. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cardiac or shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Finel diseases or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  24. PLACE OF DEATH (Check only one)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  26. PLACE OF INJURY A INJURY WORKY WORKY A WORKY	,									
20a, METHOD OF DISPOSITION   1										
22. NAME AND ADDRESS OF PACILITY George P. Kalas Fur 6160 Oxon Hill Rd.  23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or shock, or heert fellure. List only one cause on esch line.  IMMEDIATE CAUSE (Finet disease or conditions are until graph of the cause of the death. Do not enter the mode of dying, such as cardiac or shock, or heert fellure. List only one cause on esch line.  IMMEDIATE CAUSE (Finet disease or conditions are until graph of the cause of the mode of dying, such as cardiac or cause or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (O	20c. LOCATION — C	City or Town, State								
23. PART I. Enter the diseases, or complications that caused the death. Do not entar the mode of dying, such as cardiac or shock, or heart fellure. List only one cause on each line.    MMEDIATE CAUSE (Fined disease or condition resulting in death)	22. NAME AND ADDRESS OF FACILITY George P. Kalas Funeral Home									
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  24. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  24. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1	disease or condition resulting in death)  OUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury Consequence of Injury Consequence of Injury Consequence or									
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES   2   NO   28. PLACE OF DEATH (Check only one)  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH    Nutral   5   Pending Investigation   28. DATE OF INJURY   2										
EXAMINER?  1 YES 2 NO  1 West 2 NO  28e. DATE OF INJURY  1 Natural 5 Pending Investigation 3 DOA 4 Nursing Nome 5 Residence 8 Other (Specific North, Dey, Year)  28e. DATE OF INJURY 28b. TIME OF INJURY AT WORK?  28e. PLACE OF INJURY At home, farm, street, factory, office  28e. PLACE OF INJURY At home, farm, street, factory, office  28e. PLACE OF INJURY At home, farm, street, factory, office  28e. PLACE OF INJURY At home, farm, street, factory, office  28e. PLACE OF INJURY At home, farm, street, factory, office  28e. PLACE OF INJURY At home, farm, street, factory, office  28e. PLACE OF INJURY AT work of the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) of the country of the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) of the country of the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) of the country of the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) of the country of the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) of the country of the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) of the country of the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) of the country of the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) of the country of t	WAS AN AUTOPSY PERFORMED? YES 2 DINO	24b, WERE AUTOPSY FING AVAILABLE PRIOR TO COMPLETION OF CAI OF DEATH?								
28e. DATE OF INJURY (Month, Dey, Year)  28e. DATE OF INJURY (Month, Dey, Year)  28e. Natural 5 Pending Investigation 2 Accident 3 Suicide 5 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. LOCATION City or Town 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and piece, and due to the cause(e) of the country one) 2 MEDICAL EXAMINER: On the best of aximination and/or investigation, in my opinion, death occurred at the time, date and piece.	EVA MINER?									
2 Acoldent Investigation 3 Suicide 5 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and piles.	city) E NOW INJURY OCC	CURED								
29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) of my knowledge, death occurred at the time, date end place, end due to the cause(e) of my knowledge, death occurred at the time, date end place, end due to the cause(e) of my knowledge, death occurred at the time, date end place, end due to the cause(e) of my knowledge, death occurred at the time, date end place, end due to the cause(e) of my knowledge, death occurred at the time, date end place, end due to the cause(e) of my knowledge, death occurred at the time, date end place, end due to the cause(e) of my knowledge, death occurred at the time, date end place, end due to the cause(e) of my knowledge, death occurred at the time, date end place, end due to the cause(e) of my knowledge, death occurred at the time, date end place, end due to the cause(e) of my knowledge, death occurred at the time, date end place, end due to the cause(e) of my knowledge, death occurred at the time, date end place, end due to the cause(e) of my knowledge, death occurred at the time, date end place, end due to the cause(e) of my knowledge, death occurred at the time, date end place, end due to the cause(e) of my knowledge, death occurred at the time, date end place, end due to the cause(e) of my knowledge, death occurred at the time, date end place, end due to the cause(e) of my knowledge, death occurred at the time, date end place, end due to the cause(e) of my knowledge, death occurred at the time, date end place, end due to the cause(e) of my knowledge, death occurred at the time, date end place, end due to the cause(e) of my knowledge, death occurred at the time, date end place, end due to the cause(e) of my knowledge, death occurred at the time, date end place, end due to the cause(e) of my knowledge, end due to the cause(e) of my knowledge, death occurred at the time, date end place, end due to the cause(e) of my knowledge, end due to the cause(e) of my knowledge, end due to t	M 1 YES 2 NO  2 Accident Investigation 3 Suicide 5 Could not be  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office City or fown. State)									
	4 Homicide determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner se stated. 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner se stated.									
10. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  ARUN-1 7-16472-1 8926 WOOD X and Red	- Clini	7-21-80								



3. TIME OF DEATH

2. DATE OF DEATH

	BESSIE EM	MA BLACK	BURN						TUTY		1990	YEAR	7:30 AM
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. les	,,,	IF UNDER	DAYS	IF UNDER	MIN.	7. DATE ( (Month)	Day, Year)		6. BIRTHPLA Country)	ACE (State or Foreign
	205-16-6419	1 D M 2 D F	82	YRS.						7 1			AROLINA
œ	9e. FACILITY NAME (If not institution, give								NTY OF DEATH				
DIRECTOR	LAURELWWOD NURSING HOME				_	293	KTO	N			CE	CIL	
	10e. STATE 10b. COUNT				Y, TOWN	OR LOCAT	ION					10	d. INSIDE CITY LIMITS?
5	MARYLAND	CECIL			ELK'	TON						1	☐ YES 2XXVO
<u> </u>	10e. STREET AND NUMBER	10f. ZIP CODE						10g. CITIZEN OF WHAT COUNTRY?					
	3044 SINGERLE						21921					USA	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA	YES 2 VI	NO NO			cify Cuba		n, Puarto A	? (Specify Ye lican, atc.)	n or No-	14. RACE — Black, W Specify:	American Indian, /hite, atc. WHITE
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad		(G	CEDENT'S	work done	during mo	N st of workin	107	16b.	KIND OF BU	SINESS/INDL	ISTRY	
	Elementary/Secondary (0-12) UNKNOWN	College (1-4 or 5+)		Do NOT u							****	* ***	
MP			1	HOUS	EW L	FE					HOM	1E	
	17. FATHER'S NAME (First, Middle, Last) NOAH WATSON									Niddle, Malden	,		
BE	19a. INFORMANT'S NAME (Type/Print)		19	h MAILING	ADDRES	S /Street =					n, State, Zip	Codel	
2	CHARLES F. BLA	CKBURN									N, MA		MD
	20a, METHOD OF DISPOSITION		20b. PLACE	OF DISPO					2 7 33		CATION - C		
	1 Buriel 2 Cremetion 3 Rer 4 Donation 5 Other (Specify)	noval from Stata	BILL	ZAI	R M	EMOF	IAL	GAI	RDEN	S B	EL AI	R. M	ID.
- 1	21, SIGNATURE OF FUNERAL BERYICE L	CENSEE	///	/	22,	NAME AN	D ADDRE	SS OF FA	FIIN	EPAT.	HOME	1	
	1/1/	1000	N	_	'					ARYL		4	
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in dasth)  Sequentially list conditions, if any, leeding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reculting in deeth) LAST	. AS	M I.	OUENCE O	PF):								Onset and Death
: MEDICAL	PART II. Other significent conditions contributing to death but not resulting					nderlyin	cause :	given in	Part I.	24s. WAS AF PERFO 1 YES	RMED?	CO	PRE AUTOPSY FINDINGS MAILABLE PRIOR TO MPLETION DF CAUSE F DEATH?  YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					26. PI	ACE OF C	EATH (Ch	eck only on	e)			
SIC	1 WES 2 DO	HOSPITAL:	ER/Outpatiant	DOA	OTHE 4 X Nu		• 5 🗆 R	naldanca	6 🗆 Other	r (Specify)			
BY PHYSICIAN	27. MANNER OF DEATH  1 Natural 5 Pending investigation	27. MANNER OF DEATH  1 Natural 5 Pending  28a. OATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY INJURY					OF 28c. INJURY AT 28d. DESCRIBE H			CRIBE HOW	OW INJURY OCCURED		
	n D Bulates —	3 Suicide 6 Could not be 28s. PLACE OF INJURY — At home, farm, street, facto building, stc. (Specify)					actory, office  281. LOCATION (Street end Number or Flural Route Number, City or Town, State)					te Number,	
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	SICIAN: To the bast of a											nd manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFI	ER					29c. LIC	ENSE NUI	MBER		29d. DATE	SIGNED (M	lonth, Day, Year)
10 BE	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUS	E OF DEATH (ITE	M 27) (Typ.	e, Print)		DO	148	23		<b>&gt;</b> /	7/19	1/90
	Jui Chih 31. DATE FILED (Month, Day, Year)	Hsu.	MD R'S SIGNATURE		23	N	bot	9	nai	M 5	st E	Flete	en Md
	JUL 23 '90		doon-Pan	dell									DHMH-16 Rev 1/89

pedif 01

X

DHMH-15 Rev 1/89

edical examiner must be notified at once.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
in by the funeral director, page 5 should be detacher removal.	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely med in by the funeral director, page 5 should be defach be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.
urs after death. Page 6 may be retained by the hos	TO THE HOSPITAL OR ALTENDING PHYSICIAN: The law requires that the death certificate be executed with
BALTIMORE, MARYLAND	DIVISION OF VITAL RECORDS, P.O. BOX 13146,

Union Hospital of Cecil County Elkton    Testicence of Decement   Testi	927 Nor 9c. COUNTY OF Cecil 10g. CITIZEN OF U.S.A										
4. SOCIAL SECURITY NUMBER  21.4 - 24 - 84.19  10. W 2	927 Nor 9c. COUNTY OF Cecil 10g. CITIZEN OF U.S.A	3. TIME OF DEATH 00:55 M									
See, PACALITY NAME (If not institution, give sheet and number)  UNION HOSPITAL  INC. STATE	9c. COUNTY OF  Cecil  10g. CITIZEN OF  U.S.A	THPLACE (State or Foreign									
10   28   SChool House Lane   10   29   Code   21   90   10   10   10   10   10   10   1	109. CITIZEN OF										
10   28   SChool House Lane   10   29   Code   21   90   10   10   10   10   10   10   1	U.S.A										
10   28   SChool House Lane   10   29   Code   21   90   10   10   10   10   10   10   1	U.S.A	10d. INSIDE CITY LIMITS?									
South of the property   Sout	U.S.A	1 TES SONO									
South of the property   Sout											
Harry Wilson  19b. MALING ADDRESS (Street and Number or Flural Poulse Number. Clark Forth)  19b. MALING ADDRESS (Street and Number or Flural Poulse Number. Clark Four Town.)  20b. METHOD OF DISPOSITION 10/Surfal 2   Cremetion 3   Removal from State 4   Donation 5   Chipargeolity 21. SIGNATURE OF persignal sectors in the state of part of the state of part of the state	Bla	CE — American Indian, ick, White, etc. hite									
Harry Wilson  19b. MALING ADDRESS (Street and Number or Flural Poulse Number. Clark Forth)  19b. MALING ADDRESS (Street and Number or Flural Poulse Number. Clark Four Town.)  20b. METHOD OF DISPOSITION 10/Surfal 2   Cremetion 3   Removal from State 4   Donation 5   Chipargeolity 21. SIGNATURE OF persignal sectors in the state of part of the state of part of the state	NESS/INDUSTRY	7.99									
Harry Wilson  19b. MALING ADDRESS (Street and Number or Flural Poulse Number. Clark Forth)  19b. MALING ADDRESS (Street and Number or Flural Poulse Number. Clark Four Town.)  20b. METHOD OF DISPOSITION 10/Surfal 2   Cremetion 3   Removal from State 4   Donation 5   Chipargeolity 21. SIGNATURE OF persignal sectors in the state of part of the state of part of the state	ng										
The information of dispersion to the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respirations are disease or condition resulting in death)  NOTE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  The initiated events reaulting in death) LAST  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  28. MAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   MO  29. PLACE OF DISPOSITION (Name of cemetary, crematory or contribution from the contribution of cemetary, crematory or contribution from the contributing in the underlying cause given in Part I.  29. PLACE OF DEATH (Check only one)  20. PLACE OF DEATH (Check only one)  20. DUE TO (OR AS A CONSEQUENCE OF):  20. PLACE OF DEATH (Check only one)  21. SIGNATURE OF DEATH (Check only one)  22. MAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   MO  23. PLACE OF DEATH (Check only one)  24. MAILING ADDRESS (Street and Number of Rural Route Number (City or Rown)  25. MAIL NOT A CONSEQUENCE OF DISPOSITION (Name of cemetary, crematory or contribution from State of cemetary, crematory or contribution from State of cemetary, crematory or contribution from State of cemetary, crematory or contribution from State of cemetary, crematory or contribution from State of cemetary, crematory or contribution from State of cemetary, crematory or contribution from State of cemetary, crematory or contribution from State of cemetary, crematory or contribution from State of cemetary, crematory or contribution from State of cemetary. Crematory or contribution from State of cemetary.  25. MAINTER OF DEATH (Check only one)  26. DUE TO (OR AS A CONSEQUENCE OF):  27. MAINTER OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  29. PLACE OF DEATH (Check only one)  20. Accident of the contribution from State of cemetary. Contribution from State of cemetary.  29. PLACE OF DEATH (Check only one)  29. PLACE OF DEATH (Che											
20s. METHOD OF DISPOSITION    20s. METHOD OF DISPOSITION   20s. PLACE OF DISPOSITION (Name of cemetary, crematory or place)   20s. LOCAL   20s. Method   20s. Content   20s	State, Zio Code)										
12 Surial 2   Cremation 3   Removal from State   NOTA East Methodist Cemetery	East,	MD 21901									
Crouch Funeral Home 127 S. Main St. Nor  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respirations above, or heart fallure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  A CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSE	North										
AND AND A CONSEQUENCE OF):    March   Condition   Cond		st, MD									
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN A PERFORM 1   YES 2    25. WAS CASE REFERRED TO MEDICAL  EXAMINER? 1   YES 2   NO   NO   NO    26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH 1   Netural   S   Pending   28a. DATE OF INJURY   26b. TIME OF   3   NO   NUMBER   26c. INJURY AT   3   WORK? 4   NUMBER   26c. INJURY AT   4   NUMBER   26c. INJURY AT   5   Pending   6   NO   NUMBER   26c. INJURY AT   7   NO   NUMBER   26c. INJURY AT   8   NO   NUMBER   26c. INJURY AT   8   NO   NUMBER   26c. INJURY AT   8   NO   NUMBER   26c. INJURY AT   9   NO   NUMBER   26c. INJURY AT   1   YES 2   NO   NUMBER   26c. INJURY AT   1   YES 2   NO   NUMBER   26c. INJURY AT   1   YES 2   NO   NUMBER   26c. INJURY AT   8   NO   NUMBER   26c. INJURY AT   9   NO   NUMBER   26c. INJURY AT   1   YES 2   NO   NUMBER   26c. INJURY AT   1   YES 2   NO   NUMBER   26c. INJURY AT   1   YES 2   NO   NUMBER   26c. INJURY AT   1   YES 2   NO   NUMBER   26c. INJURY AT   1   YES 2   NO   NUMBER   26c. INJURY AT   1   YES 2   NO   NUMBER   26c. INJURY AT   1   YES 2   NO   NUMBER   26c. INJURY AT   1   YES 2   NO   NUMBER   26c. INJURY AT   1   YES 2   NO   NUMBER   26c. INJURY AT   1   YES 2   NO   NUMBER   26c. INJURY AT   26c. INJURY AT   YES 2   NO   NUMBER   26c. INJURY AT   26c. INJURY AT   YES 2   NO   NUMBER   26c. INJURY AT   26c. INJURY AT   YES 2   NO   NUMBER   26c. INJURY AT   26c. INJURY AT   YES 2   NO   NUMBER   26c. INJURY AT   YES 2   NO   NUMBER   26c. INJURY AT   YES 2   NO   NUMBER   26c. INJURY AT   YES 2   NO   NUMBER   26c. INJURY AT   YES 2   NO   NUMBER   26c. INJURY AT   YES 2   NO   NUMBER   26c. INJURY AT   YES 2   NO   NUMBER   26c. INJURY AT   YES 2   NO   NUMBER   26c. INJURY AT   YES 2   NO   NUMBER   26c. INJURY AT   YES 2   NO   NUMBER   26c. INJURY AT   YES 2   NO   NUMBER   26c. INJURY AT   YES 2   NO   NUMBER   26c. INJURY AT   YES 2   NO   NUMBER   26c. INJURY AT   YES 2   NO   NUMBER   26c. INJURY AT   YES 2	itory arrest,	Approximate Interval Between Onset and Deeth									
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN A PERFORM 1   YES 2    25. WAS CASE REFERRED TO MEDICAL  EXAMINER? 1   YES 2   NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH 1   Natural 5   Pending   28a. DATE OF INJURY   29b. TIME OF INJURY WORK? 28b. TIME OF INJURY AT WORK? 1   YES 2   NO  28c. INJURY AT WORK?	If eny, leeding to immediate cause. Enter UNDERLYING  CAUSE (Disease or Injury										
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN A PERFORM 1   YES 2    25. WAS CASE REFERRED TO MEDICAL  EXAMINER? 1   YES 2   NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH 1   Natural 5   Pending   28a. DATE OF INJURY   29b. TIME OF INJURY WORK? 28b. TIME OF INJURY AT WORK? 1   YES 2   NO  28c. INJURY AT WORK?	that initiated availts										
		4b. WERE AUTOPSY FINDINGS									
	To the second	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO									
	JURY OCCURED										
a Could not be building, etc. (Specify)  City or Town, State)	JURY OCCURED	il Floute Number,									
S CONTROL UTITY		(Check only 1 K) CHITPTING PRISICIAN: 10 the best of my knowledge, destin occurred at the time, data and place, and due to the cause(a) and menner as stated.									
296. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  32395	nd Number or Rura	29d. DATE SIGNED (Month, Day, Year)  ▶ 7 − 1 8 − 9 0									
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)  3 Mauldin Ave. North East, MD 21901	nd Number or Rura ner as stated. I due to the cause 29d. DATE SIGNO										
31. DATE FILED (Month, Day, Your)  32. REGISTRAR'S SIGNATURE  JUL 19 990  Gulia Davidson-Mandale	nd Number or Rura ner as stated. I due to the cause 29d. DATE SIGNO										

3. TIME OF DEATH 12:05 am

1	after death. P.	by the funeral emoval.	Ilcal examine
DIVISION OF VITAL PECONDS, T.C. BOX 13149,	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely and in by the funeral be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examine
	TO THE HOSPI	TO THE FUNES	IMPORTANT

1 Natural

2 Accident

3 Suicide

4 Homicide

BY

COMPLETED

BE

2

5 Pending

29b. SIGNATURE AND TITLE OF CERTIFIER

Wm - R. LINTHICOM

6 Could not be datermined

investigation

Lines

32. REGISTRAR'S SIGNATURE

1 - FOR STATE REGISTRAR

		THELMA ELEN	IORA BE	CKER			JULY 24,		12:05 am	
		4. SOCIAL SECURITY NUMBER		. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTH	IPLACE (State or Foreign	
		213-24-8382	1 🗆 M 2 😿 F	78 YAS.	MONTHS DAYS	HOURS MIN.	JAN. 6,19	12 MAR		
	1	9e. FACILITY NAME (If not institution, give				OR LOCATION OF D	EATH	9c. COUNTY OF D	EATH	
	DIRECTOR	2622 BEAR RUN	ROAD		TANEYT	NWO		CARRO	LL	
\$ S	E C	10e. STATE 10b. COUNT	Υ	10c. Cl	TY, TOWN OR LOC	ATION			10d. INSIDE CITY	
t. Page	DIA	MARYLAND CARE	ROLL	TAI	NEYTOWN	J	LIMITS?  1 YES 2 NO			
permit.	AL	10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZEN OF V	WHAT COUNTRY?	
21203-3146 Isl or attending physician. for use as the burial-transit	ᄪ	2622 BEAR RUN	ROAD			21787		U	SA	
	BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WAI	EVER IN U.S. ARMED YES XIXNO R OR DATES	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yold if yes, specify Cuben, Mexicen, Puerto Rican, etc.)  1 YES 2 NO Specify:			ee or No— 14. RACE — American Indian, Black, White, etc.  Specify:  CAUCASIAN		
203- attend	0	15. DECEDENT'S EDI (Specify only highest grad	JCATION	16a. DECEDENT	S USUAL OCCUPA	TION	16b. KIND OF BUSI			
2 2 2	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT	work done during i use retired.)	most or working				
* 0	MP	10th		HOMEMA	KER		DOMEST			
AN the t		17. FATHER'S NAME (First, Middle, Last)				7.67	AME (First, Middle, Maiden S	iumame)		
TA Pa	BE	CHARLES E.	SELL			EDITH				
MORE, MARYLAND age 6 may be retained by the host director, page 5 should be detache er must be notified at once.	2	19e. INFORMANT'S NAME (Type/Print)		19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)						
	8	CHARLES BECKER		2651 BEAR RUN ROAD TANEYTOWN, MD 21787  20b. PLACE OF DISPOSITION (Name of committer), crematory or 20c. LOCATION — City or Town, State						
		1 Buriel 2 Cremetion 3 Ren		, MARYLAND						
IMC Page		21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	TRINITY			CILITY 136 EA	ST BAL	TIMORE ST	
BALTIMORI after death. Page 6 m by the funeral director, moval.		M. Kevin Jady SKILES FUNERAL HOME TANEYTOWN, MD								
By urs after of in by the or removal.		23. PART I. Enter the diseases, or ahock, or heart failure.	atory arrest,	Approximate Interval Between						
		IMMEDIATE CAUSE (Final		(40	2.9)		Onset and Death			
- 19		disease or condition resulting in death)	a. HYPERT	EPSIVE AT	E	>8XRS				
4 ba 6 1 6			DUE TO (OR AS A CONSEQUENCE OF):						787RS	
be executed sician and comfor to burial,	O	Sequentially liet conditions,		DUE TO (OR AS A CONSEQUENCE OF):					- O/KJ	
clan be	ATI	If any, leading to immediate cause. Enter UNDERLYING	Total Control of the							
De phys	FIG	CAUSE (Disease or Injury that initiated events	DUE TO (C	OR AS A CONSEQUENCE	OF):					
* E E .	CERTIFICATION	reaulting in death) LAST	d							
Wee o	3	PART II. Other algnificant condition	ne contributing to d	eath but not resulting	In the underly	ing ceuse given in			. WERE AUTOPSY FINDINGS	
B d b	MEDICAL						PERFORM		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
RECOF requires the been signed t. of Health	E							300	OF DEATH?  1 YES 2 NO	
R ved										
2 9 5 7 1	IAN	25. WAS CASE REFERRED TO MEDICAL				PLACE OF DEATH (C	heck only one)			
VITA SICIAN: The certificate to the State	SICI/	EXAMINER?  1 PYES 2 NO	HOSPITAL:	ER/Outputlent 3 🗆 DOA	OTHER: 4 Nursing H	ome 5 NResidence	8 Other (Specify)			
NSICIAN:	PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF III (Month, Day		ME OF 28c, I	INJURY AT WORK?	28d. DESCRIBE HOW IN	JURY OCCURED		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? N AUTOPSY 2 KNO 1 YES 2 NO d. DESCRIBE HOW INJURY OCCURED 8c. INJURY AT WORK? INJURY 1 YES 2 NO 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 29a. CERTIFIER

(Chank note: 1 K CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(e) and manner as attend. 2 MEDICAL EXAMINER: On the beels of examination end/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(e) and manner se stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 7/25/90 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) TAPEYTOWN Md. 21787 Julia Davidson-Randalle **DHMH-16 Rev 1/89** 

S8018 F3

# TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Los after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buria-transit permit. Present filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL H	IYGIENE
	REG. NO.

1 - STATE REGISTRAR		CERTIF	ICATE O	FDEATH	REG. NO.	HYSICE		
1. DECEDENT'S NAME (First, Middle, Last	THA H	EFNER	BL	AKE	2. DATE OF DEATH MONTH 7	zz-90	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER 224-60-1881	1 □ M 2 🂢 F	NGE (In yrs. last birthday) 89 YRS.	MONTHS DAYS	HOURS MIN.	NOV. 14,	1900 WAS	SHINGTON, DO	
9a. FACILITY NAME (If not institution, give HOLY CROSS RESIDENCE OF DECEDENT	HOSPITAL		SILV	ER SPRIM		9c. COUNTY OF MONTGO		
10e. STATE 10b. COUN	MONTGOMERY	10c. CI	TY, TOWN OR LOC ROCKVII		_		10d. INSIDE CITY LIMITS? 1 YES 2 NO	
100. STREET AND NUMBER 4940 BAFFIN	BAY LANE	•		101. ZIP CODE 208	353	10g. CITIZEN OF USA	WHAT COUNTRY?	
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 🔀 Divorced	12. WAS DECEDENT EVI FORCES? 1 1 1 IF YES, GIVE WAR O	YES 2 NO	If yes,	ECENDENT OF HISPAI specify Cubers, Mexico ES 2 X NO Specif		or No— 14. RAC Blac Spe	CE — American Indian, ck, White, atc.	
1s. DECEOENT'S EC (Specify only highest gra Elementary/Secondary (0-12) 1 2	DUCATION de completed) College (1-4 or 5 +)	16a. DECEDENT'S (Give kind of life. Do NOT L	S USUAL OCCUPA I work done during use retired.)	TION most of working	GOVERN			
17. FATHER'S NAME (First, Middle, Lest)  JOHN HEF	NER			16. MOTHER'S NA	ME (First, Middle, Meiden S	sumeme) FERGI	USON	
190. INFORMANT'S NAME (Type/Print) LAWRENCE COFFIN					ROCKVILLE,		ND 20853	
20a. METHOD OF DISPOSITION 1 Nation 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	20b. PLACE OF DISPO other place) GLENWOOD	OSITION (Name of	cemetery, cremetory or	20c. LO	EATION — CHy or T	Town, State	
23. PART I. Enter the diseases, o ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	a. Certovi	used the death. Do on each line.	not enter the r	node of dying, au	Y BLVD., W.	ratory arreat,	SP., MD 209 Approximate Interval Betwee Onset and Dea	
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	C	AS A CONSEQUENCE O						
PART II. Other eignificant conditions of the con		RT F	In the underly	5	Part I. 24a. WAS AN PERFOR 1 YES 2	MED?	IID. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
25. WAS CASE RELEMBED TO MEDICAL EXAMINER?	HOSPITAL:	Moderation & Decar	OTHER:	PLACE OF DEATH (C				
27. MANNER OF DEATH  1 Netural 5 Pending	28e. DATE OF INJI (Month, Day, Y	Inpatient 2   ER/Outpetient 3   MOOA   4   Nursing Home 5   Residence 6   Other (Specify)						
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28a, PLACE OF IN	JURY — At home, farm, (Specify)	, street, factory, o	Mice	261. LOCATION (Street e City or Town, State)	and Number or Rura	I Route Number,	
29e. CERTIFIER (Check only one)  **MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.  **MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner se stated.								
29b. SIGNATURE AND TITLE OF CENTIF	blu mi	OF DEATH (ITEM 27) (Typ.	oe, Print)	29¢ EXCENSE NU	48C	29d. DATE SIGNE	22/90	
31. DATE FILED (Month, Day, Year)	32, REGISTRAR'S	SIGNATURE	F30 (	Antres	V 57 SI	LUR S	PRIVE MI	
JII 25 '91	) Gulia	Savidna Ban	200					



BALTIMORE, MARYLAND	ars after death. Page 6 may be retained by the hosp	illed in by the funeral director, page 5 should be detached, or removal.	s medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146, MARYLAND	TO THE HOSPIDAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within any after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached activities of pure star death with the State hear of Health and Mental Horiene prior to burial, compation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL			HEALTH AND F DEATH		YGIENE EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Leet)	Barb	er			2. DATE OF I	DEATH DAY	YEAR 90	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 219-46-8216	1 M 2 □ F	(In yrs. last birthday) 43 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURE MIN.		y, Year) -1947	Penr	nsylvania
TOR	98. FACILITY NAME (If not institution, give stre 12200 Daisy Lane RESIDENCE OF DECEDENT			Dale	DEATH	9c. (	Prince	e George	
DIRECTOR	10a. BTATE 10b. COUNTY	ce George	11121	y, town or Loc enn Dal					10d. INSIDE CITY LIMITS? 1 YES 2 \( \square\) NO
FUNERAL	100. STREET AND NUMBER 12200 Daisy Lane	>		101. ZIP CODE 20769				citizen of w	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D		If yes,	ECENDENT OF HISP specify, Cuben, Maxi ES 2 NO Spe	cen, Puerto Ricer		14. RACE Black, Specify	- American Indien, White, atc. White
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of Elamentery/Secondery (0-12)		16a. DECEDENT'S (Give kind of life. Do NOT u Realt	work done during se retired.)	TION most of working		of Business		
	17. FATHER'S NAME (First, Middle, Last) William Henry Ba	rber, Jr.				th DeF	le, Maiden Surnai		<u> </u>
TO BE	190. INFORMANT'S NAME (Type/Print) Barbara L. Barbe	er		as # 1	ot and Number or Run	al Route Number, (	City or Town, Stat	te, Zip Code)	
	20e-METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remote Donation 6 Other (Specify)	dge Men	cometery, crematory o prial Pa	rk	Balt	ocation - city or town, State altimore, Maryland			
	21. SIGNATURE OF FUNERAL SERVICE LIG			22, NAME BOY	and address of gwardt F	uneral	Home . Belts	sville,	Md. 20705
	23. PART i. Enter the diseases, or complications that caused the death, Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a.								
CERTIFICATION	a. DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i.    Virginia								
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Out	tpatient 3 🗆 DOA	OTHER:	PLACE OF DEATH		pecify)		
BY PHY	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	M 1 [	INJURY AT WORK?	28d. DESCRIBE HOW INJURY OCCURED					
	3 Suicide 6 Could not be determined	atreet, factory, o	ffice		ON (Street end No lown, State)	umber or Rural R	loute Number,		
COMPLETED	one)	CIAN: To the best of my known:  R: On the basis of examination							) and manner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D	EATH (ITEM 37) (S-	Original Control	29c. LICENSE I	NUMBER 757	294	DATE SIGNED	(Month, Day, Year)

32. REGISTRAR'S SIGNATURE
JUNIO DAY DOOR Pandelle

JUL 25 90

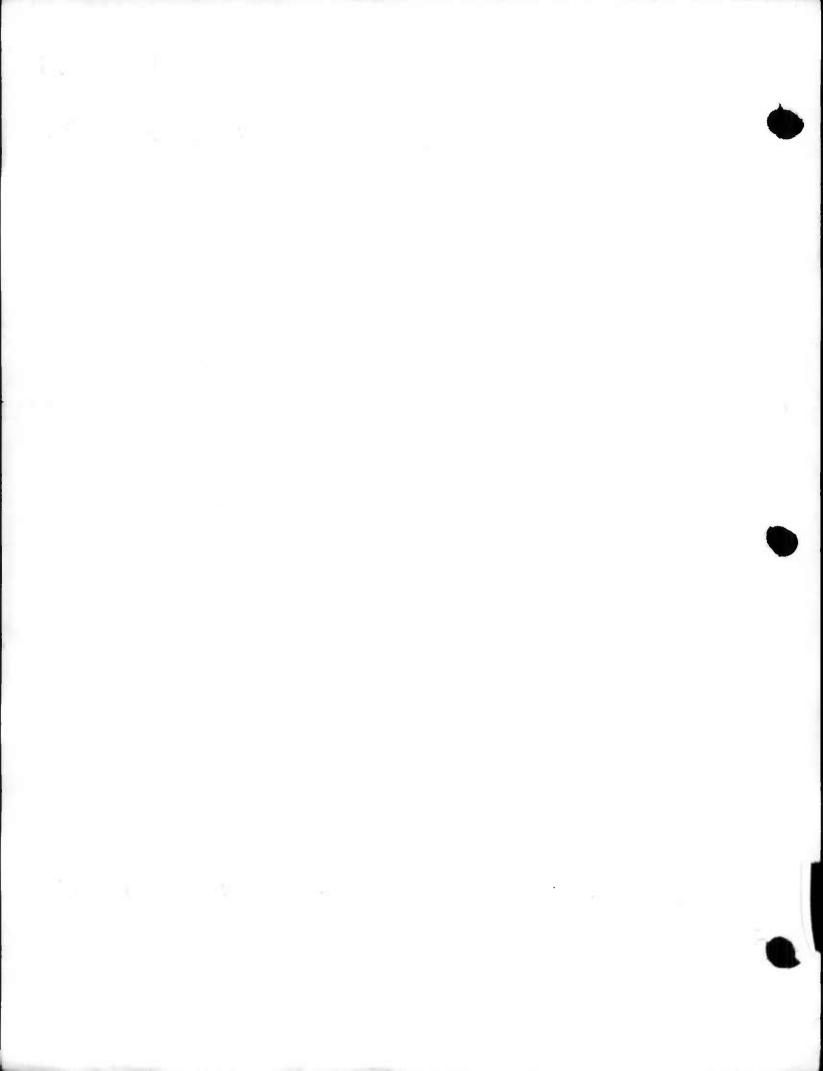
3 200

~ ~

FOR STATE

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIFICATE OF DEATH REG. NO.												
	1. DECEDENT'S NAME (First, Middle, Last) Florence T. Coveyou  Porce 7. Coveyou  2. Date of Death Month Day YEAR 01 16 90 11:35/MM												
	4. SOCIAL SECURITY NUMBER 8. SEX 1 ☐ M 2	8. AGE (In yrs. leet bi	YRS. F UNDER 1 YEAR F UNDER 24 HRS. MONTHS DAYS HOURS MIN.			7. DATE OF BIRTH (Month, Day, Year) Jan. 13,		6. BIRTHPLACE (State or Foreign Country)  Wisconsin					
OR	98. FACILITY NAME (If not Inatifution, give street and nur Suburban Hospital	nber)		ety, town of Betheso	R LOCATION OF DEA		%c. COUNTY OF DEATH Montgomery						
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY	- 0	10c. CITY, TOW	DWN OR LOCATION 18d. INSIDE CITY									
E	Maryland Montgomery	r	Rocky	ille			1 TES 2						
IAL I	10e. STREET AND NUMBER			101.	ZIP CODE		18g. CITIZEN OF WHAT COUNTRY						
NEF	5511 Alderbrook Court			208	33=	United States  IN? (Specify Yea or No.—   14. RACE — American India							
B	1 News Married 2 Married FORCI	DECEDENT EVER IN U.S. ARME ES? 1 TYES 2 TO NO B, GIVE WAR OR DATES		t. RACE American Indian, Black, White, atc. Specify: White									
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECE (G/ve	EDENT'S USUAL kind of work do to NOT use retire	L OCCUPATION	N t of working	16b. KIND OF	USINESS/INDU	BTRY					
COMPLETED	Elamentary/Secondary (0-12) College (	(1-4 or 5+)		id.)		Dub 1	c Scho	.1.					
N N	17. FATHER'S NAME (First, Middle, Last)	Teac	ner.		16. MOTHER'S NAM	PUO.L.		018					
BE C	Jay J. Miller					Powers							
TO B	19a. INFORMANT'S NAME (Type/Print)					oute Number, City or		124					
-	Alice M. Dixon						esda, MD 20814						
	20s. METHOD Q5 DISPOSITION 1	State 20b. PLACE OF other place	e) Dan Cre		latory Silver Spring, Marylan								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Jan Cre	22. NAME AN	ring, maryianu									
	Deen W.	Rapo	- 1	Rapp Funeral Services, P. A. 933 Gist Avenue, Silver Sprig, MD 20910									
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,  Approximate												
	ahock, or heert fellure. Liet only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition reaulting in deeth)  Due To (or as a consequence on):  13 days												
TION	Sequantielly list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):												
CE	PART II. Other algorificant conditions contrib	uting to don't but not an	autina la sha		la l	Book I. Tour uno	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS					
MEDICAL	PART II. Other agnificant conditions control	uting to death out not ret	suiting in the	e underlying	cause given in	PER	FORMED?	246, WENE AUTOPST PRIDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO					
Σ													
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)												
YSIC	EXAMINER?  1   YES 2   NO   NO   NO   NO   NO   NO   NO												
	1 X Natural 5 Pending	DATE OF INJURY (Month, Day, Year)	28b. TIME OF 100 28c. INJURY AT WORK?  M 1 YES 2 NO			28d. DESCRIBE HOW INJURY OCCURED							
TED BY	Z	ne, farm, street,	, factory, office			LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLETED	29a. CERTIFIER (Check only one)  1 A CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and due to the cause(s) and menner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated.												
TO BE C	286. SIGNATURE AND TITLE OF CERTIFIER	yn lon	16-		29c. LICENSE NUM			SIGNED (Month, Day, Year)					
F	HOWERS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  HOWERS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  HOWERS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  HOWERS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)												
	Horace W. Bernton, M. D., 4743 Bradley Blvd., Chevy Chase, MD 20815  31. DATE FILED (Mg/II). Capy Charles Grand Strands G												
	I AUN 1 / JU	a man same man	March Street										



TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2s hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL, DIRECTION: After this certificate has been signed by the attending physician and completely flied in by the funeral direction, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be flied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First, Middle, I					REG. NO.  2. DATE OF DEATH 7/18/90 MONTH DAY VEAR 1/35/A						
COLLEEN S.	CLARK				7 - /	0 10					
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	and a second	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Cou	THPLACE (State or Foreign ntry)				
024-12-6607 98. FACILITY NAME (If not institution,	46	00	CITY TOWN!	OR LOCATION OF DE		21,1923 MASS.					
CARRIAGE HILL-			BETHES		SAI II	9c. COUNTY OF DEATH MONTGOMERY					
RESIDENCE OF DECEDEN		1									
10a. STATE 10b. CC			OWN OR LOCAT		~		10d. INSIDE CITY LIMITS?				
D.C.	NONE		WASHIN	. ZIP CODE	.C.	Lan- ortingu or	1 X YES 2 □ NO WHAT COUNTRY?				
	DANI CIO NI II		101		0						
1459 CORCO	RAN ST. N.W.	IN U.S. ARMED	13. WAS DEC	2000	ORIGIN? (Specify Ye		CE — American Indian,				
Never Married 2   Merried     Merried	FORCES? 1 YES	2 NO	If yes, sp		n, Puerto Rican, atc.)	Bi	Black, White, atc. Specify: WHITE				
15. DECEDENT'S	EDUCATION	16a. DECEDENT'S USU	IAL OCCUPATION	ON	SINESS/INDUSTRY						
(Specify only highest Elementery/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mo tired.)	st of working							
12		HOUSEW	IFE		AT HOME						
7. FATHER'S NAME (First, Middle, Las	1)			18. MOTHER'S NA	ME (First, Middle, Maider	Surname)					
O. RAYMOND	SESTINI			J.	ENNIE	ARALI	OI				
19a. INFORMANT'S NAME (Type/Print)			G ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)								
ROBERT CLAR		SAM	AME AS ITEM #10								
toe. METHOD OF DISPOSITION    Burlal 2 Cremetion 3     Donation 5   Other (Specify)	Removal from State	other place)  CHAMBE		metery, cremetory or EMATORY		Town, State					
1. SIGNATURE OF FUNERAL SERVICE	DE LICENSER	CILANIDIS		ND ADDRESS OF FA	RIVERDALE, MD.						
20910 W. W. CHAMBERS CO. INC., SILVER SPRING, MD.											
Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
PART II. Other significent cond	ditions contributing to death	but not resulting in t	he underlyin	g cause given in	N AUTOPSY PRIMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH?  1 YES 2 NO					
25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:	LACE OF GEATH (Ch									
1 VES 2 NO	1 Inpatient 2 ER/O		8 Other (Specify) 28d. DESCRIBE HOW	WHIPP COURSE							
	(Month, Day, Year		r Wo	JURY AT ORK? YES 2 NO	ZOG. DESCRIBE HOW	WJUNT OCCURED	HT OCCURED				
1 Natural 5 Pending	ITION .	RY — At home, farm, stree	Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)								
1 Natural 5 Pending Investigat 3 Suicide 6 Could no	28e. PLACE OF INJU building, etc. (S	ecify)			City or Town, Stell	<u>"-</u>					
1 Natural 5 Pending Investigs 2 Accident 3 Suicide 4 Hornicide 6 Could indetermine 29e. CERTIFIER (Check only	28e. PLACE OF INJU building, etc. (S	wiedge, death occurred a			to the cause(e) end m	enner as stated,	e(e) and manner as stated.				
1 Natural 2   Accident 3   Suicide 4   Hornicide 6   Could indetermine 29e. CERTIFIER (Check only one) 2   MEDICAL EX.	ot be ed 28e. PLACE OF INJU building, etc. (S) PHYSICIAN: To the best of my kn AMINER: On the basis of examine	recity)  reviedge, death occurred a lon end/or investigation, b	n my opinion, (		to the cause(e) end m time, date and place, a	anner as stated, and due to the caus 29d. DATE StGs	ED (Month, Day, Year)				
1 Natural 2 Accident 3 Suicide 4 Homicide  200. CERTIFIER (Check only one) 2 MEDICAL EX.	ot be ed 28e. PLACE OF INJU building, etc. (S) PHYSICIAN: To the best of my kn AMINER: On the basis of examine	wiedge, death occurred a ton end/or investigation, to DEATH (ITEM 27) (Type, Pri	n my opinion, (	29c, LICENSE NU	to the cause(e) end m time, date and place, a	anner as stated, and due to the caus 29d. DATE StGs					

. . . .

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.8. Teurs after death. Page 6 may be retained by the hospital or after TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use a feel within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: It liem 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
--

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE OF DEATH REG. NO.															
1. DECEDENT'S NAME (First, Middle, Last)										2. DATE OF DEATH 3. TIME OF					OF DEATH	
1	Will		Coulson						07 23 1990				38AM M			
i	4. SOCIAL SECURITY NUMBER	R	6. AGE (In yr	s. last birthday)	IF UNDER t		IF UNDER		7. DATE OF BIRTH 8. BIRTH			8. BIRTH	PLACE (	State or Foreign		
	224-52-2837	76						Jan. 31, 1914 Wa				ashington				
	9a. FACILITY NAME (If not ins Montgomery		tal	al olney					DEATH Sc. COUNTY OF DE MONTGON					,		
	RESIDENCE OF DEC															
۱	10a. STATE	10b. COUNTY		10c. CITY, TOWN OR LOCATION									10d. IN	0d. INSIDE CITY LIMITS?		
I	Maryland	Mont	gomery		Silver Spring										ES 2 X NO	
ı	100. STREET AND NUMBER			#02.	10f. ZIP CODE						10g. CITIZEN OF WI					
ı	15107 Inter	Lachen			VER IN U.S. ARMED YES 2 □ NO  13. WAS DECENDENT OF H If yes, specify Cuban, I								United States			
ı	11. MARITAL STATUS  1 Never Married 2XXI	Married	FORCES? 1	YES 2					ENDENT OF HISPANIC ORIGIN? (Specify Year olfy Cuban, Maxican, Puarto Ricen, atc.)			Black, Whi			rican Indian, atc.	
ı	3 Widowed 4 Divor		1934	-1964							_				White	
ı		DENT'S EDUC	ATION		. DECEDENT'S	USUAL OC	CUPATIO	N of was about		16b, KIND OF BUSINESS/INDUSTRY						
l	Elementary/Secondary (0-	highest grade (	College (1-4 or 5 +	,	(Give kind of life. Do NOT u	se retired.)	unng mo	st or woner	rg							
			2		Comman	der				U. S. Navy						
ı	17. FATHER'S NAME (First, Mic	ddle, Last)						1e. MOTI	HER'S NA	ME (Firs	st, Middle, Maiden S	Sumame)				
ı	William Fra	anklin	Coulson					M	larie	Ru	ith					
1	19a. INFORMANT'S NAME (Ty	pe/Print)			19b. MAILING	ADDRESS	(Street a	nd Number	or Rural	Route N	Number, City or Town, State, Zip Code) 20906					
ļ	Dorothy G.	The state of the s			15107	Inte	erla	chen	Dri	ve,	#814,	Silv	er S	pri	ng, MD	
ı	20a. METHOD OF DISPOSITION 1 ☐ Burial 2 A Cremation	ACE OF DISPO								City or To						
	4 Donation 5 Other	Specify)	Sut	ourban					Silver Spring, Maryland					Maryland		
ı	21. SIGNATURE OF FUNERAL	RAPP Funeral Services, P. A. 933 Gist Avenue, Silver Spring,														
	· Cla	n W	. Ra	Bo		93	33 0	list	Aver	ue,	Silver	Spr	ing,	MD	20910	
	shock, or heart fellure. List only one cause on each line.											pproximate hterval Between linset and Dasth				
Sequantially list conditions, if sny, lasding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):  d																
	Congestive Card Many 0,00 thy									COMPL OF DEA	AUTOPSY FINDINGS BLE PRIOR TO ETION DF CAUSE ITH? ES 2 NO					
	25. WAS CASE REFERRED TO	MEDICAL					26. PI	ACE OF D	EATH (Ch	neck onh	y one)					
	EXAMINER?		HOSPITAL:	ER/Outnatia	int 3 🗆 DOA	OTHER	:				Other (Specify)					
	27. MANNER OF DEATH		28a. DATE OF	INJURY	26b. TII	IE OF	28c. INJ	URY AT	-aruerrue	7	DESCRIBE HOW I	NJURY OC	CURED			
1 Netural 5 Pending (Month, Day, Year) INJURY WORK?  M 1 YES 2 NO																
	3 Suicide e	Could not be	F INJURY — atc. (Specify)	JURY — At home, farm, street, factory, offica (Specify)						281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
- Company and the company and																
29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and placa, and due to the cause(a) and manner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.																
	29b. SIGNATURE AND TITLE	OF CERTIFIES	y 11					29c. LIC	ENSE NU	MBER		29d. DA	TE SIGNED	(Mpnth,	Day, Year)	
	Ol	V.	ell					0	2/3	335	4	<b>&gt;</b> 1	1/20	3/4		
	Donie G	PERSON WH	O COMPLETED CAUS	E OF DEATH	SANCO	8/ve	1	Sin	le-	10.	in me	2	899	6		
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE															

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the fourthing physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

20

BE COMPLETED BY FUNERAL DIRE
_

	FOR 1 - STATE REGISTRAR	STATE OF N	MARYLAND /	DEPAR	TMENT	OF H	EALTH A	ND ME	ENTAL HYGIENE		90	21398
	1. DECEDENT'S NAME (First, Middle, Last)								. DATE OF DEATH			TIME OF DEATH
	GLADYS	BREW	C	AMPBI	TT				MONTH DAY	1990	YEAR	O. EO D M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER	1 YEAR	IF UNDER 24		DATE OF SHRTH			9:50 P.M
	217-48-4744	1 🗌 M 2 🖫 F		YRS.	MONTHS	DAYS	HOURS N	MIN.	(Month, Day, Year)		Country)	
	9a. FACILITY NAME (If not institution, give str	Λ	88		Oh CITY	TOWN (	R LOCATION	OF DEAT	10-01-01	0- 00110	WISC Y OF DEA	ONSIN
œ		out and numbery							"	se. Cook	T OF DEA	
5	520 ASHFORD ROAD				SII	VER	SPRIN	G		MON'	<b>LEOME</b>	RY
DIRECTOR	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION				10	0d. INSIDE CITY
E	MD. MONTGO	MERV		CTI	VER	CDD.	INC				_   1	LIMITS?
	10e. STREET AND NUMBER	THERE		1 211	A Lark		ZIP CODE	-		10g. CITtZ		AT COUNTRY?
FUNERAL	520 ASHFORD ROAD					,	20010					
N	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AF	RMED	13		20910 ENDENT OF 1	HISPANIC	ORIGIN? (Specify Yea		JSA A BACE -	American Indian
	1 Never Married 2 Married	FORCES? 1	YES Z	NO		If yes, sp	elfy Cuban, I	Maxican,	Puarto Rican, etc.)	01110-		- American Indian, White, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE V	INH OH DATES			1 [] YES	2 🖹 NO	Specify:			Specify: WHIT	ਸ
C.	15, DECEDENT'S EDUC		18a. Di	ECEDENT'8	USUAL O	CCUPATIO	N		18b. KIND OF BUS	INESS/INDU		П
	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5 -	life.	ive kind of Do NOT u	work done se retired.)	during mo	st of working					
7		3	·	OMEMA	KER							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		1 110	OVERIMENT	N.P.IN		1a. MOTHER	R'S NAME	(First, Middle, Maiden	Surname)		
	MATTHEW JOHN BREW						JOHAN	NA K	LEINBOEHL			
BE	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	S (Street a	nd Number or	Rural Rou	ite Number, City or Town	State, Zip	Code)	
2	JOHN EAMES CAMPRE	TT							SPRING,			
	20s. METHOD OF DISPOSITION		20b. PLACE	OF DISPO	SITION (N	ame of cer	netery, cremeto	ory or	20c. LO	ATION — C	Ity or Town	. State
	1 Gurial 2 Cremation 3 Ramo	oval from Stata	other pi	lace)			Call Control					
	21. SIGNATURE OF FUNERAL SERVICE LICE		MET	KDEOL			MATOR D ADDRESS		IALEX	ZNDR	A, V	IRGINTA
- 3	11/11/	//	01	!//					INS FUNER	AT. HO	MF.	TNC.
	Stall >	. 8	mill	4/_	50	O UN	VIVERS	ITY	BLVD.W. S	ILVER	SPR	ING 20901
	21 PAST I. Enter the diseases, or o shock, or heart failure. I	omplies from the	t ceuaed the de	eath. Do	not ente	r the mo	de of dying	, such :	ss cardiac or reapi	ratory srre	st,	Approximate interval Between
4	IMMEDIATE CAUSE (Finel											Onset and Death
	diseese or condition reaulting in death)	. Acc	ITE	MYO	CA	RDI	AL	11	FARCT	LON		15 MIN
	, and the second											
z		COR	OMARY	1 F	7-RT	ERY	r DI	SE	ASE			3-4 YEAR
은	Sequentially list conditions, If any, leading to immediate	DUÉ TO	(OR AS A CONSE	OUENCE O	F):							
E	cause. Enter UNDERLYING	•										
CERTIFICATION	CAUSE (Disease or Injury that Initiated events	DUE TO	(OR AS A CONSE	OUENCE O	F):							
F	resulting in death) LAST	f										
2	DATE II ON THE RESERVE AND ADDRESS OF THE RESERV											
AL	PART II. Other significant conditions	-		1					DEDECOR		A	MAILABLE PRIOR TO
음	MALNUTR	ITIOH	, SET	TILE	Ţ	EN	フニハブ	TA	_ 1 _ YES 2	NO		OMPLETION OF CAUSE OF DEATH?
ME	#								_		1	YES 2 NO
ä												
4	25. WAS CASE REFERRED TO MEDICAL						ACE OF DEA	TH (Check	conly one)			
()		HOSPITAL:	ER/Outpatient	3 DOA	4 Nu		e a Real	dence 8	Other (Specify)			
SICI	EXAMINER?	. C informatic E		Joseph Till	AE OF		URY AT	2	8d. DESCRIBE HOW II	JURY OCC	URED	
HYSIC		28a, DATE OF										
Y PHYSICIAN: MEDICAL	1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending				JURY		YES 2   I	NO				
ВУ	1   YES 2   NO  27. MANNER OF DEATH  1   Netural 5   Pending 2   Accident investigation	28a. PLACE C	Day, Year)  DF INJURY — At he	IN	М	1 🗆	YES 2   I		est. LOCATION (Street a	nd Number	or Aural Roc	ute Number,
ВУ	1   YES 2   NO  27. MANNER OF DEATH  1   Netural 5   Pending Investigation	28a. PLACE C	Day, Year)	IN	М	1 🗆	YES 2   I		181. LOCATION (Street a City or Town, State)	nd Number	or Rural Roo	ute Number,
ВУ	1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be detarmined  29a. CERTIFIER ACCEPTIFYING PAYON	28a. DATE OF (Month, L 28a. PLACE ( building,	Dey, Year)  OF INJURY — At his atc. (Specify)	ome, ferm,	M street, fac	1 🗌	YES 2	2	City or Town, State)			ute Number,
ВУ	1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only)  1 CERTIFYING PHYSII	28a, DATE OF (Month, L 28a, PLACE ( building,	Op, Year)  OF INJURY — At he, atc. (Specify)  If my knowledge, d.	ome, farm,	M street, fac	1	YES 2 1	nd due to	City or Town, State) the cause(a) and man	ner se atate	d.	
	1  YES 2 NO  27. MANNER OF DEATH  1 Natural 5  Pending Investigation 3  Suicide 8  Could not be detarmined  29a. CERTIFIER (Check only one) 2  MEDICAL EXAMINE	28a. DATE OF (Month, I 28a. PLACE ( building,	Op, Year)  OF INJURY — At he, atc. (Specify)  If my knowledge, d.	ome, farm,	M street, fac	1	YES 2 1	nd due to	City or Town, State) the cause(s) and men ne, data and place, an	ner se atate	d. cause(a)	and manner as stated.
ВУ	1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only)  1 CERTIFYING PHYSII	28a. DATE OF (Month, I 28a. PLACE ( building,	Op, Year)  OF INJURY — At he, atc. (Specify)  If my knowledge, d.	ome, farm,	M street, fac	1	YES 2 1 1 a and place, as leath occured 29c. LtCENS	nd due to	City or Yown, State) the cause(s) and manne, data and place, an	ner se state d due to the 29d. DATE	d. cause(a)	

Edward a. Beeman	M7) 29c. LICENSE NUMBER  D03604	≥ JULY 18, 1990
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type,	Print)	
8830 CAMERON ST. SILV	ER SPRING M	D 20910
21 DATE EN ED (Alenth Day Voor) 22 DECISTRAD'S SIGNATURE		

1 9'90

HEGISTRAR'S SIGNATURE

60011 (:

CT DOORNAL LA

4.5

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached as a second property of the page of the second property of the page	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
2	De de	To .
etained	should	otified
8	96	9
may	, pa	ts.
9 90	recto	Ē
P.	ig d	ine
death	fune f	ехаш
after	y th	cal
DUIS	I In b	ned
74 18	E S	he
thin	etely	II,
led wi	sompli al cra	eve
DOCCI	and	atic
be a	cian or th	Taur.
cate	physical or	er to
Sertif	ling	ot .
ath	tal H	, 00
he de	the a	ē
hat t	Por Por	my i
res t	igner	8
requi	S Had	how
WE	as be	23
: The	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the formation of the property of the formation of the property of the p	tem
CIAN	ertific	6
HVS	his c	Ked,
NG P	fter t	mari
ENDI	R: A	99
ATT	ECTO	1 28
L OR	DiR	1
PITA	ERAL	1 1
HGS.	FUN	TAN
품	THE	P0 8
2	2	8 ₹

1	FOR STATE REGISTRAR	STATE OF MA	ARYLAN	ID / DEPAR CERTIF				MEN	TAL HYGIENI REG. NO.			
-	1. DECEDENT'S NAME (First, Middle, Last)  9corge CRE	OFT							ATE OF DEATH		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 228-30-4732	5. SEX 1 M 2 F	75	yrs. last birthday) YRS.	IF UNDER 1 Y	EAR AYB	IF UNDER 24 HRS. HOURS MIN.	7. DA (M	ATE OF BIRTH North, Day, Year)	<b>_</b> .	Carte	PLACE (State or Foreign
- 10	9e. FACILITY NAME (If not institution, give str		-/-	_			R LOCATION OF DI	EATN	7.7.0	9c. COU	PG	
1	Prince georges	HUSP	Cf7	e.		ne	verly				16	
	Maryland Prine	George	s		y, town or i ince		orges (	Cou	inty Ma	rlan	nd	10d. INSIDE CITY LIMITS? YES 2 NO
	100. STREET AND NUMBER L0450 Lottsford	Rd.#201	OMit Mar	chell	ville	101.	20721				ZEN OF V	WHAT COUNTRY?
1	11. MARITAL STATUS 1 Never Married Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA	YES R OR DATE	I.S. ARMED 2 NO	If y	es, spe	ENDENT OF NISPAL bolty Cuben, Mexico XXX NO Specifi	n, Pue		or No-	Black	E — American Indian, k, White, atc. White
	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	1	ille. Do NOT us	work done duri se retired.)	ng mos	st of working		US POS			ce
-		NK.	F	Postal	work	er						
	17. FATHER'S NAME (First, Middle, Lest)  Clarence Croft						18. MOTHER'S NA	ME (Fir	rst, Middle, Meiden	Surname)		
-	19e. INFORMANT'S NAME (Type/Print)						nd Number or Flural					
	Margaret S. Cr	oft		1045	0 Lot	ts	ford R	d.#	2010 M	itc	hell	lville MD.
	20a, METHOD OF DISPOSITION 1	val from State					ed. Sc	hoc	01. Wa	shi	ngto	own, State
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	u l	'n								225Missiou: C. 20011
1	23. PART /. Enter the diseases, or conshock, or heart failure. L				not enter th	а то	de of dying, suc	ch ss c	csrdiac or respi	ratory sn	rest,	Approximate interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Cardio	Alm.	onay o	Arres	+	este C					
		Hyper	ense	re an	lui 8	ce	case C	ara	in MSC.	Des	ess	re
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury			ONSEQUENCE O								
	that initiated events resulting in death) LAST	DUE TO (	OR AS A C	ONSEQUENCE O	0F):							
	PART II. Other algnificant conditions	s contributing to	death but	not resulting	in the unde	orlying	g cause given in	Part	I. 24a. WAS AN PERFOR	MED?	241	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
												1 TYES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	ER/Outpat	tient 3 🗆 DOA	OTHER:		ACE OF DEATN (C					
	27. MANNER OF DEATN  1 Netural 5 Pending	28e. DATE OF I	NJURY	28b. TI	WE OF 20	Bc. INJ WO	URY AT ORK? YES 2 NO	_	DESCRIBE HOW I	NJURY OC	CURED	
	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF building, of	INJURY -	At home, ferm,	street, factory	y, offic	•	281.	LOCATION (Street City or Town, State)	end Numbe	r or Rural	Route Number,
1	CONSUM ONLY	CIAN: To the best of a										(s) and manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIER	اد					29c. LICENSE NU			29d. DAT	E SIGNE	O (Month, Day, Year)
1	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUS	E OF DEAT	IN (ITEM 27) (7/10	e. Print)		, 0					

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

WO 9556 CRAIN A

9556

whitby

un

linos

1 8 'QD

MD 20772

- Marsboro

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146

		it. Pages	
	III.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be fled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
	physicia	Durial-ti	
	ttending	e as the	d
	ital or a	d for us	
	he hosp	detache	once.
	ned by t	onid be	led at
	be retail	ge 5 sh	e notif
	6 тау	octor, pa	must b
	th. Page	eral din	mlner
	after dea	y the fur	cal exa
ì	SJNO!	illed in b n, or rer	e med
	within 2	pletely f crematio	ent, th
	vecuted	and com burial,	affic ev
	ate be e	ysician prior to	Traum
	certific	nding ph Hygiene	or othe
	he death	the atte	njury,
	es that t	gned by	s amy l
	w requir	been si	3 show
	Y: The la	cate has State De	item 2
	<b>INSICIAL</b>	is certifi	ed, or
	DING P	After the	s mark
)	A ATTEN	RECTOR:	m 28 I
	PITAL OF	PAL DII	T. H He
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25-yours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur be fled within 72 hours after death with the State Dept. of Heatth and Mental Hyglene prior to burfal, cremation, or removal.	IMPOGTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
	TO T	P ≥	M

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	CATE O	DEATH	RI	EG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)	^	<del></del>			2. DATE OF D	EATH DAY	VEAD	3. TIME OF DEATH			
	BERNICE	CATOR	2			7	13	PO PEAR	5-30 A H			
- 8	4. SOCIAL SECURITY NUMBER		3E (In yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B		6. BIRTHE	PLACE (State or Foreign			
- 2	234-32-4701	1 □ M 2 🖫 F	65 YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day 11-9-		Country	.Va.			
	9s. FACILITY NAME (If not institution, give at	reet and number)	. /	b. CITY. TOW	OR LOCATION OF DE			UNTY OF DE				
6 B	SOUTHERN MA	Ry mes	Hospun	01	ROW		(1)		GLOKG 65			
[[	RESIDENCE OF DECEDENT											
FUNERAL DIRECTOR		P.G.	· ·	restvi					10d. INSIDE CITY LIMITS? 1 ☐ YES ②☑ NO			
A	10e. STREET AND NUMBER				01. ZIP CODE		10g. CI	TIZEN OF WI	HAT COUNTRY?			
띪	2515 Senator Av	enue			20747			US:A				
3	11. MARITAL STATUS	12. WAS DECEDENT EVE			ECENOENT OF HISPAN			14. RACE	- American Indian, White, etc.			
BY F	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify:											
COMPLETED	16. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S US	SUAL OCCUPA	FION	16b. KJN	D OF SUSINESS/IN	IDUSTRY				
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT use	retired.)								
린	12	0	Retail	Sales	Clerk		J.C. Per	ny's				
Ö	17. FATHER'S NAME (First, Middle, Last)						, Maiden Surname)					
BE	John W. Hart				Nancy	Gaston						
	19a. INFORMANT'S NAME (Type/Print)				t and Number of Rural F	Route Number, C	ity or Town, State, 2	(Ip Code)				
유	Robert E. Cator		Same	as 10	a-10f.							
- 1	20g. METHOD OF DISPOSITION 1.4. Burlel 2 Cremation 3 Remo		20b. PLACE OF DISPOSIT	TION (Name of	cemetery, crematory or		20c. LOCATION -	- City or Tov	vn, State			
	1-∆PBuriel 2 ☐ Cremation 3 ☐ Remo	oval from State	Md. State	Vetera	ns CEmete	ry	Chelter	nham, M	ſd.			
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENBEE		22. NAME	AND ADDRESS OF FA	CILITY LE	e Funera	at Hou	e,Inc.			
	·MitO	Olare			Old Alex			oad				
	23. PART i. Enter the diseases, or o							rreat,	Approximata			
ı	ahock, or heart failure.	Liet only one ceuse o	n eech line.						Interval Batween Onset end Death			
	IMMEDIATE CAUSE (Fine) disease or condition	Sa. hi	12.4						7 ,			
	resulting in death)	DUE TO (OR )	AS A CONSEQUENCE OF			_			at care			
_	_		rie Bonel	Dire	0.6 - 7				7 weeks			
CERTIFICATION	Sequentielly list conditions,		AS A CONSEQUENCE OF):				<u></u>		C 256.547			
F	If any, leading to immediate cause. Enter UNDERLYING		ary artery						() Notice			
윤	CAUSE (Disease or injury that initiated events	DUE TO (OR /	AS A CONSEQUENCE OF	1010	-40 C				- Annia			
E	resulting in death) LAST											
핑		d										
4	PART ii. Other aignificant condition						. WAS AN AUTOPS	Y 24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
EDICAL	COPD; Renal	failure;	Peripheral V	la sculo	- dilegue	1,0	YES 2 NO		COMPLETION OF CAUSE OF DEATH?			
요	with Right from	ural arten.	embalus =	Dincela		_   '			1 YES 2 NO			
2				4.0		_						
A	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF OEATH (Ch	eck only one)						
PHYSICIAN: M	EXAMINER?	HOSPITAL:		OTHER:								
¥	27. MANNER-OF DEATH	28s. DATE OF INJU			ome 6 Residence		BE HOW INJURY O	CCURED				
	1 Natural 6 Pending	(Month, Day, Ye	ar) INJU	RY	WORK?							
BY	2 Accident Investigation	200 BLACE OF IN	URY — At home, farm, st			204 1 004710	Al /Dimet and Alumb	na as Bural S	loute Mumber			
ED	3 Suicide 6 Could not be 4 Homicide determined	building, atc. (	Specify)	wet, factory, o	TICO .	City or To	N (Street and Numi. wn, State)	per or numer n	oute Number,			
<u> </u>			·-									
7	Creck Only	CIAN: To the best of my k	nowledge, death occurred	at the time, d	ata and place, and due	to the cause(a	) and manner as a	tated.				
COMPLET	One) 2 MEDICAL EXAMINE	R: On the basis of examin	setion and/or investigation	, in my opinior	, death occured at the	time, data and	place, and due to	the cause(a	) and menner as stated.			
	29b. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE NUI	MBER	29d. D	ATE SIGNED	(Month, Day, Year)			
8	Chalatt 1 Em	Martino			D 3	6794		7/13	10			
5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF	F DEATH (ITEM 27) (Type I	Print)					2000			
	Elizabeth J.	Engelhardt		131 P	iscataway	R, #6	00 ; (1	linka,	Maryland			
	JUL 16 '90	SIL REGISTRAN'S	Widson-Randall	2			-					

	1 - STATE REGISTRAR	STATE OF N	IARYLAND / DEPA CERTI	RTMENT OF		MENTAL HYGIE REG. NO		
T. P. S. S. S.	1. OECEDENT'S NAME (First, Middle, Last)	Iva	Loretta	CARR		2. DATE OF DEATH MONTH July 3	1990	3. TIME OF OEATH 3:15 p m
3	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthday	MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)
	232-36-6484	1 🗆 M 2 💢 F	87 YRS.	MONTHS DAY	HOURS MIN.	Jan. 12,		Pennsylvania
	9a. FACILITY NAME (If not institution, give a	afreet and number)		9b. CITY, TOW	N OR LOCATION OF D		9c. COUNTY	
ב	Garrett County Mer	morial Ho	snital	0	akland		Gar	rett
RECTOR	RESIDENCE OF DECEDENT		opical		aktana		J Gai	1000
4	10a. STATE 10b. COUNT	Υ	10c. C	ITY, TOWN OR LO	CATION			10d. INSIDE CITY
5	MD	Garrett		akland				1 YES 2 X NO
1	10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNEHAL	Rt. 2, Box 189				21550			USA
2	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARMED	13, WAS D	ECENOENT OF HISPA	NIC ORIGIN? (Specify Y	aa or No- 14	. RACE American Indian,
	1 Never Married 2 Married	FORCES? 1 IF YES, GIVE W	YES 2 NO	If yea,		en, Puarto Rican, atc.)		Black, White, atc.
2	3 🖔 Widowed 4 🗌 Olvorced	IF TES, GIVE W	AN ON DATES	1	ES 2 NANO Specia	ry:		Specify: White
2	15. OECEDENT'S EDU	CATION	16a, DECEDENT	'S USUAL OCCUP	TION	16b. KIND OF B	USINESS/INDUS	TRY
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 -	He On NOT	of work done during use retired.)	most of working	11		
7	7th	College (1-4 of 3 4		Housewif	e	I I	lome	
COMPLEIED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Maide	a Sumama)	
	Oscar	Calvin	Roth		Susan		7 = 1 = 1	Bittner
n n	19a. INFORMANT'S NAME (Type/Print)	OUIVIII		10 1000000 (O		Route Number, City or To		
2	Mrs. Nola A. Ridd	0.34						
		eı				kland, Mar	-	
	20a. METHOD OF DISPOSITION 1 N Burial 2 Cremation 3 Rem	noval from State	other place)		cemetery, crematory or		OCATION — City	
	4 Donation 6 Other (Specify)		Red Hous				cland,	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LI	CENTRAL	1		ANO AODRESS OF FA	wanty neral Home		
	- (Knalle A	JU 02/201				nd St., Oa	_	MD 21550
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. Arter:	AC Arrhythm (OR AS A CONSEQUENCE (OR AS A CONSEQUENCE	OF): Cardio- OF):	-Vascular	Disease		Onset and Death 5 minute: Unknown
=	resulting in death) LAST							
2		d						
PHYSICIAN: MEDICAL	PART II. Other significant condition Alzheimer's		death but not resultin	g in the underly	ring cause given in	1 Part I. 24a. WAS / PERF	AN AUTOPSY DRMED?	24b. WERE AUTOPSY FINDINGS AMARLABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL			26	PLACE OF DEATH (C	heck only one)		
2	EXAMINER?	HOSPITAL:	ER/Outpatient 3 □ DOA	OTHER:	lama &   Basidanaa	e - Other (County)		
	27. MANNER OF DEATH	28a. DATE OF	*		INJURY AT	28d. DESCRIBE HOV	A IN HIBA OCCIN	DED.
	XIX Natural 5 Pending	(Month, D	ay, Year)	INJURY	WORK?	200. DESGRIBE NO	THOUSE COOL	neo-
0	2 Accident Investigation	200 BLACE O	E IN HERV. As home form			000 1 000 1 100 100	4 4 44 4	0.70 ( 0.70
2	3 Suicide 6 Could not be 4 Homicide determined	building,	F INJURY — At home, fam etc. (Specify)	n, street, ractory, o	ffice	28f. LOCATION (Stree City or Town, Sta		Hural Houte Number,
ų	29a. CERTIFIER							
COMPLETED	Check only 1 GENTIFTING PHYS	ER: On the best of a	my knowledge, death occur xamination and/or investiga	urred at the time, of the street of the stre	leta and place, and du n, death occured at the	a to the cause(s) and n e time, date and placa,	senner as stated. and due to the c	cause(a) and manner as stated.
BE C	295. STGHATCHE AND TITLE OF CENTIFIE		1.11	20	29c. LICENSE NU		79d. DATE S	UGHED (Morth, Day, Year)
0	39 NAME AND ADDRESS OF PERSON WI	HO COMPLETED CALL	SEOF DEATH (ITEM 27)	M.C.	D 056	58	▶ Ju.	ly 4, 1990
	Herbert H. Leigh				Oakland,	Maryland	21550	
	31. DATE FILED (Month, Day, Year)  JUL 6 '90	0	R'S SIGNATURE					
	OUL 0 30	المالة بيشات الم	the state of the state of the state of					

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dapt, of Health and Mental Hygiene prior to burial, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
---

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		C	EHIL	ICALE	Ur	DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last,	Eugene	Owe	n	CARI	NEY		2. DATE O MONTH Jul	D/		YEAR	3. TIME OF DEATH  5:35 P M
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. la	st birthday)	IF UNDER 1		IF UNDER 24 HRS.	7. DATE O				PLACE (State or Foreign
218-01-6662	6 YRS. MONTHS DAYS HOURS MIN.			Nov.	Day, Year)	1903	Country	ryland			
9e. FACILITY NAME (If not institution, give	street and number)			9b. CITY, 1	TOWN (	OR LOCATION OF DE		20,		NTY OF DE	
		enital				kland					
RESIDENCE OF DECEDENT	.morrar no	spital		L	Va	KTanu			Gai	rett	
10e. STATE 10b. COUN	TY		10c. CIT	Y, TOWN OR	LOCA	TION				T	10d. INSIDE CITY
Garrett County Me RESIDENCE OF DECEDENT 10e. STATE 10b. COUN MD 10e. STREET AND NUMBER 20   West Center 11. MARITAL STATUS 1 Prover Married 2   Married	Garret	t			_	0akla	nd				LIMITS? 1 X YES 2 NO
10e. STREET AND NUMBER					10	. ZIP CODE			10g. CITI	ZEN OF W	HAT COUNTRY?
201 West Center	Street						2155	0		US	A
LE MANUEL - MANUEL	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 X		If :	yes, sp	ENDENT OF HISPAN ecify Cuben, Mexica 2 X NO Specifi	n, Puerto Ri		or No	14. RACE Black Specif	- American Indien, White, etc.
						21					White
15. DECEDENT'S ED (Specify only highest grad	UCATION	16a. D	ECEDENT'S	USUAL OCC	CUPATI	ON	18b.	KIND OF BUS	SINESS/INC	USTRY	
15. DECEDENT'S ED (Specily only highest grace Elementary/Secondery (0-12) 7 th  17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5 +	116	e. Do NOT u	work done du se retired.)	inng mo	ist of working					
7th			Barte	ender				Re	staur	ant	
17. FATHER'S NAME (First, Middle, Last)						18, MOTHER'S NA	ME (First 14				
Michael	J. Ca	rney					INTE (FITS), M		Surrieme)	Τ	
	J. Ca					Mary				Trac	еу
19e. INFORMANT'S NAME (Type/Print)		1				and Number or Rural				Code)	
William E. Hesen		L	eigh	ton Di	riv	e, Oakla	nd, M	aryla:	nd 2	21550	
20e. METHOD OF DISPOSITION  1 X Burlet 2 Cremation 3 Re  4 Donation 8 Other (Specify)	moval from State	other r	olace)	Cemet		metery, cramatory or			cation – l and .		vn, State yland
21. SIGNATURE OF FUNERAL SERVICE	JOENSEE				_	ND ADDRESS OF FA	CILITY	- Care		II.C.I	<i>y zana</i>
- Bueller A	Maria	0		9	Ste	wart Fund S. Second	eral		land.	MD	21550
disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO	(OR AS A CONSI	EOUENCE (	OF):	IC	carcinom	a				
that initiated eventa resulting in death) LAST	DUE TO	(OR AS A CONS	EOUENCE (	PF):							
	one contributing to	death but not	regulting	In the und	terlula	a course alves in	Bart I	24a, WAS AN	ALFTODREY	2.45	WERE AUTOPSY FINDINGS
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 XNO  27. MANNER OF DEATH						g cause given in		PERFOR	RMED?	240.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL											
EXAMINER?	HOSPITAL:			OTHER:		LACE OF OEATH (C	eck only one	)			
1 TES 2 NO	1 X Inputiont 2	ER/Outpatient	3 DOA			ne 5 🗆 Reeldence	8 🗆 Other	(Specify)			
Transfer 5 Perions	28a. OATE OF (Month, D	FINJURY Pay, Year)	28b. Til	ME OF JURY M		JURY AT ORK? YES 2 NO	28d, OEŞ	CRIBE HOW	NJURY OC	CURED	
2 Accident investigator 3 Suicide 8 Could not b 4 Homicide determined	28a. PLACE O	OF INJURY — At It etc. (Specify)	nome, farm,	street, factor	ry, offic	20		TION (Street or Town, State)		r or Rural R	loute Number,
Torrow Drift 22	SICIAN: To the best of										) and manner as stated.
				********							
Derald R	Kichith	COM				29c. LICENSE NU D3003.			29d. DAT		(Month, Day, Year) 07/90
Donald R. Ric	hter, M.D	. Rt#1	Box	348T3	0a	kland, M	d 215	50			
JUL 9 90	32. REGISTRA	AR'S SIGNATURE									
	-0-					· · · · · · · · · · · · · · · · · · ·					

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA	L HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR	SIAIE UF MAK		ICATE OF		MENIAL HYGIE REG. N						
	1. OECEDENT'S NAME (First, Middle, Last)			-		2. DATE OF DEATH MONTH	DAY	YEAR 3.	TIME OF DEATH			
	ALLEN DAVID	COOL				JULY 25	, 199		6:20 p. M			
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. A	GE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	19		ACE (State or Foreign			
	220-18-1962 1	₩ 2 □ F	64 YRS.	MONTHS DAYS	HOURS MIN.	APRIL 2		MARY	LAND			
	9e. FACILITY NAME (If not institution, give street	and number)		9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COU	INTY OF DEAT	TH .			
DIRECTOR	205 SOUTH SETO	N AVENUE	Ξ	EMMITS	BURG		FRI	EDERI	CK			
<u>ଲ</u>	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION			10	d, INSIDE CITY LIMITS?			
5	MARYLAND FREDER	ICK	EMI	MITSBUE	G		1	YES 2 NO				
	10e. STREET AND NUMBER			10	. ZIP CODE		10g. CI1	TIZEN OF WHA	T COUNTRY?			
FUNERAL	205 SOUTH SETO	N AVENUE	E		21727			USA				
5	11. MARITAL STATUS 12	. WAS DECEDENT EVE	R IN U.S. ARMED		CENDENT OF HISPAI	NIC ORIGIN? (Specify	fee or No-	14. RACE -	American Indien, /hite, etc.			
BY F	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 XY IF YES, GIVE WAR O	R DATES		ecify Cuben, Mexico 2 NO Specif	en, Puerto Rican, etc.) ly:		Specify:	ASIAN			
۵	15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION 16b. KIN								MOIM			
	(Specify only highest grade con Elementary/Secondary (0-12)	college (1-4 or 6 +)	(Give kind of life. Do NOT u	work done during m se retired.)	ost of working							
7	8th		AUTO M	ECHANIC		AUTO	REPA	IR				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Mald	en Surname)					
BE C	GEORGE COOL				ALICE	TOPPE	R					
	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or 1						
2	RONALD J. COOL	,SR	214	WEST MA	IN STRI	EET EMM	ITSB	URG,	MD 21727			
	20e. METHOD OF DISPOSITION XXBuriel 2 Cremetion 3 Remove	from State	20b. PLACE OF OISPO	SITION (Name of ce	metery, cremetory or	cremetory or 20c. LOCATION City or Town, State						
	4 Donation 5 Other (Specify)			JOSEPH	I'S CEMI	ETERY EM	MITS	BURG,	MD 21727			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 210 WEST MAIN STREET											
	. H. Keven	Ludy		SKII	ES FUNI	ERAL HOM	E EM	MITSB	URG, MD			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEDUENCE OF):  DUE TO (OR AS A CONSEDUENCE OF):  DUE TO (OR AS A CONSEDUENCE OF):											
E	d								1			
PHYSICIAM: MEDICAL	PART II. Other algnificant conditions of	contributing to deef	th but not resulting	in the underlying	g cause given in	PERF	AN AUTOPSY ORMED?	CO	ERE AUTOPSY FINDINGS AILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?  YES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL	-										
CIC	EXAMINER?	OSPITAL:		OTHER:	LACE OF DEATH (C							
ΙλS	27. MANNER OF DEATH	28a, DATE OF INJU			JURY AT	a Other (Specify)  28d. DESCRIBE HO	W IN ILIEN O	CCUPED				
BY PH	1 Netural 8 Pending 2 Accident Investigation	(Month, Day, Ye	(ar) IN.	JURY W	YES 2 NO	280. DESCRIBE NO	W INSONY O	CCORED				
	3 Suicide a Could not be 4 Homicide determined	28e. PLACE OF INJ building, etc.	PURY — At home, farm, (Specify)	etreet, factory, offi	ce	261. LOCATION (Streetly or Town, Streetly or Tow		er or Rural Rou	te Number,			
COMPLETED	(Orlock Orly)		nowledge, death occur nation and/or investigati						nd menner ee stated.			
BE	294- BIGNATURE AND TITLE OF CERTIFIER	21			29c. LICENSE NU	MBER			26, 1990			
5	30, NAME AND ADDRESS OF PERSON WHO	OMPLETED CAUSE OF	F DEATH (ITEM 27) (Type	n, Print)	77 7 7	>		0021	_0,			
	P. GREGORY RAU  31. DATE FILED (Month, Day, Year)	SCH, M.		ST SEVI	ENTH ST	REET FRE	DERI	CK, M	D 21701			
	JUL 26 '90	32. REGISTRAN'S SIGNATURE Linia Davidson-Randalle										

~		æ
	_	2
		permit.
46	physician.	je 5 should be detached for use as the burial-transit permit. Pa
3	attending p	the
6	e o	33
20	att	use
7	8	ğ
9	hospit	ached
A	the	det
Ţ	6	2
LTIMORE, MARYLAND 21203-3146	ath. Page 6 may be retained by the hospital or at	5 should
	2	90
ш	lay	pa
Æ	9	300
MC	Page	dire
5	ath.	unera

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 10 THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cernain DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	- STATE REGISTRAR		CERTIF	ICATE C	F DEATH	REC	G. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE	ATH DAY	YEAR	3. TIME OF DEATH		
	David K	ershaw	Chenay				3, 1990	TEAR	10:35 AM M		
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7 DATE OF BIS	TH	S. BIRTI	HPLACE (State or Foreign		
	578-14-5742	MXM2□F 8	B1 YRS.	MONTHS DA	YS HOURS MIN.	Dec. 11	, 1908	Was	Shington, DC		
	9a. FACILITY NAME (If not institution, give a	treet and number)		9b. CITY, TO	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						
TOR	Potomac Valley N	ursing Home	9	Roc	kville		Mor	tgom	nery		
Ε̈́ Ι	10e, STATE 10b, COUNTY	r	10c. Cl	TY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?							
0	Maryland Mont	gomery		Pot	omac				1 TES X NO		
FUNERAL DIRECTOR	104. STREET AND NUMBER 12717 Lincolnsh	ire Drive			101. ZIP CODE 2085	54	10g. CI	WHAT COUNTRY? J.S.A.			
BY FUN	11. MARITAL STATUS 1 Never Married XX Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EV FORCES? VXX	YES 2 NO	If yes	DECENDENT OF HISPA I, specify Cuban, Mexic YES XX NO Speci	en, Puerto Rican,		14. RACE — American Indien, Black, White, etc. Specify: White			
	15. DECEDENT'S EDU	CATION	16s. DECEDENT'S	USUAL OCCU	PATION	19b. KIND	OF BUSINESS/IN	DUSTRY			
	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of life. Do NOT i	work done durings retired.)	g most of working						
COMPLETED	12		Civil H	Enginee	r	U.	S. Gove	ernme	ent		
ğ	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle,	Maiden Surname)				
BE (	Arthur	Α.	Chena	ıy	Marga	cet			Martin		
2	19a. INFORMANT'S NAME (Type/Print)				eet and Number or Rural						
٦	Dorothy H. Chena	-				-			land 20854		
	20a. METHOD OF DISPOSITION  XX Burial 2 Cremation 3 Rem	oval from State	other place)		of cemetery, cremetory or		20c. LOCATION -				
	4 □ Donation 5 □ Other (Specify)		Gate of H				Silver	Spri	ng, Maryland		
	21. SIGNATURE OF EUNERAL SERVICE LIC	ino	M00877	Ro	bert A. Pi ckville,	imphrev	Funeral	Mont	ne gomery 20850-2805		
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heert failure. List only one cause on each line.  Approximate interval Between Operations of the cause of the ca										
	IMMEDIATE CAUSE (Finel disease or condition										
	reaulting in death)		openia	OFI:					18 Months		
-			asia of B		rrow				18 Months		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate		AS A CONSEQUENCE				-				
3	cause. Enter UNDERLYING CAUSE (Disease or Injury	c									
	that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUENCE	OF):							
Ы		d									
اد	PART II. Other significant condition	ns contributing to des	th but not resulting	in the under	lying ceuse given in		WAS AN AUTOPS	/ 24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
DICAL	Senile Demer	ntia					YES 2XXNO		COMPLETION OF CAUSE OF DEATH?		
MED									1 TYES 2 NO		
<u> </u>											
×	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			-	6. PLACE OF DEATH (C	heck only one)					
SIC	1 TES 2XXNO	HOSPITAL: 1   Inpatient 2   ER	/Outpetlent 3 DOA	OTHER:	Home 5 - Realdence	S Other (Spec	offy)				
Y PHYSICIAN:	27. MANNER OF DEATH  1 X Netural 5 Pending Investigation	28a. DATE OF INJI (Month, Day, Y		JURY	: INJURY AT WORK?	28d. DESCRIBE	HOW INJURY O	CCURED			
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF IN building, atc.	JURY — At home, farm (Specify)	, street, factory,	office	281. LOCATION City or Tow	(Street and Numb n, State)	er or Rural	Route Number,		
<u> </u>	29a. CERTIFIER										
COMPLETED	enel -	ICIAN: To the best of my ER: On the besis of exami							(a) and manner as stated.		
ш	296. SIGNATURE AND TITLE OF CERTIFIE	B H	-1 -		29c. LICENSE NU	JMBER	29d. D/	ATE SIGNE	D (Month, Day, Year)		
TO B	Nussell M.	illey,	L1- m.	D.	DC-162	.9	•	July	23, 1990		
F	30. NAME AND ADDRESS OF PERSON WH										
	Russell M. Tilley				setts Ave	, NW Wa	shingto	on, I	C 20016		
	31. DATE FILED (Month, Day, Year)	32. BEGISTRAR'S	SIGNATURE CONTRACT	2.							
	JIII 24 <b>'9</b> 0	Juna van	I HE TOTAL WHEN THE STREET	च्या ।							

den ri

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AN TE OF DEATH	D MEN	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Lest)	JOHNSON	COLBE	RT	N 1	DATE OF DEATH DAY	YEAR 90	3. TIME OF DEATH AND WAY			
	4. SOCIAL SECURITY NUMBER 579-05-591	1 🗆 M 2 🗸 F	8/ YRS. MON		N. (	OATE OF BIRTH Month, Day, Year)	9 Bus	MFRIES, VA.			
TOR	9a. FACILITY NAME (If not institution, give a	street and nulmber) SS HOSPI	TAL S	SILVER SPA	ELNS	90	MO N	to rary			
REC	10a. STATE 10b. COUNT	Y		WN OR LOCATION				10d. INSIDE CITY LIMITS?			
L D	Maryland Monte	gomery	Silve	r Spring		100	1 1 YES 2 □ NO				
ERA	2015 East West Hi	ohway		20910			nited S				
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN	2 NO	13. WAS OECENDENT OF HIS If yes, specify Cuban, Me 1 YES 2 NO S	xicen, Pu	RIGIN? (Specify Yea or N	14. RACE	— American Indian, c, White, etc.			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION o completed) College (1-4 or 5+)	IIIe. Do NOT use reti	done during most of working red.)		16b. KIND OF BUSINES	SS/INDUSTRY				
MP	8 17. FATHER'S NAME (First, Middle, Last)		Domestic		D NAME /	Private First, Middle, Malden Sum					
	Thomas Johnson			Mary			amej				
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	RESS (Street and Number or R			ate, Zip Code)				
F	Carroll Colbert			th Street #5							
	20a, METHOD OF DISPOSITION  1 Departure of Comments of	noval from Stata	other place)	N (Name of cemetery, crematory	101		ON — City or To				
	4 Donation s Cother (Specify) Fort Lincoln Cemetery Brentwood, Maryland  21. SIGNATURE OF THILLY SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY MCGuire Funeral Service										
	ara	w E. XI	with	7400 Georgi			ashingt	on, D.C.			
-	23. PART I. Epter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac corporpiratory arrest, shock, or heart failure. List only one cause of each line.  IMMEDIATE CAUSE (Final disease of condition resulting in death)  BUE TO (OR AS A PONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	•	A CONSEQUENCE OF):		0						
PHYSICIAN: MEDICAL C	PART II. Other significant condition	ns contributing to death b	out not resulting in the	e underlying cause given	ul	244. WAS AN AUT PERFORMED 1   YES 2	77	MERIC AUTOPSY FINDINGS MAIL ARLE PRIOR TO COMPLETION OF CAUSE OF DEATH!			
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	7	' 26. PLACE OF DEATH	н /Слеск п	inly one).					
YSK	1 TES 2 X NO	1 ☐ Impatient 2 ☐ ER/Outs	petient 3 🗆 DOA 4 4 E	HER: Mursing Home 5 □ Reside							
ВУ РН	27. MANNER OF DEATH  1 X Netural 5 Pending 2 Accident Investigation	Zea. DATE OF INJURY (Month, Day, May)	280. TIME OF INJURY	M T YES 2 NO	)	4. DESCRIBE HOW INJUI	Se tata in order of				
TED	3 Suitside & Could not be & Homicide determined	building, etc. (Sca	ely)	, sactory, ornice	240	City or Town, State)	NAMED OF PROPERTY	HOUSE PRUTIDES			
COMPLETED	(Check day	ICIAN: To the best of my know ER: On the bests of economicatio	1				1	s) eght manner an etetest.			
TO BE	29b. SIGN GRIPE AND TITLE OF CENTURE	um de	#	D 28	92	0 /	d. DATE SIGNES	20 July July 0			
#700°43	30. MARIE AND ADDRESS OF PERSON W.  SURIN  31. DATE FILED (Month, Day, 16ar)	DER SIND	N 73	19A Ha	non	ver basi	liba	190 200			
	JUL 25 '90	Julia Dai	vidson Pando R								

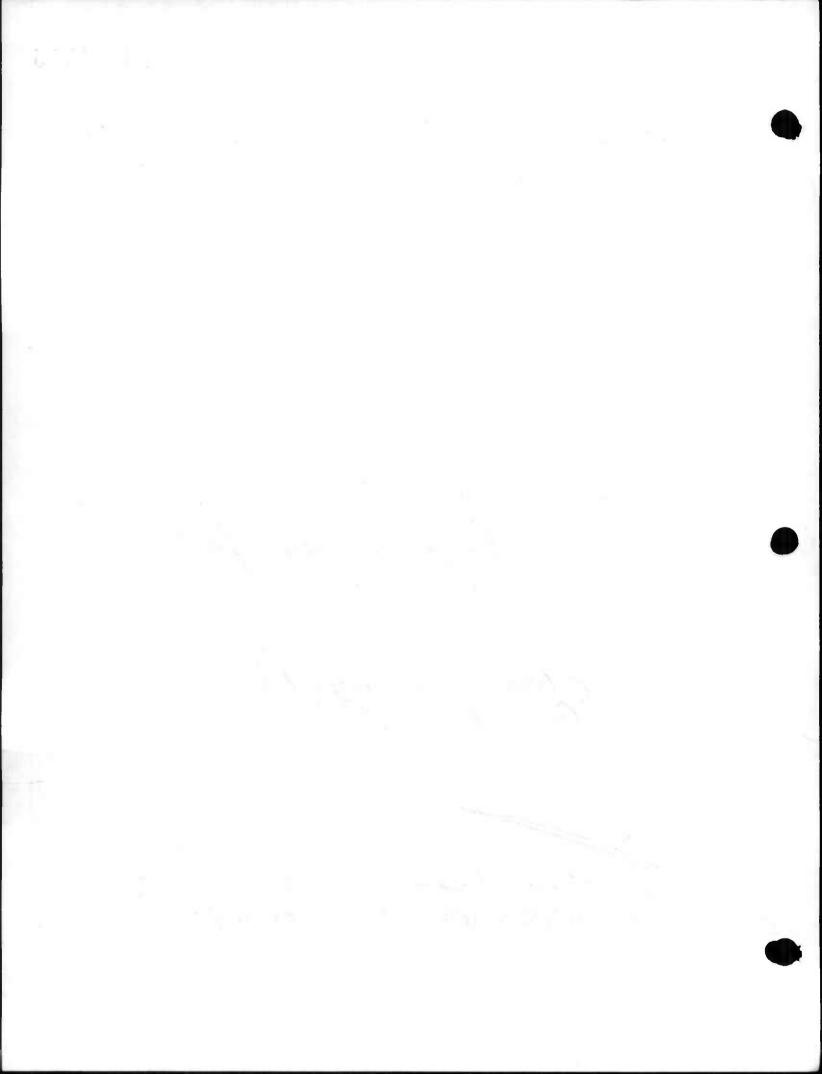
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DHMH-16 Rev 1/89



J	U	4	4	U	1

	FOR 1 - STATE REGISTRAR		STATE OF N	MARYLA			TMENT ICATE				MENTAL	HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, MI	iddle, Last)	E.	CL	Em						2. DATE		NY _	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 220-44-8793	ı.	5. SEX 1 M 2 K F	6. AGE (II	n yrs. last b	virthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS. MIN.	(Month	OF BIRTH , Day, Year)		Counti	**	٦
	9e. FACILITY NAME (If not institu		treet and number)		72				R LOCATI		ATH	1, 18	9c. COU	INTY OF D		$\dashv$
DIRECTOR	HOLY CRO	DENT	HOSPITA	L 			S	TLAE	R SP	KING	i			MONT	GOMERY	4
REC	10e. STATE 10	Ob. COUNT				10c. CIT	Y, TOWN								10d. INSIDE CITY LIMITS?	٦
- 1	MARYLAND 100. STREET AND NUMBER		MONTGOME	KY			51	LVER	ZIP COD	RING	i		1 YES 2 NO	$\dashv$		
FUNERAL	8811 COLE:	SVILL	E ROAD		20910						USA					
B	11. MARITAL STATUS 1 Never Married 2 Me 3 Widowed 4 Divorce		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES	2 X NO					n, Puerto F		or No—	14. RACI Blac Spec	E — American Indian, k, White, etc. WHITE		
TED	15. DECED (Specify only h	ENT'S EDU	CATION completed)		(Give	kind of	USUAL O work done se retired.)	during mo	IN st of workli	ng	16b.	KINO OF BU	SINESS/IN	DUSTRY		٦
COMPLETED	Elementary/Secondary (0-12	1)	College (1-4 or 5	+)	CLE		so recired.)				F	EDERAI	GOV	/ERNM	MENT	
	17. FATHER'S NAME (First, Midd JOHN	fle, Last)	CLEMENT	S					100	HER'S NA		fiddle, Maiden		ARRE	ELL	
TO BE	190. INFORMANT'S NAME (Type BERNARD E.		(NEPH	E1.7)								oer, City or Tow			LAND 20852	
	20a. METHOD OF DISPOSITION	N			PLACE OF	F DISPO					, K	_			own, State	-
	1 Donation 5 Other (S	pecify)		C	ether pleo EDAR				TERY			SUI	CLANI	, MA	RYLAND	
	21. SIGNATURE OF FUNERAL S	SERVICE LI	CENSEE	are			FR	ANCI		COL	LINS	FUNE			INC. SP., MD 2090	0.1
	23. PART I. Enter the dise ehock, or hea IMMEDIATE CAUSE (Final disease or condition resulting in death)	rt fallure.	a. OUE TO	ușe on ea	nch line.							llec or resp	iretory a	rreat,	Approximata Interval Between Onset and Death	
ATION	Sequentially list condition If any, leading to immedia cause. Enter UNDERLYIN	ate	b	(OR AS A	A CONSEQUENCE OF):								-			
CERTIFICATION	CAUSE (Disease or Injury that Initiated events reculting in death) LAST	1	d.	(OR AS A	CONSEQU	JENCE C	F):									
CAL C	PART II. Other algorificant	conditio	ns contributing to	death b	ut not re	sulting	In the u	nderlyin	g cause	given in	Part I.	24a. WAS AN		24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	3
MEDI											_	1 TES			COMPLETION OF CAUSE OF OEATH?  1 YES 2 NO	
IAN:	25. WAS CASE REFERRED TO	MEDICAL	1					26. P!	ACE OF I	DEATH (C)	neck only or	ne)			-	4
PHYSICIAN:	EXAMINER?		HOSPITAL:		eationt 3			rsing Hon		lesidence	6 🗆 Othe					
ВУ РН	27. MANNER OF OEATH  1 Netural 5 Per 2 Accident	ending vestigation	28a. DATE Of (Month, i			28b, Tit	ME OF JURY M	WC	PURY AT ORK? YES 2 (	□ NO	28d. DES	CRIBE HOW	INJURY O	CCURED		
	3 Suicide 6 Co	OF INJURY , etc. (Spec	— At hom	ne, farm,	street, fac	ctory, offic	:0			ATION (Street or Town, State		er or Runal	Route Number,			
COMPLETED	cont only		ER: On the basis of												(s) end manner as stated.	
BE	296. SIGNATURE AND TITLE O	у сентич	Enkew	m	7				29c. LIC	ENSE NU	MBER 4	-	29d. DA	TE SIGNE	D (Month, Day, Year)	
7	30. NAME AND ADDRESS OF I	PERSON W	LENKI	USE OF DE	MOO	27) (Typ	e, Print)	2	JO9 WHE	770,	SHOR	MO	w	PD		
	31. DATE FILED (Month, Day, Ye	3 <b>*9</b> 0	32. REGISTR		Adama.	Ron	2000									
		-	0			B.					-				DHMH-16 Rev 1	1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

10

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mounts after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached an united of the funeral director, page 5 should be detached the control of the funeral funeral within 70 hours after heart with the State heart of Hearth and Mental Horiene prior to build. Cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
by th	20	at
ained	hould	fled
e reta	5 5	not
lay b	page	t be
9 в	ector,	E C
Page	ज व्	ner
seath.	funer	xami
ther	the the	eal
SIR	in b	ledi
7	filled on. o	he n
ithin	ertely	nt, t
w ba	al cr	eve
poecul	and o	natic
De e	ician ior to	ranu
ficate	physical physical	her t
certi	Mydie	r ot
death	atte	17, 0
the	y the	ini
that	th ar	ашу
quire	n Sign	OWS
W re	beel of	3 sh
The la	e has	m 2
AN: 1	ifical Sta	r le
YSICI	S cen	d, 0
G PH	er thi	Jarke
NON	R. Aft	is m
ATTE	ECTO	1 28
L OR	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fire and within 20 hours after death with the State Dent of Health and Mental Hydiene prior to burial, cremation, or removal.	item
PITAL	ERAL	TI: H
HOS	FUN	TAN
王	STHE STAN	4PO
12	P 2	5 €

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR Certif				MENTAL	HYGIEN REG. NO.		0	2140/
,	1. DECEDENT'S NAME (First, Middle, Lest) Brid	an S. (	Connor				2. DATE O	19-90	Y YE	AD I	2:08 AM M
	215-48-7393 A	1 № M 2 □ F	(in yrs. lest birthday)	IF UNDER 1	DAYS HO	UNDER 24 HRS.	Jul	F BIRTH Day, Year)	19 <del>93</del> Wa	Country) AShir	egton D.C.
ron	90. FACILITY NAME (If not institution, give stree  St. Agnes Hospita  RESIDENCE OF DECEDENT					ocation of DE Dre Cit			9c. COUNTY Bal	of death	
DIRECTOR	10e. STATE 10b. COUNTY  MD . P.	G.	10c. CIT		r LOCATION Verda						INSIDE CITY LIMITS?  YES 2 NO
FUNERAL	100. STREET AND NUMBER 6405 45th. Pl.				10f. ZIF	20737			10g. CITIZEN		COUNTRY?
BY FUN		2. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 XNO	H	yes, specify	ENT OF HISPAN Cuben, Mexice NO Specify	n, Puerto R		or No— 14.	Specify:	American Indian, hite, stc.
COMPLETED	15. DECEDENT'S EDUCA' (Specify only highest grade co Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of life. Do NOT us	work done di se retired.)		working	186.		SINESS/INDUST		
	17. FATHER'S NAME (First, Middle, Lest) Thomas J. Cor	mor	140	00T.	18	. MOTHER'S NA		iddle, Meiden	ching sumeme) Kirra	ne	
TO BE	190. INFORMANT'S NAME (Type/Print) Thomas J. Conn		19b. MAJLING			Number or Rural P	Route Numb	er, City or Tow	n, State, Zip Coo	de)	
	20a. METHOD OF DISPOSITION 1		other place) Chambe:	rs C	remat	ory		Ri	cation – chy verdal	e, M	D.
	21. SIGNATURE OF FUNERAL SERVICE LICEN	1 670 /	2	- 1		evelan					Inc. 20737
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart feliure. Liet only one cause on each line.  IMMEDIATE CAUSE (Finel								Approximate interval Batween Onset and Death		
	disease or condition resulting in death)  Coronary artery disease  DUE TO (OR AS A CONSEQUENCE OF):										
ATION	Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING  Arteriosclerotic cardiovascular disease  DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	CAUSE (Diseese or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS	A CONSEQUENCE O	F):							
MEDICAL	PART II. Other significent conditions DIABETES WITH CH							24a. WAS AN PERFOI	RMED?	CO OF	RE AUTOPSY FINDINGS INLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	noticed 2 DOS	OTHER	R:	E OF DEATH (Ch					
	27. MANNER OF DEATH 14 Watural 8 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIR		28c. INJURY WORK	Residence  AT  2 NO			INJURY OCCUR	RED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, stc. (Spe	Y — At home, farm,	street, fect	ory, office	- 16-2		ATION (Street or Town, State,	end Number or	Rural Route	Number,
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI CONE)	AN: To the best of my know								euse(e) en	d menner ee stated.
O BE C	29b. BANKATURE AND TITLE OF CERTIFIE	nyfull	,		21	OCM			29d. DATE S		19–90
	B 30 NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D	EATH STEM 97 /5m	a Orienti							

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE
Julia Davidson Randall

KORELL, MD

MARGARITA A.

111 Penn Street, Baltimore, MD 21201

DHMH-18 Rev 1/89

VC

TRAFF 6

70

. . .

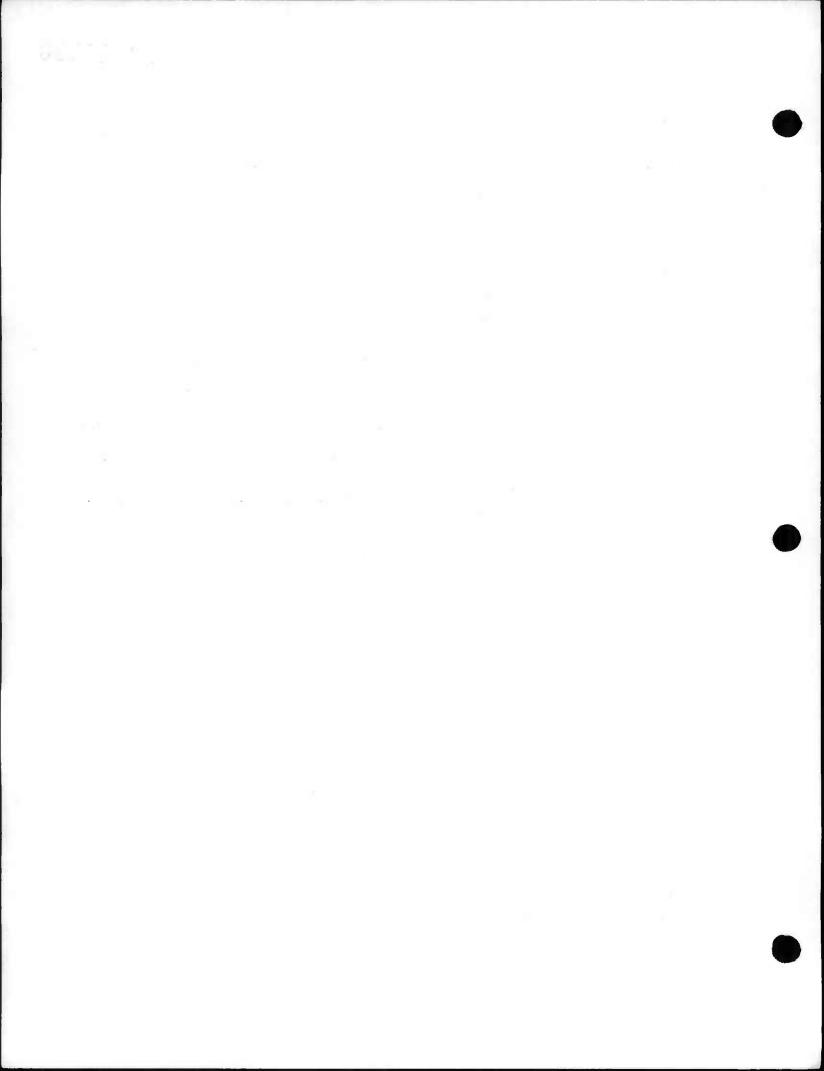
BALTIMORE, MARYLAND 21203-3146

DECODE DIVISION OF VITAL

ADS, F.C. BOA 13146, BALLIMONE, MARILAND 21203-3146	) THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death, Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should this the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	sd, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VIEAL RECORDS, F.O. BOA 13148,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exect	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumati-

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First,	Middle, Last)	·							2. DATE OF I	DEATH			3. TIME OF DEATH
	WILLIAM DAN		TTMAR	CD						JULY	1.3		990	
	4. SOCIAL SECURITY NUMBER		S. SEX	6. AGE (In yrs	s. lest birthday)	IF LINDS	R 1 YEAR	IF LINDE	R 24 HRS.	7. DATE OF E		, 1		2:30 a <sup>M</sup> LACE (State or Foreign
	349-14-6404		12€3€M 2 □ F	66	YRS.	MONTHS	DAYS	HOURS	MIN,	(Month, De	y, Ybar)	100	Country)	
	9e. FACILITY NAME (If not ins	attation also a		00		ah CIT	JAN. 15, 1924 III.					LINOIS		
œ	NATIONAL NAV			מידעי					OR OF DE	nin.				
2	RESIDENCE OF DEC		DIONE CE	MILLI		DE	BETHESDA MONTGOMERY					KI		
DIRECTOR	10e. STATE	10b. COUNTY	1		10c. CIT	Y, TOWN	OR LOCA	TION						10d. INSIDE CITY
5	VIRGINIA	FAIRFA	X		MCI	EAN								YES 2 NO
	10e. STREET AND NUMBER						10	f. ZIP COD	E			10g. CIT	IZEN OF WI	IAT COUNTRY?
FUNERAL	6534 ELNIDO	DRIVE	1					2210	l			UN	ITED	STATES
5	11. MARITAL STATUS		12. WAS DECEOEN FORCES? 1			13				IC ORIGIN? (S			14. RACE -	- American Indian, White, atc.
BY	1 Never Married 2 I I 3XXWidowed 4 Divor		IF YES, GIVE V	WAR OR DATES	3				Specify		., =,		Specify	
				44 - 1		1	2001							WHITE
E	(Specify only	highest grade	completed)		(Give kind of life. Do NOT u	work done	during me		ing	16b. Kill	ID OF BUS	SINESS/INI	DUSTRY	
COMPLETED	Elementary/Secondary (0-	12)	College (1-4 or 5	+)							DEF	TRACE		
ž I	4 U. S. NAVY DEFENSE  17. FATHER'S NAME (First, Middle, Lest)  18. MOTHER'S NAME (First, Middle, Melden Surname)													
		144	חדמדרע ה	T ጥጥጥ ለ TO				ia, MOI					TDV	
B														
임	BARBARA DITTMAR  6621 OLD CHESTERBROOK ROAD, MCLEAN, VA 221										22101			
	DISTORAGE DITTERIX OUZI OLD CHESTERBROOK ROAD, MCLEAN,													
	20a. METHOO OF DISPOSITION   20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)   20c. LOCATION — City or Town, Stocker place)   ARLINGTON NATIONAL CEMETERY   ARLINGTON, VA.													
	21. SIGNATURE OF FUNERAL		ENSE			22	. NAME A	NO A OOR	SS OF FA	CILITY			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Ì	× >-	1	941							L HOME	_			
	23. PART I. Enter the dis		CHICAGO	nel	a donth Do					ST.,				VA.
			List only one car			not ente	ri tire ili	oda oi u	ing, suci	i es ceruisc	Of Teap	ratory st	reat,	intarval Between
	iMMEDIATE CAUSE (Findiseasa or condition	ai												Onset and Death
	resulting in death)	<b>→</b>			C ABDO		L AI	ENOC	ARCI	NOMA	_			-
_			OUE IC	(UN AS A CO	NSEOUENCE C	rrj:								
<u>8</u>	Sequantially list condition		b DUE TO	(OR AS A CO	NSEQUENCE C	)F):								
CERTIFICATION	if any, laading to immed cause. Enter UNDERLYII	NG	C.											!
드	CAUSE (Disease or Injui that initiated events	y		(OR AS A CO	NSEQUENCE C	F):				<del></del>				
	resulting in dasth) LAST	r l	d											
	PART ti. Other significa	nt condition	a contribution to	death but o	not regulting	in the t	ınderlyis	20 001100	alven in	Dart i 24	- WAS AN	AUTOPSY	1 245	WERE AUTOPSY FINDINGS
중	TAIT II. Other argumout	tondition	u contributing to	death but i	not resonting	iii tria t	andan iyn	ig cause	Aisen m		PERFOR	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
EDICAL	7				<u>.</u>					— [11	YES 2	X NO		OF DEATH?
Σ										- 1				1 TYES 2 NO
AN I	25. WAS CASE REFERRED TO	MEDICAL					20 7	H ACE OF	DEATH AN	eck only one)				
PHYSICIAN:	EXAMINER?	- MEDIONE	HOSPITAL:	T EDVO-4	- a	ОТНЕ	ER:							
¥	t YES 2 NO		1 X Inpatient 2		nt 3 ⊔ DOA			me 5   F	esidence	8 Other (S)		NJURY OF	CURED	
	1 Natural 5	Pending	(Month, I			JURY	W	ORK? YES 2	□ NO					
B	a Calaba	investigation	28e. PLACE	OF INJURY —	At home, farm,	streat, fa				281. LOCATIO	ON (Street	and Numbe	er or Rumil Ro	oute Number,
COMPLETED		Could not be determined	building	, atc. (Specify)	-,						own, State)			
9	29a. CERTIFIER 1 17 CENT	IEVING BUYE	CIAN: To the heat :	d my knowled	n don't	and state	Almo de	a and street	a. and 4:	to the court	a) and =		or d	
MΡ	(Check only		CIAN: To the best o											and menner as stated.
8							sp.mont,				preve, ar			
BE	296. SIGNATURE AND TITLE	OF CERTIFIE	"3	1	D				36-0	76451	(TT )			(Month, Day, Year)
2	30. NAME AND ADDRESS OF	PERSON WIL	O COMPLETED AL	ISE OF DEATH	/ITEM 971 /5	a Print1	NT A			AVAL M				
	P. E. LIN				(FIER ZI) (N/P	o, rimi)				MD 208			ENIEK	
	31. DATE FILED (Month, Day,			AR'S SIGNATU	RE		DE	THES	υn, l	.m. 200	14-0	011		
	.nn 20		Lulian	Tavidana	Randall									
	- III C U	JU	1	an full man and		77								



**Approximate** interval Between Onset and Death rears

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Lest)

31. DATE FILEO (Month, Day, Year)
JUL 26 '90

ShEPHERD

1 -

SS. FACILITY NAME (IT ON DESCRIPTION OF DESCRIPTION		4. SOCIAL SECURITY NUMBER	1.0	GE (In yrs. last birthday)	MONTHS DAYS		DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Fore Country)				
DEFORM OF DEPERENCE OF DEPERENC		233-64-4850	1 M 2 🗆 F	4 / YRS.	MONTHS DATE	HOURS MIN.	12/16/42	MASS				
THE STOKES OF DECEDERS!  We STATE IN DECOUNTY  CARROLL  LOCATION	E I	9a. FACILITY NAME (If not institution, giv	street and number)		96. CITY, TOWN	OR LOCATION OF DEATH						
No. STREET NO HONORES  NO. STREET NO HONORES  NO. STREET NO HONORES	6	RESIDENCE OF DECEDENT			- 4			DV - []				
TO DECEMPT SEQUENCE   1   10   10   10   10   10   10   10		11- 12		10c. Cl	LOER	SBURG		10d. INSIDE CITY LIMITS? 1 - YES 2				
The property of the conditions of the course of the cour	RAL				1	Of. ZIP CODE	10g. CITI	ZEN OF WHAT COUNTRY?				
THE TOTAL SOUTH A DIVINION OF BUSINESS COUNTY WAS ORD DATES  1 TO THE SECRETARY SOUTH ON TH	¥ I			DAN IIS ADMEN	12 WAS DI	ZIIZY	OBIGINS (Secolty Ves or No.	13 BACE American India				
18. DECEDENT'S SUMACTION (CONTROL OF SUBMESS/INDUSTRY)  18. DECEDENT'S USUAL OCCUPATION (CONTROL ON ON ON ON ON ON ON ON ON ON ON ON ON	B	1 Never Married 2 Married	FORCES? 1	ES 2 NO	If yes, a	specify Cuban, Maxican, P		Black, White, atc.				
To price of share (first, Mode), East)   To price of the share (first, Mode), Male (	E	(Specify only highest gri	ede completed)	(Give kind o	f work done during n	FION most of working	16b. KIND OF BUSINESS/IND					
THE MARCHAT SHAME (Typerfiner)  THE MARCHAT SHAME (Typerfiner)  THE MARCHAT SHAME (Typerfiner)  THE MARCHAT SHAME (Typerfiner)  THE MARCHAT SHAME (Typerfiner)  THE MARCHAT SHAME (Typerfiner)  THE MARCHAT SHAME (Typerfiner)  THE MARCHAT SHAME (Typerfiner)  THE MARCHAT SHAME SHAME OF THE SHAME SHAME OF THE SHAME SHAME OF THE SHAME SHAME OF THE SHAME SHAME OF THE SHAME SHAME OF THE SHAME SHAME OF THE SHAME SHAME OF THE SHAME SHAME OF THE SHAME OF THE SHAME SHAME OF THE SHAME SHAME OF THE SHAME SHAME OF THE SHAME SHAME SHAME SHAME OF THE SHAME	APLE	Elamentary/Secondary (0-12)	Collage (1-4 or 5+)	COM	DUTERS	OECIALIST	5.5. AI	DUIDSTRATIO				
The INFORMATS NAME (TyponPrint)  The INFORMATS NAME (TyponPrint)  The INFORMATS NAME (TyponPrint)  The INFORMATS NAME (TyponPrint)  The INFORMATS NAME (TyponPrint)  The INFORMATS NAME (TyponPrint)  The INFORMATS NAME (TyponPrint)  The Information of Camarity of The Information o	ō I	17. FATHER'S NAME (First, Middle, Last)		7	,							
Note   National   State   St			UNING					R				
20. BEFARDO OF DISPOSITION Times of cametary, cramatory or Other (Specify)  1. Display 2. Cemental 2. Cemental 2. Cemental 2. Cemental 2. Cemental 2. Cemental 2. Cemental 2. Cemental 2. Cemental 2. Cemental 3. Removel from State 4. Donation 5. Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSE  22. NAME AND ADDRESS OF FACILITY  23. PLACE OF DISPOSITION Name of cametary, cramatory or Other (Specify)  24. SIGNATURE OF FUNERAL SERVICE LICENSE  25. NAME AND ADDRESS OF FACILITY  26. SIGNATURE CAUSE (Final 1. Enter 15 bd diseases, of complications that caused the deeth. Do not after the mode of dying, such as cardisc or respiratory streat, interval in		19a. INFORMANT'S NAME (Type/Print)	Danning	4 4.			Number, City or Town, State, Zip	Code)				
1   Sevice   2   Cremetion   3   Removel from State   Conditions   Committee   Conditions   Committee   Conditions   Committee   Conditions   Committee   Conditions   Committee   Conditions   Committee   Conditions   Committee   Conditions   Committee   Conditions   Committee   Conditions		200 METHOD OF DISPOSITION	· DOWNING				CONURGIFUL	City or Town State				
22. NASE AND ADDRESS OF FACILITY  23. PART I. Enter (i) diseases, or compligations that caused the deeth. Do not arrier thy mode of dying, such as cardiac or reapitatory arrest, shock, for heart failure. List only one cause on asch line.  13. PART I. Enter (i) diseases, or compligations that caused the deeth. Do not arrier thy mode of dying, such as cardiac or reapitatory arrest.  14. Approximately list conditions, and indestinated according to immediate cause. Enter INDERLYING CAUSE (i) list initiated events resulting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINERY: 1   VES 2   NO  25. WAS CASE REFERRED TO MEDICAL EXAMINERY: 1   VES 2   NO  15. Inpetient 2   ERDOutpetfant 3   DOA 4   Washing Nome 3   Residence 8   Other (Specify)   WORKY   NUMBER   WORKY   NUMBER		1 Duriel 2 Cremetion 3 R	emoval from Stata		WENDY	CLAL PARK	Sister	LLET HO				
NOT THE PART II. Enter (pt diseases, or complicitions that caused the deeth. Do not anter the mode of dying, such as cardiac or respiratory arrest, interval anock, for hart feliure. List only one cause on such line.  IMMEDIATE CAUSE (Final disease or conditions)  BOTH LUNGS Ltb Brain   Approximation resulting in deeth)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSE			LICENSEE	NALEVIE	22. NAME	AND ADORESS OF FACILI	ту Ту	0.76				
22. PART I. Enter (by diseases, of complications that caused the deeth. Do not anier the mode of dying, such as cardiac or reaptiforry arrest, interval interval interval interval disease or condition.  BOTH CUINGS (to Brown )  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A C		Harry W. Haight Houter F.H. Box 1955ite										
IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (O		23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest,										
DUE TO (OR AS A CONSEQUENCE OF):    Any, leading to immediate couse, Enter UNDERPLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST   DUE TO (OR AS A CONSEQUENCE OF):   DUE TO (OR AS A CONSEQUENCE OF		IMMEDIATE CAUSE (Final			e 14/6,0010	Pullin	110 14 D.	Onset an				
Sequentielly list conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART III. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART III. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART III. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART III. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY AMALABLE PRIO COMPLETION OF DEATH (Check only one)  25b. WAS CASE REFERRED TO MEDICAL  EXAMINERY  1   YES 2   NO  27c. MANNER OF GEATH  28c. DATE OF INJURY  AI   OTHER:  28c. PLACE OF DEATH (Check only one)  28c. DATE OF INJURY — At home, farm, street, factory, office  28c. INSURING A CONSEQUENCE OF):  28c. CERTIFIER  28c. CERTIFIER  28c. LICCATION (Street and Number or Rural Route Number on Death Route Number on Death Route Number on Death Route Number on Death Route Number on Death Route Number on Death Route Number on Rural Route Number on Death Route Number on Death Route Number on Death Route Number on Death Route Number on Rural Rural Rural Rural Rural Rural			. METASTAT	IC CARC	MUNIT	BOTH CUIN	165 Cto Dra	177) YEAR.				
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  24b. WERE AUTOPSY PERFORMED?  1 YES 2 NO  25b. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  25c. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  26c. PLACE OF DEATH (Check only one)  27c. MANNER OF DEATH 18c. DATE OF INJURY 19c. Sec. INJURY AT WORK? 19c. DESCRIBE HOW INJURY OCCURED  27c. MANNER OF DEATH 27c. Pending Investigation I			DUE TO (OR A	AS A CONSEQUENCE	OF):							
PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I.  24b. WERE AUTOPSY PERFORMED?  1 YES 2 NO  25b. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  25c. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  26c. PLACE OF DEATH (Check only one)  27c. MANNER OF DEATH  27c. MANNER OF	No		b. DUE TO (OR A	AS A CONSEQUENCE	OFI:							
PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I.  24b. WERE AUTOPSY PERFORMED?  1 YES 2 NO  25b. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  25c. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  26c. PLACE OF DEATH (Check only one)  27c. MANNER OF DEATH  27c. MANNER OF	EX.	If any, leading to immediate Couse. Enter UNDERLYING										
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  24b. WERE AUTOPSY PERFORMED?  1 YES 2 NO  25b. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  25c. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  26c. PLACE OF DEATH (Check only one)  27c. MANNER OF DEATH 1 Natural 5 Pending Investigation in Natural 5 Pending Investigation in Part II. 27c. MANNER OF DEATH 27c. MANNER O	FE		DUE TO (OR A	AS A CONSEQUENCE	OF):							
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  24b. WERE AUTOPSY PERFORMED?  1 YES 2 NO  25b. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  25c. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  25c. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  27c. MANNER OF DEATH  27c. INJURY AT WORK?  27c. INJURY AT W	H	reaulting in death) LAST	d									
PERFORMED?    VES 2 NO   NO COMPLETION OF OF DEATH   VES 2 NO   NO OF DEATH?		PART ii. Other aignificant condit	lons contributing to deat	th but not regulting	in the underly	ing cause given in Pa	rt I. 24s. WAS AN AUTOPSY	24b. WERE AUTOPSY E				
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  1 Inpetient 2 ER/Outpetlant 3 DOA  4 Nursing Home 5 Residence 8 Other (Specify)  26. INJURY AT WORK?  1 WES 2 NO  27. MANNER OF OEATH  1 Natural 5 Pending Investigation  3 Suicide 8 Could not be determined  28. PLACE OF OEATH (Check only one)  28. PLACE OF OEATH (Check only one)  28. PLACE OF OEATH (Check only one)  28. PLACE OF OEATH (Check only one)  28. PLACE OF OEATH (Check only one)  28. PLACE OF OEATH (Check only one)  28. PLACE OF OEATH (Check only one)  28. PLACE OF OEATH (Check only one)  28. PLACE OF OEATH (Check only one)  28. PLACE OF OEATH (Check only one)  28. INJURY AT WORK?  1 YES 2 NO  28. INJURY AT WORK?  1 YES 2 NO  28. INJURY AT WORK?  1 YES 2 NO  28. LOCATION (Street and Number or Rural Route Number, City or Town, State)  29. CERTIFIER (Check only one)  29. CERTIFIER (Check only one)  29. CERTIFIER (Check only one)  29. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and dua to the cause(a) and manner as stated.  290. DATE SIGNED (Month, Day teal of the Check only one)  291. DATE SIGNED (Month, Day teal of the Check only one)	CA						PERFORMED?	AMAILABLE PRIOR COMPLETION OF C				
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1   YES 2   NO   Inpatient 2   EP/Outpetiant 3   DOA   4   Nursing Home 5   Residence 8   Other (Specify)  27. MANNER OF CEATH  1   Natural 5   Pending Investigation 3   DOA   4   Nursing Home 5   Residence 8   Other (Specify)  28. DATE OF INJURY   28b. DIMEDICAL EXAMINER: On the best of my knowledge, deeth occurred at the time, data and placa, and dua to the cause(a) and manner as stated.  29a. CERTIFIER   Check only one)  29b. SIGNATURE AND TITLE OF CERTIFIER   OTHER HOW INJURY OF INJURY   CERTIFIER   OTHER HOW INJURY OF INJURY   CERTIFIER   OTHER HOW INJURY OF INJURY   CERTIFIER   OTHER HOW INJURY OF INJURY   CERTIFIER   OTHER HOW INJURY OF INJURY   OTHER HOW INJURY   OTHER HOW INJURY OF INJURY   OTHER HOW INJURY OF INJURY   OTHER HOW INJURY OF INJURY   OTHER HOW INJURY OF INJURY   OTHER HOW INJURY OF INJURY   OTHER HOW INJURY OF INJURY   OTHER HOW INJURY	ED						T YES 2 NO					
1   YES 2   NO   1   Inpetient 2   ER/Outpetlant 3   DOA   4   Nursing Home 5   Residence 8   Other (Specify)  27. MANNER OF OEATH   280. DATE OF INJURY   280. TIME OF INJURY   280. TIME OF INJURY   280. TIME OF INJURY   280. TIME OF INJURY   280. DESCRIBE HOW INJURY OCCURED   1 YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   NUmber or Rural Route Number, of Rou	Σ.						-	1 45 2				
1   YES 2   NO   1   Inpetient 2   ER/Outpetlant 3   DOA   4   Nursing Home 5   Residence 8   Other (Specify)  27. MANNER OF OEATH   280. DATE OF INJURY   280. TIME OF INJURY   280. TIME OF INJURY   280. TIME OF INJURY   280. TIME OF INJURY   280. DESCRIBE HOW INJURY OCCURED   1 YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   NUmber or Rural Route Number, of Rou	IAN					PLACE OF OEATH (Check	only one)					
2   Accident 3   Suicide 4   Homicide 29a. CERTIFIER (Check only one) 2   MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and placa, and dua to the cause(a) and manner as stated.  29a. SIGNATURE AND TILE OF CERTIFIER  29b. SIGNATURE AND TILE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day than a control of the cause)  29d. DATE SIGNED (Month, Day than a control of the cause)  29d. DATE SIGNED (Month, Day than a control of the cause)  29d. DATE SIGNED (Month, Day than a control of the cause)  29d. DATE SIGNED (Month, Day than a control of the cause)				Outpetlant 3 DOA		ome 5 Residence 8 [	Other (Specify)					
2   Accident 3   Suicide 4   Homicide 29a. CERTIFFIER (Check only one) 2   MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and placa, and dua to the cause(a) and manner as stated.  29b. BIGNATUSE AND TILE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day than a control of the cause)  29d. DATE SIGNED (Month, Day than a control of the cause)  29d. DATE SIGNED (Month, Day than a control of the cause)  29d. DATE SIGNED (Month, Day than a control of the cause)  29d. DATE SIGNED (Month, Day than a control of the cause)	H	V	28a. DATE OF INJU	IRY 28b. T	IME OF 28c. I	NJURY AT 20	8d. DESCRIBE HOW INJURY OC	CURED				
3 Suicide 4 Homicide 5 Could not be determined  29a. CERTIFFIRE (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and dua to the cause(a) and manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFFIRE  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day 18a)  29d. DATE SIGNED (Month, Day 18a)  29d. DATE SIGNED (Month, Day 18a)  29d. DATE SIGNED (Month, Day 18a)		In motheration	NON6									
D 25786 Pay 24, 1990		o _ could not	building, etc. (		, street, factory, of	fice 26	81. LOCATION (Street and Number City or Town, State)	or Rural Route Number,				
29d. Date signed (Month, Day, Isan D 25786  29d. Date signed (Month, Day, Isan D 25786		4   Homecide determined										
D 25786 Pay 24, 1990	F	(Check only	YSICIAN: To the best of my k	rnowledge, death occu	irred at the time, da	ate and place, and due to	the cause(s) and manner as sta	ted,				
D 25786 Pay 24, 1990	O	One) 2 MEDICAL EXAM	INER: On the basis of examin	nation and/or investiga	tion, in my opinion	, death occured at the tim	e, data and place, and dua to the	ne caute(a) and manner as				
o January 15		296. SIGNATURE AND TITLE OF CERTI	FIED MM			29c. LICENSE NUMBE	29d. DAT	E SIGNED (Month, Day, Year,				
MAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM) 27 (Type, Print)		MATTER 1. Form	(A) (I)			1 2578	6	21424,1990				
	Y	M. MAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF	OEATH (ITEM 27) (TH	pe, Print)   n	0 01010	2-pun/ mn	J. Adio				
I WIND IN TOUR THANKING THE TOUR	-	A DATE STATE OF THE PARTY OF TH		ULUIC	101/10	· OWOK	BUNDALINA	21101				

Julia Davidson-Randall

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DOWNING

2. DATE OF DEATH

22

3. TIME OF OEATH P M

-	
(	Should
	2.
	Pages 1
	permit.

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 8 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

_	REGISTRAN SERTI	TOATE OF BEATTI	HEG. NO.	
•	1. DECEDENT'S NAME (First, Middle, Last)  AGNES · C · DAHL		2. DATE OF DEATH DAY	YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.  MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	6. BIRTHPLACE (State or Foreign Country)
	579-56-1021 M 2 XF 90 YAS.			
	9a. FACILITY NAME (if not institution, give street and number)	9b. CITY, TOWN OR LOCATION OF DE		DUNTY OF DEATH
DIRECTOR	HOLY CROSS HOSP RESIDENCE OF DECEDENT	1 21L, SP, 1	dipor don	MONI
RE	0.5	TY, TOWN OR LOCATION		10d. INSIDE CITY LIMITS?
	ND PRINCE GEORGES	ADELPHI		1 X YES 2 NO
FUNERAL	10e. STREET AND NUMBER	10f. ZIP CODE	109.0	ITIZEN OF WHAT COUNTRY?
JNE	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED	13. WAS DECENDENT OF HISPAN	IIC ORIGIN? (Specify Yee or No	14. RACE — American Indian,
	1 Never Merried 2 Merried FORCES? 1 YES 2X NO	If yes, specify Cuban, Mexice  1  YES 2 NO Specify	n, Puerto Rican, etc.)	Black, White, etc. Specify:
1 67	3 🔀 Widowed 4 🗌 Divorced			White
COMPLEIED	(Specify only highest grade completed) (Give kind of	S USUAL OCCUPATION  work done during most of working use retired.)	16b. KIND OF BUSINESS/I	NDUSTRY
7	Elementary/Secondery (0-12) College (1-4 or 5 +)	ewife	n/a	
5	17. FATHER'S NAME (First, Middle, Last)		ME (First, Middle, Maiden Surname	)
u II	Charles Gillner	Mary	Grabinstei	in
0		G ADDRESS (Street and Number or Rural I		
-	John P. Dahl 4007	Ţ.		
	1 T Buriel 2 Commettee 3 Removal from State other place)	ash. Med. Scho		- City or Town, State
	4 Donation 5 Other (Specify) GEOLGE W  21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS OF FA	CILITY 225 Missi	ouri Ave. NW.
	Kieling Herling			riceWash.DC200
-	23. PARTY. Enter the diseases, or complications that caused the death. Do	not enter the mode of dulng euro	h es cardisc or respiratory	arrest,   Approximata
	shock, or haart failure: List only ona cause on each line.	not untal the thouse of aying, soo	a cardiac of respiratory	Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition	$\alpha$		15 bays
	resulting in death)  DUE TO (OR AS A CONSEQUENCE OF	OF):		
ξ	Sequentially list conditions, b. Due to (OB as a consequience			
A	If any, leading to immediata cause. Enter UNDERLYING	OF):		
CERTIFICATION	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE O	OF):		
¥	resulting in death) LAST			
- 11	PART II. Other significant conditions contributing to death but not resulting	In the underlying cause given in	Part I. 24s. WAS AN AUTOPS	Y 24b. WERE AUTOPSY FINDINGS
DICAL			PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
Ų I			T   TES 2   NO	OF DEATH?
2				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26. PLACE OF DEATH (Ch	eck only one)	
2	1 YES 2 NO 1 Impetient 2 ER/Outpetient 3 DOA	OTHER: 4   Nursing Home 5   Residence	6 C Other (Specify)	
H	27. MANNER OF DEATH  28e. DATE OF INJURY (Month, Day, Year)  17 Netural 5 Pending	IJURY WORK?	28d. DESCRIBE HOW INJURY	OCCURED
ď	2 Accident Investigation 28e PLACE OF INJURY — At home farm	10.60 10.00	28f. LOCATION (Street and Num	her or Bural Bouta Mumber
E	3 Suicide 6 Could not be determined   200. PLACE OF INJUNY — At nome, farm, building, etc. (Specify)	, street, rectory, office	City or Town, State)	Der OF HUIEF HOUSE HUITIDES,
9	29e. CERTIFIER (Check only Certifying PHYSICIAN: To the best of my knowledge, death occur	rred of the time date and place, and due	to the cause(e) and menner as	steled
COMPLETED	(Check only one)  2 MEDICAL EXAMINER: On the beele of examination and/or investigate			
	296. SIGNATURE AND TITLE OF CHINETEEN	29c. LICENSE NU	WBER 29d. D	PATE SIGNED (Month, Day, Year)
) BE	Maxim 9xx Than	14 1001	120	12 July 1990
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH LITEM 27) (THE			. //
	Dr.Walter E. Goozh. 2309 Shoref	ield Rd. Whea	ton MD. 2090;	2
	31. PATE FILED, MONTE, Say, Your) 32. REGISTRAR'S SIGNATURE Sura Davidson-Randele			
	June war ason-panasee			

	10	_
	3	<u>C:</u>
	100	200
	200	9
	50	=
,	CA	-
	<u>_</u>	8
	-5	품
•	.2	壳
	200	E
	20	6
	픈	0
	ಪ	P
	6	5
	a	-
	do.	5
	Φ	.53
	502	· 100
	10	>
	5	6
	声	630
	80	Ē
	Ó	9
	-	5
	100	Ē
	유	14
•	-	92
	2	#
	\$10	>
	듆	Ф
	-5	P
	-	20
	93	.0
ŀ	-=	S
	0	C:
	6	20
	>	ā
	60	60
	-	20
•	2	-
	-	윤
		23
	2	生
	3	T
	$\simeq$	83
	83	
1	50	- 6
,	0	#2
,	653	100
	Z	Ĕ
1	6	4
	Z	2.5
1	123	8
7		E
	400	5
	pr.	8
	0	5
		_
	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours	FERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the
	-	0
	0	ш

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Tireus after death. Page 6 may be retained by the inspection. The law requires that the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY FUNERAL DIRECTOR TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR			STATE UF IV	IARTL		RTIF					ME	NIAL	REG. NO					
1. DECEDENT'S NAME (First	, Middle, L	, ,		DAV	ID	DUNS	STON	, JR				MONTH	F DEATH D	AY	YEAR	3. TI	ME OF DEA	ATH
David (NMT) Dunston  4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday									_			7. DATE OF BIRTH			90	/	130	P M
4. SOCIAL SECURITY NUMBER		. 1	5. SEX		In yrs. lesi	YRS.	MONTHS	DAYS	HOUR	DER 24 HRS.		(Month,	Day, Year)	/	Count	ry)	E (State or I	Foreign
578-60-4	1.00				75	7110.	9b. CIT	TY, TOWN	OR LOC	ATION OF		8 1	7 4	-	Wash		D.C.	
UNIVERSITY			,	OSP-	-BALT	Γ.		LTIM							LTIMO			
RESIDENCE OF DEC		r						OR LOC									moine or	
MARYLAND			GEORGES					BURG									INSIDE CIT LIMITS? YES 2	
10a. STREET AND NUMBER		CE	GEORGES			DLAL	JENS		01. ZIP C	ODE				10g. CI	IZEN OF		COUNTRY	
5422 Taylo	r St	ree	et						207	10				UNI	TED S	STA	TES	
11. MARITAL STATUS		_	12. WAS DECEDEN	T EVER II	N U.S. ARI		13			T OF HISP			(Specify Ye	or No-	14. RAC	E — Ai	merican inc	llen,
1 Never Merried 2 3 Wildowed 4 Dive	'		IF YES, GIVE W			17				NO Spe			, a.c.,		Spec	etty:		
	EDENT'S				18e. DE	CEDENT'S	USUAL	OCCUPAT	ION			16b. K	UND OF BU	SINESS/IN	BLA(	A.		
(Specify on Elementery/Secondary (I		rade co	College (1-4 or 5 a	.)	(G/	ve kind of Do NOT u	work don se retired.	e during n .)	nost of wo	orking								
11					CAF	RPENT	ΓER					BU]	LLDIN	G CO	NSTRI	UCT	ION	
17. FATHER'S NAME (First, A			מי						18. M				ddle, Meiden	Surname)				
DAVID DUN		, :	ok.		101	MAITING	ADDDE	SS (Ctros)	and Nue	ALI(			TON	un Oteta 7	in Code	_		
CAROLYN GII			SISTER					-					Vashi			20	744	
20a. METHOD OF DISPOSIT				201		OF DISPO				cremetory o			_		- City or To			
1) Buriel 2 Cremetic 4 Donation 5 Other	on 3 ⊔ r(Speclfy).	7/2	18790	I			MEMO	RIAI	CE	METEI	RY		SUI	TLAN	D,MAI	RYL	AND	
21. SIGNATURE OF SUNERV	AL SERVIC	LICE	9				1			PRESS OF			FUNE	DAT	UOME			
Mex	08	. 0	nex		M85			2617	Pe	nnsy.	1va	nia	Aven	ue,S	E DC	20	020	
23. PART I. Enter the d shock, or h	fiseases, reart fails	or co	orplicatione that at only one cau	t cause	d the de	ath. Do	not ente	er the m	node of	dying, s	uch e	s cardle	ac or resp	elratory a	rrest,		Approxis interval	mete Between
iMMEDIATE CAUSE (Fi	nal		69700700	,													Onset a	nd Death
reaulting in death)	$\rightarrow$	a.	DUE TO	(OR AS	MYO A CONSE	SG V	C E	me	3							$\dashv$		
			0.000				,									į		
Sequentially list condi- if any, leading to imme		b.	DUE TO	(OR AS	A CONSEC	DUENCE O	)F):											
cause. Enter UNDERLY CAUSE (Disease or inju		c.	2115 20				_									-		
that initiated events resulting in death) LAS	ST		DOE 10	(OH AS A	A CONSEC	DUENCE O	<i>P</i> F-):									į		
		d.																
PART II. Other signific	ant cond	itions	contributing to	death i	out not r	esuiting	in the	underiyi	ing cau	se given	in Par			RMED?	24	AVAII	E AUTOPSY LABLE PRIO PLETION OF	OT PO
1												-	1 TYES	2 NO		OF E	DEATH?	
												-				1 🗆	YES 2 5	190
25. WAS CASE REFERRED	TO MEDIC	AL.						26.	PLACE C	F DEATH	(Check	only one	)					
EXAMINER?			HOSPITAL:	ER/Out	patient 3	□ DOA	OTH		ome 5	Residence	ce 8 [	Other	(Specify)					
27. MANNER OF DEATH	ests.		28a. DATE OF (Month, E			28b. TII	ME OF		NJURY A	Т	28	d. DEŞC	RIBE HOW	INJURY O	CCURED			
1 Netural 5 2 Accident	Pending Investigat	lon					М			2   NO	_							
3 Suicide 8 4 Homicide	Could no determine		28e. PLACE C building,	etc. (Spe		xme, farm,	street, fo	ectory, of	fice		26	City of	TION (Street Town, State	and Numb b)	er or Runal	Route	Number,	
29a. CERTIFIER																		
(Check only			IAN: To the best of a : On the basis of a													(e) end	menner ee	stated.
29b. SIGNATURE AND TITL	E OF CER	rifier		-					29c.	LICENSE I	NUMBE	R		29d. D/	TE SIGNE	D (Mon	ith, Day, Yea	ir)
J. Heiner	na.	1	MI											<b>&gt;</b>	7/11	190	0	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)																		
31. DATE FILED (Month, Day	ng	1.	22	5		5 Ve	en	e	>+.	. <u>K</u>	91	T.	MD	. (	im	M	5	
74418	90				A Par	de 22												

	ď
į	Ì
ó	within
13 14	executed
<	Ž
	Cartificata
7.	death
0	of the
7	that
	radinirac
	AUC.
Z	The
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	butter on attractional purchase that the death certificate he executed within
SICN	ATTENDINE
5	9
_	DITAI

LUAT

31. DATE FILED (Month, Day, Year)

D.

|--|

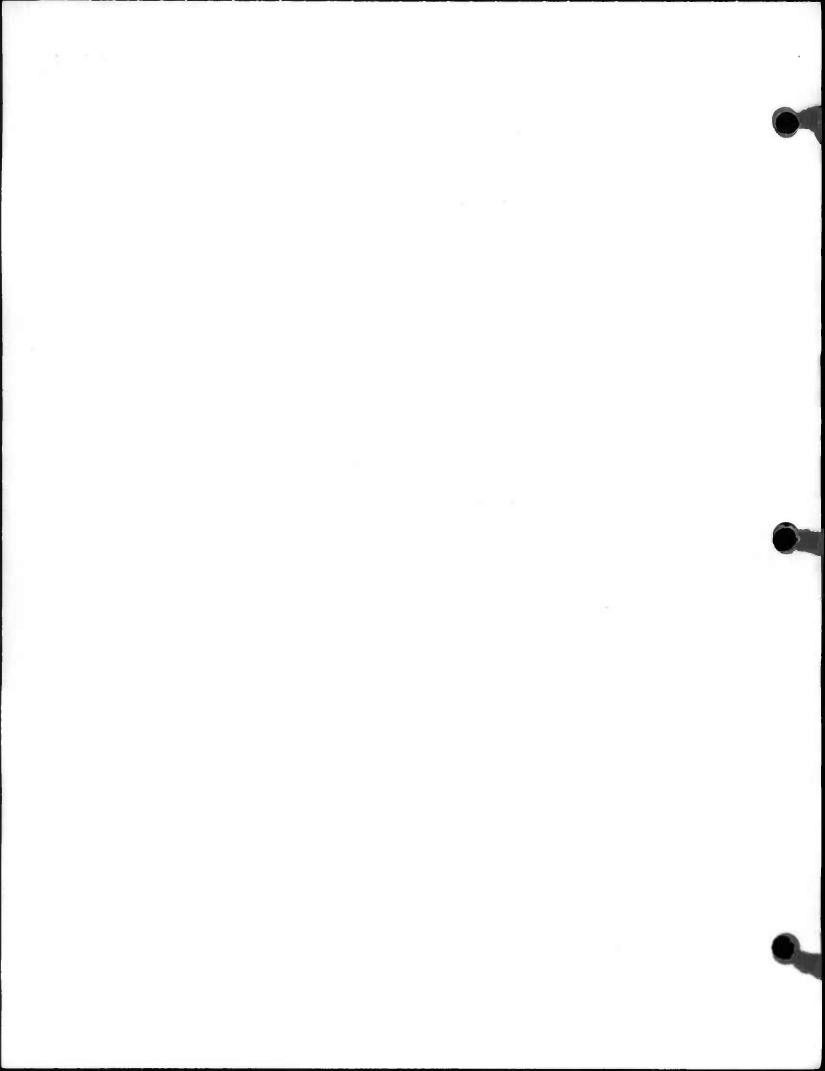
FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH DAY 3. TIME OF DEATH 1, DECEDENT'S NAME (First, Middle, Last) JULY 13,1990 Virginia Betty DIVERS 10:10P 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTNPLACE (State or Foreign DAYS HOURS 1 - M 2 -XF 9-11-07 Fairfield, Va. 577-32-9796 9c, COUNTY OF DEATH 9a. FACILITY NAME (If not institution, give street and number) 9b, CITY, TOWN OR LOCATION OF DEATN DIRECTOR AMI DOCTORS' HOSPITAL OF P.G. COUNTY LANHAM PRINCE GEORGE'S RESIDENCE OF DECEDENT Prince George's 1 X YES 2 NO Maryland Largo FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? USA 9801 Ambler Lane 20772 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. 11. MARITAL STATUS FORCES? 1 YES 2 If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2XXNO Specify: 2 XNO 1 Never Married 2 XXMarried BΥ BLACK 3 Widowed 4 Divorced ETED. 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life, Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) COMPL Homemaker 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Charles Jackson Mary Jane Rose BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Md. 20772 Samuel H Ambler Lane Largo, Divers 20a, METHOD OF DISPOSITION 20c. LOCATION - City or Town, State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 2 Cremetion 3 Removal from State 1 → Burlat 2 □ Other (Specify) Maryland National Memorial Pk. Laurel, Md. 21. SIGNATURE OF BERAL SERVICE LICENSEE 22, NAME AND ADDRESS OF FACILITY Robert G. Mason Funeral Home, Inc. 1661 Good Hope Road, S.E. Wash.,DC 20020 enen Make 881 23. FMT I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory errest, shock, of heart feilure. List only one cause on each line. Approximata interval Batween Onset and Death IMMEDIATE CAUSE (Final disesse or condition LOTTURE CARDIOGENIC SHOCK reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): PULMONARY EDEMA NO Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate CERTIFICAT TACHY ARRHYTHMIAS cause. Enter UNDERLYING CAUSE (Diseasa or Injury DUE TO (DR AS A CONSPOUENCE OF): that initiated events STATUS POST reaulting in death) LAST SMALL BOWEL OBSTRUCTION PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL MALNUTRITION PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one) HOSPITAL: OTHER: Inpatient 2 - ER/Outpatient 3 - DOA 1 YES 2 NO 4 Nursing Nome 5 Residence 6 Other (Specify) 27, MANNER OF DEATN 28s. DATE OF INJURY 26d, DESCRIBE HOW INJURY OCCURED 26b. TIME OF INJURY 28c. INJURY AT Netural 6 Pending Investigation 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Nomicide 29e. CERTIFIER ICheck only CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 7-90 M.D 2 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

> DUCKETT 5402 32. REGISTRAR'S SIGNATURE

TAYLOR RD RIVERDALE MD 20737

Ilia Kriedens-Randell



	FOR STATE REGISTRAR	STATE OF MARYLAND	D / DEPARTME CERTIFICAT			IENTAL HYGIEN REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Last)  JESSE CO	mund Di	orougt	١		2. DATE OF OEATH DATE OF BIRTH	5 199	1-100			
	214-42-2708	8. AGE (In yrs	* BIRTHPLACE (State or Foreign Country). Washington, DC								
TOR	98. FACILITY NAME (If not institution, give street S YOU'VE TRESIDENCE OF DECEDENT	Adv. Hosp	ital 000		Grove	ATH	Monta	omery			
DIRECTOR	10a. STATE 10b. COUNTY Maryland Montgo	mery	Gaithe				~	10d. INSIDE CITY LJMITS? 1 YES 2 X NO			
FUNERAL	450 Gerard Street	<sup>7</sup> 101	-	0.00	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?			
BY		I2. WAS DECEDENT EVER IN U.S FORCES? 1 VES 2 IF YES, GIVE WAR OR DATES	MO	IS. WAS DECI	NDENT OF HISPAN	C ORIGIN? (Specify Yea , Puarto Rican, etc.)		RACE — American Indian, Black, White, atc. Specify: White			
COMPLETED	15. OECEDENT'S EDUCAI (Specify only highest grade co Elementary/Secondary (0-12)	ompleted) College (1-4 or 5+)	(Give kind of work do	ne during mos	N at of working	18b. KIND OF BUS		RY			
COMP	17. FATHER'S NAME (First, Middle, Lest) James L. Dorough	U	Barber			AE (First, Middle, Meiden	tyling <sub>Sumame)</sub>				
TO BE	190. INFORMANT'S NAME (Typo/Print) Barbara Ann Taylor				nd Number or Rural R	oute Number, City or Tow					
	29a. METHOD OF DISPOSITION 1	al from State oth	ACE OF DISPOSITION	(Name of cen		20c. LO					
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ndal			andy Spr	Fleck Fing Rd. La	uneral aurel,	Home, Inc. ND 20707			
	23. PART I. Enter the diseases, or conshock, or heart failure. Lie IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Cardus se	line.			n as cerdlec or respl	ratory srres1	, Approximate Intervel Between Onset and Death			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  b. OUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL C	PART II. Other significant conditions	not resulting in the	underlying	g ceuse given in	Part I. 24s. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF 0EATH?  1  YES 2 NO				
SICIA		HOSPITAL:		IER:	ACE OF DEATH (Ch						
Y PHY	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c, INJ WC		28d, DESCRIBE HOW	NJURY OCCUR	ED			
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — building, atc. (Specify)	Al home, farm, street,	factory, offic	•	281. LOCATION (Street City or Town, State)	and Number or	Rural Route Number,			
COMPLET	(Crieck only	IAN: To the best of my knowledg			•			ause(a) and menner as stated,			
BE	290. SIGNATURE AND TITLE OF CERTIFIER	1			29c. LICENSE NUM	MBER 77	, ,				
0	30. NAME AND ADDRESS OF PERSON WHO	SELLED UM									
	31. DATE FILED (Mogth, Day, Year)  JUL 179/90/90	32. REGISTRAR'S SIGNATU									

ķ.,

×

1. 10

DHMH-16 Rev 1/89

	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within wours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
1	y th	p eq	at o
	De De	pl	P
	tain	shor	Š
	82	LO CU	00
î	ay b	page	å
	E	tor,	ust
	96	lirec	E
	9	12	all a
	death	fune	вхап
-	after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	cal
b	nus	in b	pe
	ř	filled on, o	E H
	uin	ely	\$
-	with	Crem	/end
	rted	rial,	9
	xecu	and c	nati
	pe	or to	J.ne
	ate	mysic pri	ir tr
	riffic	giene	ě
)	h ce	Hyd	10
	deat	afte	ž
)	the	The M	를
	that	ed by	JII.
	res	igne	20
	redu	of H	Shoy
	AR!	ept.	23
	The	ate D	E
	IAN:	rtific:	00
	YSIC	s ce	g,
	PH	中で	ark
	DIN	Afte	E
5	TEN	TOR:	00
	3 AT	RECT ITS &	E
	0	0 5	ie.
	PITA	RAI 72	1 1
	105	N I	AM
	부	H P	OFF
	TO	0 T	MP
	-	- 0	

_	nedio man				OLITTI	IVALI					TEG. NO.			
	1. DECEOENT'S NAME (First, Middle, Last)  2. DATE OF DEATH MONTH DAY YEAR													
	WILLIAM PATRICK DE					EGAN								2:30 A M
	4. SOCIAL SECURITY NUMBER	BER	5. SEX	. last birthday)					7. DATE OF BIRTH (Month, Day, Year)				LACE (State or Foreign	
	089-03-5145					MONTHS	DAYS	HOURS	MIN.	JAN 2		1.5	Country) NEU	JERSEY
	9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY	Y, TOWN	OR LOCATI	ON OF DE				NTY OF DEA	
œ l	NATIONAL N	JAWAT. N	AEDICAL C	TRUTER			R	ETHE	SD V			,	MONTGO	MEDV
CTOR	RESIDENCE OF DEC		ILD LOILD (	, LICE TO A STATE OF THE STATE				LITILL	DDA			,	TONIO	JIIIKI .
DIRE	10a. STATE	10b. COUNTY	1		10c. CIT	Y, TOWN	OR LOCAT	TION					1	Od. INSIDE CITY
<u> </u>	MARYLAND	MON	NTGOMERY			SILV	VER	SPRI	NG				1	☐ YES 2 💢 NO
A												10g, CIT	IZEN OF WH	AT COUNTRY?
	12432 LIT	CLETON	STREET					2	0906			1	JNITEI	STATES
FUNERAL	11. MARITAL STATUS	-0.04.07	12. WAS DECEDEN	T EVER IN U.S.						IIC ORIGIN? (S		or No-		– American Indian, White, atc.
8	1 Never Merried 2 3 XWidowed 4 Dive		IF YES, GIVE V						Specify		111, 210.)		Specify:	
				0-1965										WHITE
	15. DEC (Specify on	EDENT'S EDU	completed)	16a	Give kind of tille. Do NOT us	Work done	during mo	ON ast of worki	ng	16b. KII	ND OF BUS	INESS/IN	DUSTRY	
	Elementary/Secondary (	0-12)	College (1-4 or 5	+)							DWEE	7077		
COMPL		****	4	İ	0.8	S.A.1	۲.				DEFE			
8	17. FATHER'S NAME (First, A PATRICK I							18. MOT		ME (First, Midd				
H										RY E.				
2	WILLIAM J		T							Route Number,				
	20a. METHOD OF DISPOSIT		N							, ARLI	T			
- 1	1 XBuriai 2 Crematic	on 3 🗆 Rem	oval from Stata	othe	ACE OF DISPO								City or Town	
	4 Oonetion 5 Other	INGTON	TON NATIONAL CEMETERY ARLINGTON VIRGINIA  22. NAME AND ADDRESS OF FACILITY								IRGINIA			
- 1		1	5							LLINS	FUNE	RAT.	HOME.	TNC.
	Den	ugm	mille	relle	21)									MD. 20901
	23. PART I. Enter the d	liseases, or	complications the	at caused the	death. Do	not snts	r ths mo	ds of dy	ing, suc	h ss cardisc	: Dr respi	ratory s	rest,	Approximats Interval Between
	IMMEDIATE CAUSE (FI		List only one ca	use on sacn	iiie.									Onset and Death
	disesse or condition resulting in desth)	<b>→</b>	• SEP	SIS										!
	in doda,			(OR AS A CO	NSEQUENCE O	F):								
z l	Sequentielly list condit	lone T	b											
RTIFICATION	If any, isoding to imme	diate	DUE TO	(OR AS A CO	NSEQUENCE O	F):								
	cause. Enter UNDERLY CAUSE (Disesse or inju		C	(OR AS A CO	NSEQUENCE O	ED:			-					-
	that initiated events resulting in death) LAS	т	DOE TO	(OH AS A CO	NJEGOENCE O	r).								į b
			d											+
	PART II. Other significa	snt condition	s contributing to	desth but n	ot resulting	in the u	nderiyin	g ceuse	given in	Part I. 24	ia. WAS AN PERFOR			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
CAL										,	YES 2		- 1 -	COMPLETION OF CAUSE OF DEATH?
	·									_   `	Λ.			T YES 2 X NO
2														- A
4	25. WAS CASE REFERRED 1	TO MEDICAL					26. P	LACE OF	DEATH (Ch	eck only one)				
Sic	EXAMINER?		HOSPITAL:	☐ ER/Outpatian	nt 3 🗆 DOA	OTHE		na 5 🗆 R	lealdanca	6 Other (S	Specify)			
PHYSICIAN:	27. MANNER OF DEATH		26a. DATE Of	F INJURY Day, Year)	26b. TIR	ME OF JURY	28c. IN	JURY AT		28d. DESCR	IBE HOW I	NJURY O	CURED	
BY	1 X Natural 5 2 Accident	Pending Investigation				М		YES 2	□ NO					
	3 Suicide 6	Could not be	26a. PLACE (	OF INJURY — A	At home, farm,	street, fac	ctory, offi	:0			ON (Street of Town, State)	and Numbe	or or Rural Ro	ute Number,
-	4 Homicide	determined												
2	Check only	TIFYING PHYS	ICIAN: To the best o	t my knowledge	e, death occur	red at the	time, data	and plac	a, end dua	to the cause	(a) and mar	nner aa st	eted.	
COMPLETED	one) 2 MEC	DICAL EXAMINE	R: On the beals of	examination and	d/or investigati	on, in my	opinion,	death occu	ared at the	time, date an	d placa, an	d due to	the causs(s)	and menner as stated.
C	29b. SIGNATURE AND TITL	E OF CERTIFIE	R . O(	)				29c. LIC	ENSE NUI	MBER		29d. DA	TE SIGNED	Month, Day, Year)
0	Sem	m.	Vell	_ N	~ID.							▶ 0	C LC	14 90
2	30. NAME AND ADORESS O	F PERSON WH	O COMPLETED CAL	SE OF DEATH	(ITEM 27) (Type	e, Print)	NAT	LONAI	NAV	AL ME	DICAI	CEN	TER	
- 1	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) NATIONAL NAVAL MEDICAL CENTER													
	S. M. KELLER, LT, MC, USN BETHESDA, MD 20814-5011													
	31. DATE FILED (Month, Day	and the same of th	32. REGISTR	SN AR'S SIGNATUR Sia Savi				HESDA	4, MI	2081	4 <b>-</b> 501	1		

o o	With	plete
4	ted	E00
3	exect	and
×	8	cian
ň	Fcate	phys
o.	certi	ding
<b>a</b> .	eath	aften
S	the d	the
H	that	of p
9	ires	Signe
Ä	nbe	пое
	MP.	as t
4	The second	ate !
>	CIAN	ertific
0	PHYS	this c
Z	DING	After
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	ATTEN	CTOR:
5	OR	DIRE
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete
	里	HE
	2	E

	1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH AND	MENTAL HYGI						
	1. DECEDENT'S NAME (First, Middle, La	ELIZABETH	DOWNS		2. DATE OF DEATH	21- 90	3. TIME OF DEATH				
R	4. SOCIAL SECURITY NUMBER  215-82-5878  9a. FACILITY NAME (If not institution, given the continuous of	1 □ M 2 💢 F	86 YRS. W	FUNDER 1 YEAR FUNDER 24 HRS. ONTHS DAYS HOURS MIN.  B. CITY, TOWN OR LOCATION OF E		1903 W					
DIRECTOR		TGOMERY			10d. INSIDE CYTY LIMITS?  1 YES 2 NO						
BY FUNERAL	106. STREET AND NUMBER  10600 SWEETBRIAR  11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	PARKWAY  12. WAS DECEDENT EVER I FORCES? 1 1 YES IF YES, GIVE WAR OR D	2 NO	101. ZIP CODE  2 0 9 0 3  13. WAS DECENDENT OF HISP! If yes, apecify Cuban, Mexic  1 VES 2 XNO Spec	an, Puerto Rican, etc.	Yea or No — 14.	SA RACE — American Indian, Black, White, etc. Specily:				
PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)										
BE COMPL	17. FATHER'S NAME (First, Middle, Lest) CLINTON JAMES  190. INFORMANT'S NAME (Type/Print)	HAGGEMAN		del							
TO	196. INFORMANT'S NAME (Type/Print)  LOU A. DOWNS (DAUGHTER)  106.00 SWEETBRIAR PARKWAY SILVER SPRING, MD. 20903  206. METHOD OF DISPOSITION 1 Street and Number of Rural Route Number, City or Town, State, Zip Code)  206. METHOD OF DISPOSITION 1 Street and Number of Rural Route Number, City or Town, State 206. LOCATION City or Town, State 206. LOCATION City or Town, State 206. LOCATION City or Town, State 207. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) 208. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) 209. SILVER SPRING, MARYLAND 21. SIGNATURE OF DISPOSITION (Name of CEMETERY)  21. SIGNATURE OF DISPOSITION (Name of CEMETERY)  22. NAME AND ADDRESS (Street and Number or Rural Route Number, City or Town, State 206. LOCATION City or Town, State 207. LOCATION City or Town, State 208. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) 3 SILVER SPRING, MARYLAND 3 SILVER SPRING, MARYLAND 3 SILVER SPRING, MARYLAND 3 SILVER SPRING, MARYLAND 3 SILVER SPRING, MARYLAND 3 SILVER SPRING, MARYLAND 4 SILVER SPRING, MARYLAND 5 SILVER S										
CERTIFICATION	23. PART I. Enter the diacesea, ahock, or heert fellu IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Myocardi four to (or As and or to (or	ech lina.	Laura and Diseis	ch as cerdiec or n	eapiratory arrest	Onset and Deat				
: MEDICAL	PART II. Other algnificant conditions  Acute Re  Coestro inte		the underlying cause given i	PEI	S AN AUTOPSY RFORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO					
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 100  27. MANNER OF SEATH	HOSPITAL: 1 Mispetient 2 - ER/Out 28s. DATE OF INJURY (Month, Dey, Year)			8 Other (Specify)						
ETED BY F	1 Netural 5 Pending Investigation 3 Suicide 8 Could not determine	28e. PLACE OF INJUR building, etc. (Spe	/ — At home, farm, str	M 1 YES 2 NO	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLE	MEDICAL EXAM	liNER: On the basic of examination		at the time, date and place, and do in my opinion, death occured at the	e time, date and plac	e, end due to the c					
TO BE	30. NAME AND ADDRESS OF PERSON	1) muria	EATH (ITEM 27) (Type, F	D2 Print) Frank IX.	5080	LO I MLD	10NED (Month) Dey, Year)				
	31. DATE FILED (Morith, Day, Year)	22. REGISTRAR'S SIGN Julia Davi	NATURE DANGER	lver Spri	J, M	D					

# TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Lar after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page filled within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	OHAL OF I	C	ERTIF			DEAT		TO LIVE	REG. NO	D.		
	1. DECEDENT'S NAME (First, Middle, Last)  IVORY CONLEY	DONALD		T.					2. DATE MONT	of OEATH	DAY /	998	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 578-10-7644	5. SEX 1 X M 2 F	6. AGE (In yrs. 82	YRS.	MONTHS	DAYS	IF UNDER HOURS	MIN.	JUNE	of BIRTH h, Day, Year)	_	GE	ORGIA
000	9a. FACILITY NAME (If not institution, give a 2503 NEWTON RESIDENCE OF DECEDENT	STREET			96. CITY	, TOWN	WHE.	ATON			9c. CO	MON	TGOMERY
	MARYLAND 10b. COUNT	y MONTG	OMERY	10c. CIT	Y, TOWN		ATON	-					10d. INSIDE CITY LIMITS? 1 YES 2 NO
LONEDAL	100. STREET AND NUMBER 2503 NEWTON	STREET		101. ZIP CODE 10g. CITIZEN OF WH 20902 USA									
	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Olivorced	TEVER IN U.S. A YES 2 X	ES 2 X NO If yes, specify Cuban, Maxican, Puerto Rican, etc.) Black, t							E — American Indian, k, Whita, atc. #y: WHITE			
COMPLETE	15. DECEDENT'S EDI (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	+)	DECEDENT'S (Give kind of life. Do NOT u	work done se retired.)	during mo	ON st of worldn	g		EDERA			ENT
00 30		ONALDSON					ET	HEL		Middle, Maide	COL	NLEY	
2	19a. INFORMANT'S NAME (Type/Print) WILMA A. DONAI	DSON (W	IFE)		NEWT	ON S	TREE'	T, W		ON, M	ARYLA	AND 2	
	20a. METHOD OF DISPOSITION  1 Burlei 2 Cremation 3 Ren  4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LI		other	plece)	OLN	CEME			CHITY		ENTW(		MARYLAND
	FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD., W., SIL. SP., MD 20901												
	shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition DOMOGOES SINE PECT OFFICE CAUSE)										Approximeta Interval Between Onset and Death		
	resulting in death)  8. TEOGRESSIVE TSTAVION TILVEE  DUE TO (OR AS A CONSEQUENCE OF):										2 VRS		
CENTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING  DUE TO (OR AS A CONSEQUENCE OF):  CHRONIC OBSTRUCTIVE AUMONARY DISEASE  20 YRS												
Enim	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  d. SMOICING												
1	PART II. Other significent condition	PERFORMED? ANA								b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?			
- INC.	25. WAS CASE REFERRED TO MEDICAL						105.05.0	5471 (0)				$\perp$	1 YES 2 NO
HI SICIAN.	EXAMINER?  1   YES 2   NO	HOSPITAL:	FR/Outpatient	3 🗆 DOA	OTHE	R:	LACE OF O	_		er (Specify)			
i i	27, MANNER OF DEATH  1 Netural 5 Pending	28a. DATE O		28b. TII		28c. IN.	URY AT ORK?			SCRIBE HOV	V INJURY C	CCUREO	
ם סו	2 Accident Investigation 3 Suicide 8 Could not be 4 Nomicide detarmined	28e. PLACE building	OF INJURY — At , etc. (Specify)	home, farm,	street, fac	ctory, offic			281. LO	CATION (Street or Town, Sta	et and Numb	per or Rural	Route Number,
COMPLEIED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICAL EXAMIN												(s) and manner as stated.
2	29h SIGNATURE AND TITLE OF CERTIFIE	A MY					100	ENSE NU			29d. D	ATE SIGNE	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON W	NO COMPLETED CAL	USE OF DEATH (	TEM 27 (TYP)	o. Print)	+ RI				CKVILI	EL	1D 2	
	31. OATE FILEO (Month, Day, Year)												

DNMH-18 Rev 1/89

11010 00

D P

BALTIMORE, MARYLAND 21203-3146	er death. Page 6 may be retained by the hospital or attending physician.	he funeral director, page 5 should be detached for use as the burial-transit permod. Val.	
_	ours after	d in by t	-
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	L OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mous after death. Page 6 may be retained by the hospital or attending physician.	DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	. 400

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 — Lurs after death. Page 6 may be retained by the hospital or attending physician.	ter this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Neves 1, 2, 3, atthe the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	vent, the medical examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death of	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

REGISTRAR				CERTIF	ICATE	OF	DEA	<u>rh</u>	F	EG. NO.			
1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF			MEAN	3. TIME OF DEATH
ELIZABETH	CET	GER D	ELANE	V					JULY	22	1990	YEAR	6:45 A. M
4. SOCIAL SECURITY NUMB		5. SEX		yrs. last birthday)	JF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF		1330		HPLACE (State or Foreign
E70 26 0000		1 M 2 TF		YRS.	MONTHS	DAYS	Hours	MIN.	(Month, De	ly, Ybar)		Count	
579-36-8980		Λ.	81				<u> </u>		FEB.	15.19			HINGTON, D.C.
9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY	, TOWN (	OR LOCATI	ON OF D	EATH		9c. COU	INTY OF E	DEATH
4104 DUNNEL	LANE				KE	NST	GTON	ī			MON	TGON	MERV
RESIDENCE OF DEC	EDENT										110/1	CLGOT	
10a, STATE	10b. COUNTY	γ		10e. CIT	Y, TOWN	OR LOCAT	TION						10d. INSIDE CITY LIMITS?
MARYLAND	MONT	GOMERY		KEN	SING	TON							1 YES 2 NO
10s. STREET AND NUMBER					DING		. ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?
/10/ DIBUIT	T 4 3 TT												
4104 DUNNEL	LANE						20895				LUS		
11. MARITAL STATUS	Advanta d	12. WAS DECEDER	T EVER IN U	I.S. ARMED					NIC ORIGIN? (S an, Puerto Rica		or No-	14. RAC Blac	E — American Indian, ik, White, etc.
1 Never Married 2 3 Widowed 4 Divo		FORCES?	MAR OR DATE	ES			2 NO					Spec	
3 M WILLOWS 4 DIVO		<u> </u>					**					I WHI	TE
	EDENT'S EDU y highest grade		1	6a. DECEDENT'S (Give kind of	USUAL O	CCUPATH	ON ost of world	no.	16b. Kil	ID OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (0		College (1-4 or 5	+)	life. Do NOT u	se retired.)								
		4		TEAC	HER				D (	90	HOOT	CVC	mam.
17, FATHER'S NAME (First, M	liddle, Last)	-			HEAV		16. MOT	HER'S NA	ME (First, Midd			. 515	A I P.W
GEODGE T	OFFORD	GD.					172			II' NOTE			
GEORGE J. (		SR.							McCOY				
19a. INFORMANT'S NAME (7	ype/Print)			19b. MAILING	AODRES	S (Street a	and Numbe	r or Rural	Route Number,	City or Tow	n, State, Zi	(p Code)	
ROSE MARIE	ENGLIS	H (NIE	CE)	4104	DUNN	EL I	ANE	KEN	ISINGTO	N. M	IARYI	AND	20895
20a. METHOD OF DISPOSIT			20b. F	LACE OF DISPO	SITION (N	ame of ce	metery, crei	matory or		20c. LO	CATION -	- City or T	own, State
1 Surial 2 Crematic		loval from State		ATE OF	TIE A T	ENI C	EMET	TDV		CTT	TIED	CDDT	NO MADSIT AND
21, SIGNATURE OF FUNERA	L SERVICE N	ENSEE	- 0	ALE OF			ND ADDRE		ACILITY	1 211	V P.R	SPRI	NG, MARYLAND
.//	5	1	1		F	RANC	IS J	. CO	LLINS	FUNE	RAL	HOME	INC.
Down	2. m	Mon	hor										.MD. 20901
23. PART I. Enter Me d	iseases, or	THE RESIDENCE OF THE PERSON NAMED IN		he death. Do									Approximate
shock, or h	esrt fallura.	List only one ca	use on aac	h lina.				•			•		Interval Between
IMMEDIATE CAUSE (FIR	nal		12 A A		1.								Onaet and Death
disease or condition	$\rightarrow$	a	HRIT	AC CONSEQUENCE OF	NEX	RES	T						LINSTANT
		DUE TO	OR AS A	CONSEQUENCE C	F):				-				
		D HYPEI	TENS	IVE (	AKO	40 VA	750L	从内心	V156	ASE			20+ YRS
Sequentisily list condit It any, leading to imme		DUE TO	OR AS A	ONSEQUENCE O	F):								1
cause. Enter UNDERLY	ING	1727	20117	SCLEE	05/5								20 type
CAUSE (Disease or Inju	IIY			ONSEQUENCE C									10.10
resulting in death) LAS	т												
		d											
PART II. Other significa	ent condition	ns contributing to	death but	not resulting	In the u	nderiyin	g cause	given in	Part I. 24		AUTOPSY	24	b. WERE AUTOPSY FINDINGS
, H	POTEN	yearism								PERFO			AVAILABLE PRIOR TO COMPLETION OF CAUSE
/	C 0 1	And Is	0.0						— [1	YES :	NO		OF DEATH?
	EFER	BAL T.	VFACC	TION									1 YES 2 NO
3 (	20-11-VI	E'S M		DLON									
25. WAS CASE REFERRED T						28. P	LACE OF	DEATH (C	heck only one)				
EXAMINER?		HOSPITAL: 1   Inputient 2	□ EB/Output	Nont 3 000	OTHE		- 10/-		6 Other (S				
27. MANNER OF DEATH		28a. OATE O		28b. Til			JURY AT	aeroence	28d. DESCR		IN HIRV A	CCLIBED.	
	Pending		Day, Year)		JURY	W	DRK?	_	200. DESCH	IBE HOW	INJUNT O	CCORED	
2 Accident	Investigation	/	VIA		101	1 🗆	YES 2	_ NO					
	Could not be		OF INJURY - I, etc. (Specifi	- At home, farm,	street, fac	tory, offic	ca .		26f. LOCATI City or	ON (Street lown, State	and Numb	er or Rural	Route Number,
4 Homicide	determined												
29a. CERTIFIER 1 CER	TIEVING DHYS	ICIAN: To the best of	of my knowle	don doeth coour	and at the	time det	a and alan	a and du	a to the source	(a) and ma		ntad	
anal anny													4->4
2 - MED	TOAL CAMIN	ER: On the base of	examination	and/or investiget	on, in my	opinion,	death occi	area at the	e time, cata an	d place, a	nd dua to	the cause	(a) and menner as stated.
29b. SIGNATURE AND TITLE	OF CERTIFIE	Related	1/ 20	9			29c. LIC	ENSE NU	MBER		29d. DA	TE SIGNE	D (Month, Day, Year)
	1 16	1	1				D	069	5.5		•	21	JULY 90
30. NAME AND ADDRESS O	F PERSON WI	HO COMPLETED CA	USE OF DEAT	TH (ITEM 27) (7\n)	e, Print)		1 7	1	~ ~	_			1
		- 1					D			-	, ,		
Michael S. M	iadelo:			Shiel	as Di	rive	Bet	nesd	a, Mar	yLan	d 2	U817	
31. DATE FILED (Month, Day	1980 000	32. REGISTE	AUDIS SIGNA	LURE									
	וטי די	6	Lin An.	dson-Ran	1.00								

TO BE COMPLETED BY FUNERAL DIRECTOR

		rt once.
		IMPORTANT: If Nem 28 is marked, or Nem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
		9
		ust
		F
		xamine
	noval.	2
	or rem	nedic
	tion, c	the n
	emai	H,
	J. Ch	5
	buria	atic
	9	E
	prio	tra .
TO THE POLICE OF	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	other
	rtal F	, 01
	Men	Pier
	and	ny la
	ealth	\$ 20
	Ť,	Show.
-	lept.	23 1
-	late D	Hell
	ne Si	Or 11
2	ith th	Pd.
100	w th	narki
10.00	r dea	50
5	afte	28
1	hours	Nem
200	2	=
100	within	TANT
1	fled	POR
2	De 1	E

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR		STATE OF M					EALTH AND DEATH	MEN1	TAL HYGIENE REG. NO.			
1. DECEDENT'S NAME (First,	, Middle, Last)			-					TE OF DEATN			3. TIME OF DEATH
Le	ster	н.		Deveni	ney				7 16		990	3:20AM M
4. SOCIAL SECURITY NUMB	BER !	5. SEX	6. AGE (In yrs.		IF UNDER		IF UNDER 24 HRS.		TE OF BIRTN onth, Day, Year)		a. BIRTHI	PLACE (State or Foreign
216-42-7052		1 🕅 M 2 🗌 F	47	YRS.	MONTHS	DAYS	HOURS MIN.			942		nsylvania
9a. FACILITY NAME (If not in	stitution, give stree	et and number)	<del></del>		9b. CITY,	TOWN O	R LOCATION OF E				NTY OF DE	
Montgome:	ry Gene	ral Hosp	ital		01r	ney				Mo	ntgor	mery
10e. STATE	10b. COUNTY			10c. CITY	, TOWN O	R LOCAT	ON					10d. INSIDE CITY LIMITS?
Maryland	Monte	omery		Si	lver	Spr	ing					1 TES 2 NO
10e. STREET AND NUMBER						101.	ZIP CODE			10g. CITI	ZEN OF W	HAT COUNTRY?
2902 Bel Pr	e Road,	#1-B					20	906		Un		States
11. MARITAL STATUS 1 Never Merried 2XX		12. WAS DECEDENT FORCES? 1					ENDENT OF HISPA		GIN? (Specify Yes or to Rican, etc.)	or No-	14. RACE Black	- American Indien, , White, alc.
3 Wildowed 4 Divo		IF YES, GIVE W	R OR DATES	•	1	YES	2 X NO Spec	lty:		1	Specif	
15. DEC	EDENT'S EDUCA	TION	16a.	DECEDENT'S	USUAL OC	CUPATIO	N		16b. KIND OF BUSI	NESS/INC		White
(Specify only Elementary/Secondary (0	y highest grade co	College (1-4 or 5 +		(Give kind of w life. Do NOT us	rork done d e retired.)	luring mos	at of working					
12	F-12)	College (1-4 or 5+)		intena	nce	Eng	ineer		Apartme	ent. (	Compl	ex
17. FATHER'S NAME (First, M	fiddle, Last)		1100	21100110	4,00	26		AME (Fir	st, Middle, Meiden S		Joinpi	. Ox
Lester Ho	lbin								enney			
19a. INFORMANT'S NAME (7				19b. MAILING	ADDRESS	(Street a		_	lumber, City or Town	, State, Zic	Code)	
Gisela B. I	Devenne	V		2902 E	Bel P	re I	Road. #]	-В.	Silver	Spri	ing.	MD 20906
20a, METNOD OF DISPOSIT	ION	,	20b. PLAC	E OF DISPOS			netery, crematory or				City or To	
1 Buriel 2X Crematic		al from State		rban C	rema	tory	<b>V</b>		Silv	er S	Sprin	g, Maryland
21. SIGNATURE OF FUNERA	L SERVICE LICE	NSEE			22. 1	NAME AN	D ADDRESS OF F	ACILITY				
100	U- B	. Cll	N	100827					vices, F Silver			MD 20910
23. PART I. Enter the d		mplicetions thet at Only one cau			ot enter	the mo-	de of dylng, su	ch aa c	ardiac or respir	atory an	reat,	Approximata Interval Between
IMMEDIATE CAUSE (Fit		at only one caus	IN OII ANCII II		-	10,	06 (4)	00	n 7	4		Onset and Death
resulting in deeth)	<b>→</b> a.	7/	- 1/1/-	7/1/1		(#	2(1/0)		7		-	370.
		DUE TO	OR AS A CONS	I U (S	2.	+ 1	BONE					
Sequentially list condit		DUE TO	OR AS A CONS									
if any, leeding to imme cause. Enter UNDERLY	ING	1										
CAUSE (Disease or Injuthet Initiated events	any a	DUE TO	OR AS A CONS	SEQUENCE OF	7: 1 -	1		4	is 11 m			2 1 11
resulting in death) LAS	ot d.	41DE	10CH	REC/A	OO	74	OE	1911	i Us	DE	1EK	1370
PART II. Other algnifice	ent conditions	contribution to	dooth but no	et essentitles l	la the un	el a el cila e		n Dont I	. 24a. WAS AN	ALITORNY	1 045	WERE AUTOPSY FINDINGS
PART II. Other aligninics	ent conditiona	contributing to	deedii but iid	n resulting i	in the un	Gerrying	Cease given i	n Part i	PERFOR		240.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
									1 - YES 2	NO		OF DEATH?
												1 YES 2 NO
25. WAS CASE REFERRED 1	TO MEDICAL T					00.01	105 05 051711 //	211				
EXAMINER?		HOSPITAL:			OTHER	₹:	ACE OF DEATN (C					
27. MANNER OF DEATN		28a. DATE OF		28b. TIM	-	26c, INJ	a 5 Residence	1	DESCRIBE HOW IN	LISSEY OC	CURED	
_	Pending	(Month, De		INJ	URY	WO	PK?		DE40111011 11		001120	
2 Accident 3 Suicide	Investigation	26e, PLACE O	F INJURY — At	home, farm, s	streel, fact			281.	LOCATION (Street a	nd Numbe	r or Rural F	Route Number,
4 Homicide	Could not be datarmined	building,	etc. (Specify)						City or Town, State)			
29a. CERTIFIER	TIEVINO BUVEIO	ANI To the best of	mu based de	doubt			and along the control	45. 55			to d	
(Oriect Oriny		AN: To the best of On the bests of a										) and manner as stated.
		1	-	veeligetto	,, 0	promotily to			- T			-
29b SIGNATURE AND TITLE	E OF CERTIFIER	+ //	Wille	_	4	<b>-</b>	29c. LICENSE N	UMBER	(-	286. DAI	E MIGHED	(Mode, Day, Year)
30 NAME AND ADDRESS O	E PERSON MANO	COMPLETED CAUS	OF DEATH	TEM 27) (5	Prints		000	20	10	-/	116	//-
DONAL	D R	LEW	1517	5,1190		CA	EY,	Me	1.20	081	3 2	
31. DATE FILED (Month, Day,	3 90	32. REGISTRA	PS SIGNATURI	- Pande	00							

3. TIME OF DEATH 11P. CC

8. BIRTHPLACE (State or Foreign

Jose Derger

5. SEX

4. SOCIAL SECURITY NUMBER

IF UNDER 1 YEAR

DAYS

HOURS

2. DATE OF DEATN

79

90

JOSEPHINE KLEIN DUNN

6. AGE (In yrs. last birthday)

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be After HH HE

7. DATE OF BIRTH (Month, Day, Year) Sept 26 Wash. D.C. 578 36 2936 1 🗌 M 2 😿 F 1915 YRS 9a. FACILITY NAME (If not institution, give street and number 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Holy Cross Hospital Montgomery Silver Spring funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Prince Georges Mount Rainier 1 TYES 2 NO 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4510 24th Avenue 20712 U.S.A. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—
If yes, specify Cuben, Mexicon, Puerto Ricon, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO 1 Never Merried 2 Married 1 TES 2 NO Specify: White BY 3 Widowed 4 Divorced COMPLETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 18b. KING OF BUSINESS/INQUSTRY Elementery/Secondery (0-12) College (1-4 or 5+) Department Store Sales Clerk 12 17. FATNER'S NAME (First, Middle, Lest) 18. MOTNER'S NAME (First, Middle, Maiden Surname) John Klein Amelia Swigert notified at BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code 2 4510 24th Ave. Mount Rainier, MD. 20712 Kathleen E. O'Connor pe 20e. METHOD OF DISPOSITION

1 Duriel 2 Cremetion 3 Removal from State

1 Donetion 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State must Mary's Cemetery Washington, D. C. examiner 21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY TAKOMA FUNERAL HOME, INC. 254 Carroll St. N.W.Washington DC · Delliags /s Clark has been signed by the attending physician and completely filled in by the Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac pr respiratory errest, Approximate shock, or heart feiture. List only one cause on each line. interval Retween Onset and Death IMMEDIATE CAUSE (Final RESPIRATES 1 Facluse disesse or condition Caelto -5 berry executed within reculting in deeth) event. DUE TO (OR AS A CONSEQUENCE OF): 24O Chronic Read traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING QUE TO (OR AS A CONSEQUENCE OF): CAUSE (Diseese or injury other QUE TO (OR AS A CONSEQUENCE OF): thet initieted eventa resulting in deeth) LAST 10 PART II. Other algorificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 YES 2 4-NO 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) this certificate h OTHER: 1 YES 2 NO 1 mpatient 2 ER/Outpetient 3 DOA 4 Nursing Name 5 Residence 8 Other (Specify) 0 27. MANNER OF DEATH 28c. INJURY AT WORK? 28e. DATE OF INJURY 28b. TIME OF INJURY 28d. DESCRIBE NOW INJURY OCCURED 28 is marked, 1 Netural 5 Pending Investigation 1 YES 2 NO BY 2 Accident death 28e. PLACE OF INJURY — At home, ferm, atreet, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be COMPLETED DIRECTOR: / 4 Homicide MPORTANT: If Item 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. FUNERAL ( 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date end piece, end due to the ceuse(e) end menner ee steted. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 띪 7120190 JUC D10600 6 6 3 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF CEATN (ITEM 27) (Type, Print) EDGYS SITUAL SPRIN 1881 G- Fot aca 4-121 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE gulia Davidson-Randell DHMH-18 Rev 1/89

• W (W)  TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND	are after death. Page 6 may be retained by the ho	tely imed in by the funeral director, page 5 should be detact nation, or removal.	l, the medical examiner must be notified at once
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withing after death. Page 6 may be retained by the hosp	TO THE FUNERAL, DIRECTOR: After this certificate has been signed by the attending physician and completely immed in by the funeral director, page 5 should be detache the filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2 MEDICAL EXAMINER: Q

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)
ABRAHAN B. DABELA 440 DASE

32. REGISTRAR'S SIGNATURE

guha Davidson

29b. SIGNATURE AND TITLE OF CERTIFIER

ABRAHANT 31. DATE FILED (Month, Day, Year) 90

29a. CERTIFIER (Check only one)

S. SEX SECURITY MANAGES S. SEX S. AGE (IN YR. Not birdoly)   Function 1784   Function 1784   To ANE CO B STRING   TO ANE CO STAND   TO ANE	1 - FOR STATE REGISTRAR		STATE OF	MARYLAND C	/ DEPART				MENTA	L HYGIEN	E			
HAZEL ALBERTA DAVIS  1 OCAL SECURITY NAMER 261-41-9602  1 O 2 SP 91  1 NB. SOZAL SECURITY NAMER 261-41-9602  1 O 2 SP 91  1 NB. STATE 261-41-9602  1 O 2 SP 91  1 NB. STATE 261-41-9602  1 O 2 SP 91  1 NB. STATE 261-41-9602  1 O 2 SP 91  1 NB. STATE 261-41-9602  1 O 2 SP 91  1 NB. STATE 261-41-9602  1 O 2 SP 91  1 NB. STATE 261-41-9602  1 NB. STATE 261-41-9602  1 NB. STATE 261-41-9602  1 NB. STATE 261-41-9602  1 NB. STATE 261-41-9602  1 NB. STATE 261-41-9602  1 NB. STATE 261-41-9602  1 NB. STATE 2 NB. STATE	1. DECEDENT'S NAME (Fir	st, Middle, Last)											3. TIME OF DEAT	н
S. DEX   S. DEX   S. AGE (in yr. last bornes)   Vine.   Vine	i		HAZEL	ALBERT	A DAV	IS							5:03	Рм
Security   Security	4. SOCIAL SECURITY NUI	ABER	5. SEX	6. AGE (In yrs. I	ast birthday)					OF BIRTH	.,,	8. BIRTH	PLACE (State or For	reign
Secondary   Prince   Secondary   Seconda	261-41-960	2	1 M 2 VF	91	YRS.	MONTHS DA	YS HOURS	MIN.			899		**	ia
No. STATE   No. COUNTY   No. CATY, TOWN ON LOCATION   North Fort Myers   No. STATE   No. TOWN ON LOCATION   North Fort Myers   No. 27   No. STATE   AND NUMBER   No. STATE   AND NUMBER   No. STATE   AND NUMBER   No. STATE   AND NUMBER   No. STATE   AND NUMBER   No. STATE   AND NUMBER   No. STATE   AND NUMBER   No. STATE   No. STATE   AND NUMBER   No. STATE   AND NUMBER   No. STATE   No. STATE   AND NUMBER   No. STATE   No	9a. FACILITY NAME (If not	institution, give a	street and number)		9b. CITY, TO	WN OR LOCA	TION OF DI		, , , ,				Lu	
Sec. STATE   SOCIEDATE   Soc. CITY, TOWN OR LOCATION   Sec. PRINCE CITY   SOCIEDATE   SO	Leland Mem	orial	Hospital			River	rdale				Prin	nce (	George's	
The provided   Lee   North Fort Myers   1   Yes 2 (X No   1904		-												
The properties of the properties   The	1	10b. COUNT	Υ										LIMITS?	
1111 Amber Avenue  11. Mark Martine 2 (\$\frac{\text{Numerical}}{2} (\$\text{Numerical}} (\$\text{Numerical}} (\$\text{Numerical}} (\$\text{Numerical}} (\$\text{Numerical}} (\$\text{Numerical}} (\$\text{Numerical}} (\$\text{Numerical}} (\$\text{Numerical}} (\$\text{Numerical}} (\$\text{Numerical}} (\$\text{Numerical}} (\$\text{Numerical}} (\$\text{Numerical}} (\$\text{Numerical}} (\$\text{Numerical}} (\$\text{Numerical}} (\$\text{Numerical}} (\$\text{Numerical}} (\$\t					Nort	h For								NO
T. MANTAL STATUS   T. WAS DECEDENT EVER IN U.S. ADMED   T. WAS DECEDENT CONCENT (Specify) Vision of No.   T. WAS DECEDENT OF HISPANIC CHICARY (No.   T. WAS DECEDENT OF HISPANIC CHICARY (No.   T. WAS DECEDENT OF HISPANIC CHICARY (No.   T. WAS DECEDENT OF NO.   T. WAS DECEDENT OF NO.   T. WAS DECEDENT OF NO.   T. WAS DECEDENT OF NO.   T. WAS DECEDENT OF NO.   T. WAS DECEDENT OF NO.   T. WAS DECEDENT OF NO.   T. WAS DECEDENT OF NO.   T. WAS DECEDENT OF NO.   T. WAS DECEDENT OF NO.   T. WAS DE	10e. STREET AND NUMBE	R									100			
Never Merried 2   Remarked   Proncest   To res 2   2000   If Yes		Avenu					3391	7			Uni	ted	States	
Secondary   Secondary   Secondary   Secondary   Secondary   White		There are									or No-	14. RACI Blaci	E — American India k, White, atc.	in,
St. DECEDENT'S EDUCATION   16th DECEDENT'S USUAL OCCUPATION   16th Deceded on high highest grade completed)   16th Deceded on highest grade completed)   16th Deceded on highest grade completed   16th Deceded on highest grade completed   16th Deceded on highest grade on highest grade on highest grade on highest grade of highes		4 2							,		Spec			
College (14 or 5 +)   College (14 or 5 +)   College (14 or 5 +)   College (14 or 5 +)   College (14 or 5 +)   Homemaker   College (14 or 5 +)   College (14 or 5 +												wille		
Homemaker   Own Home	(Specify o	nly highest grade		(Give kind of wo	ork done durin	PATION g most of wor	king	166	. KIND OF BU	SINESS/INI	DUSTRY			
Tr. PATHER'S NAME (First, Middle, Leat)   Susan Neice		(0-12)	College (1-4 or 5					Orm Hann						
William Houdeshel  198. MFORMANT'S NAME (PypePrint) Ralph A. Davis, Sr.  208. METHOD OF DISPOSITION 1 Same as #10  208. PLACE OF DISPOSITION   Cremation 3   Removal from State   1 During 1 (Cyclemation 3   Removal from State   2 During place)  208. PLACE OF DISPOSITION (Name of cemetary, crematory)  21. SIGNATURE OF FUNERAL SERVICE UCENSEE  3. Suburban Crematory  22. NAME AND ADDRESS OF FACILITY National Cremation Society 3. Signature of Funeral Service Ucensee  4. Donation 6   Other (Society) 3. Signature of Funeral Service Ucensee  4. During place of the Society of the Society of Suburban Cremation Society 3. Signature of Funeral Service Ucensee  4. During place of the Society of Suburban Cremation Society 3. Sequentially life conditions, interval Both Suburban Cremation Society 3. Sequentially life conditions, If any, leading to immediate cause fine death Donata A Conscouence on:  5. During of Society of Suburban Cremation Society 3. Sequentially life conditions, If any, leading to immediate cause from Medical Society of Socie		14144 1 11		п	ошешак	er.	Locati							_
196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  Ralph A. Davis, Sr.  206. METHOD OF DISPOSITION   Surfield 2/QCreamation 3   Removel from State			1											
Ralph A. Davis, Sr.    Same as #10														
20e. METHOD OF DISPOSITION 1 Burlet 2 [SCremation 3] Removes from State 20b. PLACE OF DISPOSITION (Name of cametery, crematory or other place) 20b. PLACE OF DISPOSITION (Name of cametery, crematory or other place) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY National Cremation Society 3596 Fowler St. Ft. Myers, FL 33901  23. PART I. Enter the diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or respiratory streat, interval Betwo Onset and De Die To (or As A consequence op): 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. WAS CASE REFERRED TO MEDICAL EXAMINER? 27. MANNER OF DEATH 28. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. DATE OF INJURY 1   28b. DATE OF INJURY   28b. DIME OF INJURY No. Injury 1   28b. DATE OF INJURY No. Injury 1										p Code)				
Suburban Crematory   Silver Spring, MD			20b. PLACE OF DISPOSITION (Name of cametery, crematory or 20c. LOCATION — City or Town,											
22. NAME AND ADDRESS OF FACILITY National Cremation Society 3596 Fowler St. Ft. Myers, FL 33901  23. PART I. Enter the diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or respiratory strest, interval Betwo Onset send De disease or condition resulting in deeth)  Due to (op as a consequence of such in security in the intitleted events resulting in deeth) LAST  Due to (or as a consequence of such in security in the intitleted events resulting in deeth) LAST  Due to (or as a consequence of such in security in the intitleted events resulting in deeth) LAST  Due to (or as a consequence of such in security in the intitleted events resulting in deeth) LAST  Due to (or as a consequence of such in security in the underlying cause given in Part I.  Due to (or as a consequence of such in security in the underlying cause given in Part I.  Due to (or as a consequence of such in security in the underlying cause given in Part I.  Due to (or as a consequence of such in security in the underlying cause given in Part I.  Due to (or as a consequence of such in security in the underlying cause given in Part I.  Due to (or as a consequence of such in security in the underlying cause given in Part I.  Due to (or as a consequence of such in security in the underlying cause given in Part I.  Due to (or as a consequence of such in security in the underlying cause given in Part I.  Due to (or as a consequence of such in security in the underlying cause given in Part I.  Due to (or as a consequence of such interval part in the underlying cause given in Part I.  Due to (or as a consequence of such interval part in the underlying cause given in Part I.  Due to (or as a consequence of such interval part in the underlying cause given in Part I.  Due to (or as a consequence of such interval part in the underlying cause given in Part I.  Due to (or as a consequence of such interval part in the underlying cause given in Part I.  Due to (or as a consequence of such interval part in the underlying c	1 Buriel 2 CCrema	tion 3 🗌 Ram	noval from Stata	place)										
National Cremation Society  3596 Fowler St, Ft. Myers, FL 33901  23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardisc or respiratory arrest, shock, or heer fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition)  Sequentielly liet condition.  Sequentielly liet conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST  DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSE			CENSEE		Su				J	211	ver 3	pbr.TI	ig, MD	
23. PART I. Enter the diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or reepiratory arrest, interval Between chock, or heert fellure. List only bne ceuse on each line.    Approximate interval Between chock, or heert fellure. List only bne ceuse on each line.	A TOTAL OF TOTAL	1	0 1	7//						n Soci	etv			
23. PART I. Enter the diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cardisc or respiratory streat, approximate enock, or heart feilure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition) resulting in deeth)  Sequentielty list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR	C2	Tilli-	_ B. E	lul M	00827	150.00					-	FL :	33901	
IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentielly liet conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQU													Approxima	
Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONS			List only one ce						,					
Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONS	disesse or condition	$\rightarrow$	Card	to Res	mreto	ing arrest								
Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONS	resulting in deetin)	,	DUE TO	OF AS A CONS	SEQUENCE OF	11	~						1	
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contribution contribution contribution contribution contribution cause given in Part I.  PART II. Other significant conditions contribution contribution contribution contribution contribution contribution contribution contribution contribution contribution cause given in Part I.  PART II. Other significant conditions con			Ise	henvic	14	15t	- Di	Les	L.					
Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR			DUE TO	OR AS A CONS	EOUENCE OF	: /		1						
The finite of the conditions of the conditions contributing to deeth but not resulting in the underlying cause given in Part i.  Due yo (or as a consequence of):  d.  PART ii. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i.  PART ii. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i.  PART ii. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i.  PART ii. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i.  PART ii. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i.  PART ii. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i.  PART ii. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i.  PART ii. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i.  PART ii. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i.  PART ii. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i.  PART ii. Other significant conditions contributions cause given in Part i.  PART ii. Other significant conditions contributions cause given in Part i.  PART ii. Other significant conditions cause given in Part i.  PART ii. Other significant conditions cause given in Part i.  PART ii. Other significant conditions cause given in Part i.  PART ii. Other significant conditions cause given in Part i.  PART ii. Other significant conditions cause given in Part i.  PART ii. Other significant conditions cause given in Part i.  PART ii. Other significant conditions cause given in Part i.  PART ii. Other significant conditions cause given in Part i.  PART ii. Other significant cond	cause. Enter UNDERL	YING	a Con	ges min	1/2	1wf	tas	hul						
PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  28. DATE OF INJURY (Month, Day, Year)  28. DATE OF INJURY (Month, Day, Year)  28. DATE OF INJURY (Month, Day, Year)  29. INJURY AND PART OF DEATH (Check only one)  29. INJURY AND PART OF DEATH (Check only one)  29. INJURY AND PART OF DEATH (Check only one)  20. DATE OF INJURY (Month, Day, Year)  20. DATE OF INJURY (Month, Day, Year)  20. DATE OF INJURY (Month, Day, Year)  20. DATE OF INJURY (Month, Day, Year)  20. DATE OF INJURY (Month, Day, Year)	thet initieted events		DUE 7	(OR AS A CONS	EOUENCE OF	):								
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  28. DATE OF INJURY (Month, Day, Year)  28. DATE OF INJURY (Month, Day, Year)  28. DATE OF INJURY (Month, Day, Year)  28. DATE OF INJURY (Month, Day, Year)  28. DATE OF INJURY (Month, Day, Year)  28. DATE OF INJURY (Month, Day, Year)  28. DATE OF INJURY (Month, Day, Year)  28. DATE OF INJURY (Month, Day, Year)  29. DATE OF INJURY (Month, Day, Year)  20. DATE OF INJURY (Month, Day, Year)  20. DATE OF INJURY (Month, Day, Year)	resulting in deeth) L/	ST	d											
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  28. DATE OF INJURY (Month, Dey, Year)  28. DATE OF INJURY (Month, Dey, Year)  28. DATE OF INJURY (Month, Dey, Year)  28. DATE OF INJURY (Month, Dey, Year)  28. DATE OF INJURY (Month, Dey, Year)  28. DATE OF INJURY (Month, Dey, Year)  28. DATE OF INJURY (Month, Dey, Year)  28. DATE OF INJURY (Month, Dey, Year)  28. DATE OF INJURY (Month, Dey, Year)  28. DATE OF INJURY (Month, Dey, Year)  28. DATE OF INJURY (Month, Dey, Year)  28. DATE OF INJURY (Month, Dey, Year)  28. DATE OF INJURY (Month, Dey, Year)	PART ii Other signifi	cant condition	ne contribution t	a death but no	t moultime in	the under	tulna cauc		Don't I	04- 1400 41	ALITORAL	Ton	WERE ALTROPOUR	NIDINIO.
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	TAIN II. Culti again	CONTRACTOR CONTRACTOR	ne continuating to	Jueetii Dut 110	t resuming in	i ilie utiuet	lying caus	a Given in	Part I.			240	AVAILABLE PRIOR	то
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1  YES 2 NO  26. PLACE OF DEATH (Check only one)  THER:  4  Nursing Home 5 Realdence 6 Other (Specify)  27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation  26. PLACE OF DEATH (Check only one)  26. PLACE OF DEATH (Check only one)  26. PLACE OF DEATH (Check only one)  26. INJURY 1 OTHER:  4  Nursing Home 5 Realdence 6 Other (Specify)  26. INJURY AT WORK?  M 1 YES 2 NO										1 TYES 2	X NO			AUSE
EXAMINER?  1													1 TYES 2 T	NO
EXAMINER?  1														
1 VES 2 NO 1 Noterial 2 ER/Outpetlent 3 DOA 4 Nursing Home 5 Realdence 6 Other (Specify)  27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation  1 VES 2 NO 1 Nursing Home 5 Realdence 6 Other (Specify)  28b. TIME OF INJURY WORK?  1 VES 2 NO 1		HOSPITAL:												
1 Netural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation M 1 YES 2 NO	1 YES 2 NO 1X Inpetient 2 ER/Outpetient 3				3 DOA	DOA 4 Nursing Home 5 Realdence 6 Other (Specify)								
2 Accident Investigation Investigation		7 6.48	26a. DATE O (Month,	F INJURY Day, Year)	26b. TIME OF 26c. INJURY AT WORK?					28d. DESCRIBE HOW INJURY OCCURED				
	,3							□ NO						
3 Suicide 6 Could not be 4 Homicide determined 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)			28e. PLACE building	OF INJURY — At , etc. (Specify)	home, ferm, st	reet, factory,	offica					or or Rural	Route Number,	

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the co

Randell

29c. LICENSE NUMBER



29d. DATE SIGNED (Month, Day, Year)

7/22/90

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146

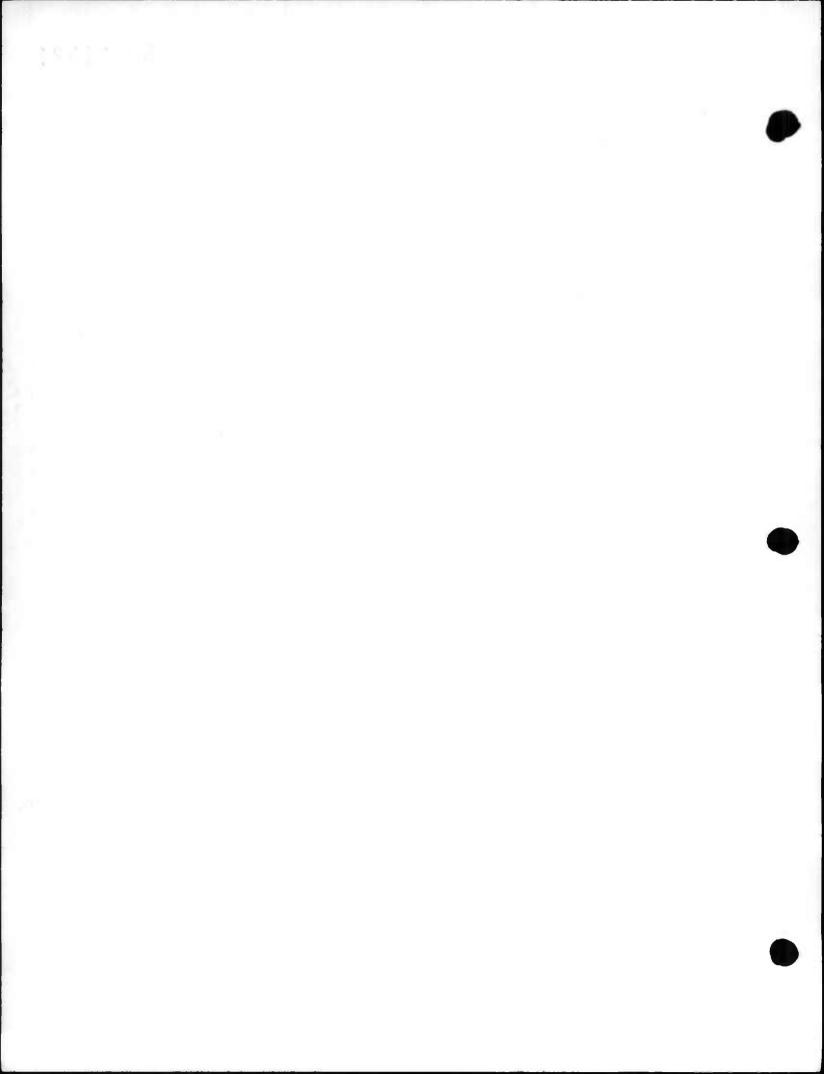
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Just after death. Page 6 may be retained by the hospital of attending physician.	URECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bund-transit permit. Pages 1, 2, 3 should	filed within 72 hours after death with the State Dept. of Health and Mental Hyglene proof to bunal, cremation, of removal.	populars is toon to be marked or than 23 shows one Internet resumptic event the medical examiner must be notified at once
TTENDING P.	CTOR: After th	after death v	29 le mark
MAL DR A	RAL DIREC	72 hours	. 16 Rem
THE HOSP	THE FUNE	: filed within	POODTANT

- STATE REGISTRAR		STATE OF M			MENT OF E	DEATH AND N	MENTAI	HYGIEN REG. NO.	E		
1. DECEDENT'S NAME (First	, Middle, Lest) Frederic	ck	н.		Eaton		MONTE	18-90	W YI	AR	TIME OF DEATH  4:52AM M
4. SOCIAL SECURITY NUMBER 362-26-3880	1	SEX	8. AGE (In yrs. la	YRS.	IF UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	Oct	of BIRTN c, Day, Year) 26, ]	L923 M:	Country)	
Randolph R	load at 1		d track			OR LOCATION OF DE	ATH		MOnto		ry County
10a. STATE  Maryland	Montgon	nery			TOWN OR LOCA	TION				1	d. INSIDE CITY LIMITS? YES XX NO
toe. STREET AND NUMBER 8008 Inspec		ıse Road	i.			20854	tog. CITIZEN OF United				
tt. MARITAL STATUS  1 Never Married 2 3 Wildowed 4 Olive	Married	WAS DECEDENT FORCES? () IF YES, GIVE W World Wa	XYES 2 AR OR DATES	RMED NO	If yea, sp	ENDENT OF NISPAN ecity Cuban, Maxica 2 (X NO Specify	n, Puerto I		or No— t4.	Black, W Specify:	American Indian, hita, atc.
	EDENT'S EDUCATI by highest grade com 0-t2) C		) (C	live kind of wo b. Do NOT use	sual occupation of the done during more retired.)	ist of working	Of	fice	of Reg	iona	
t7. FATHER'S NAME (First, Middle, Lest)  Clarence Eaton  Winifred Sells											
19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  Gloria W. Eaton  8008 Inspection House Road, Rockville,									e, M		
4 Donation 8 Othe	20a. METHOO OF DISPOSITION 3 Removal from State Other (Specify) Robert A. Pumphrey Funeral										
21. SIGNATURE OF FUNERA	LE SERVICE LICEN	esse	1 . M	100803	Home/ Avenu	Rockville Rockville e, Rockv	e ile	obert nc. 3 , Mary	A. Pum 00 Wes land	phre t Mo 2085	y Funeral ntgomery 0
23. PART I. Enter the calcook, or in immediate CAUSE (Fi disease or condition resulting in death)	neert fellure. List nai	Multip	se on eech iln	e. ries		ods of dying, auc	h as cen	disc or resp	iretory srres	t,	Approximata interval Between Onset and Death
Sequentially list condi if any, leading to immo cause. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in dasth) LAS	ring c		(OR AS A CONSI								
PERFORMED?  XX YES 2 \( \text{NO} \)								CO	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?  XYES 2 NO		
25. WAS CASE REFERRED EXAMINER?	H	IOSPITAL:			OTHER:	LACE OF OEATH (Ch		ne)	Railro	- 5c	racks
27. MANNER OF DEATH	Pending Investigation	28s. DATE OF (Month D		28b. TIME	OF 28c. IN	JURY AT ORK? YES FANO	28d. OE	SCRIBE HOW	injury occur struck	RED	
Suicide 8 4 Homicide	Could not be determined	28a. PLACE O building,	F INJURY — At It atc. (Specify)		reet, factory, offi lroad t			dolphi	and Number or Rd. at Montge	Rai	lroad tra
colors and						a and place, and due death occured at the		use(a) and me	nner as stated		
XXX					1 = 0.0000000000000000000000000000000000						III anna contrata

JAMES KAPLAN, MD 31. DATE FILEO (Month, Day, Mail 32. REGISTRAR'S SIGNATURE
Julia Davidson-Randoll

111 Penn Street, Baltimore, MD 21201

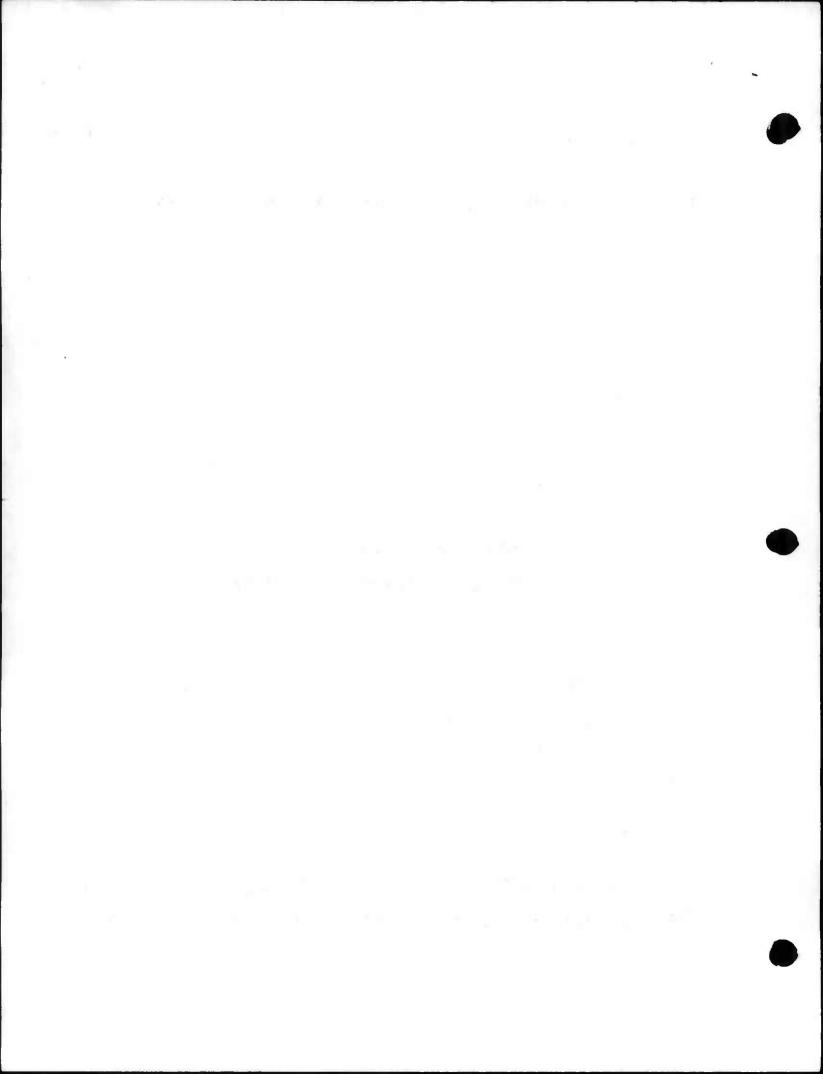
VC



BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	REGISTRAR		CERTIFIC	AILC	P DEATH	REG. NO			
i	1. OECEOENT'S NAME (First, Middle, Last)	hota3.	1			2. DATE OF DEATH DO NONTH DO NO		YEAR 4 55 A M	
	4. SOCIAL SECURITY NUMBER 216 44 8822	5. SEX 6. AG		UNDER 1 YE		7. DATE OF BIRTN (Month, Day, Year) 04-30-1		8. BIRTHPLACE (State or Foreign Country)  Virginia	
1	9a. FACILITY NAME (If not institution, give s	treet and number)		CITY, TO	VN OR LOCATION OF D	4	T	NTY OF DEATH	
DIMECTOR	Harford Memi	111	ital )	Nav	re de Gro		Ho	0.2022	
2	10a. STATE 10b. COUNTY	Y	10c. CITY, To	OWN OR L	CATION			10d. INSIDE CITY	
	MD H	larford		Havr	e de Grac	e	1 40- 0171	LIMITS? 1 X YES 2 NO	
FUNEHAL	708 Chesapeake	Drive			101. ZIP COOE 21078		10g, CI11	USA	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 X YE			OECENDENT OF NISPA	NIC ORIGIN? (Specify Ya	or No-	14. RACE — American Indian, Black, White, atc.	
à	1 Never Merried 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR	DATES		YES 2 X NO Speci			Specify: White	
COMPLEIED	15. DECEDENT'S EDU (Specify only highest grade	completed)	16a. DECEDENT'S US (Give kind of work life. Do NOT use re	done durin	PATION g most of working	16b. KIND OF BU	SINESS/INC	USTRY	
7	Elementary/Secondary (0-12)	College (1-4 or 5+)			Postal Cle	rk US Pos	tal Se	ervice	
3	17. FATHER'S NAME (First, Middle, Last)				16. MOTNER'S NA	AME (First, Middle, Malden	Sumame)		
D D	Alpheus	Eaton				eth Bozma			
2	19a. INFORMANT'S NAME (Type/Print)		1			Route Number, City or Tov		The second secon	
-	Mrs. Sara Jane E					ve, Havre	de G	Frace, MD 21078	
	20a METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rem	oval from State	20b. PLACE OF DISPOSITION Other place)					City or Town, Stata	
	4 Donetion 5 Other (Specify)		Parson				sbur	y, Maryland	
ŀ	21, SIGNATURE OF FUNERAL SERVICE LIC	CENSEE		22. NAME AND ADDRESS OF FACILITY  Mitchell-Smith Funeral Home, P.A.					
	William.	X. Xm	>-T	Ha	vre de Gr	ace. MD	2107	8-3197	
	23. PART I. Enter the diseases, or shock, or heart feliure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)		DIAC B S A CONSEQUENCE OF):	rr	EST			Interval Between Onset and Death	
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	S A CONSEQUENCE OF):	EPO	TIC H	EART	DISE	-ASE	
	PARTIL Other significant condition	ne contributing to death	but not mouting in	he unde	fular agus atma ir	Part I. 24a, WAS AI	AITTOREY	24b. WERE AUTOPSY FINDINGS	
CAL	he was	Contributing to death	Tool not readiling in	iia uiiuai	lying cause given ii	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
	(1-1-1-1	The state of the s				1 YES	NO	OF DEATH?	
Σ	typentm	Sion	0			— I		1 TYES 2 NO	
Z	- Periphual 1	Mcular	DISEBSE						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	6. PLACE OF DEATN (C	heck only one)			
2	1 YES 2 NO 27. MANNER OF DEATN	1\ Timpatient 2 ER/O			Home 5 Residence				
ВУ РН	1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJUF (Month, Day, Yea		Υ	: INJURY AT WORK?  YES 2 NO	28d. DESCRIBE HOW	INJURY OC	CORED	
ED	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJU building, etc. (S	JRY — At home, farm, atre specify)	et, factory,	offica	281. LOCATION (Street City or Town, State	and Number	r or Rural Route Number,	
	29a. CERTIFIER 1 CERTIFYING PNYS	SICIAN: To the best of my kn	owledge, death occurred	t the time	data and place, and du	a to the cause(s) and ma	nner se sta	fed.	
COMPLET	enel .							he cause(a) and manner as stated.	
ш	290 SIGNATURE AND TITLE OF CERTIFIE	R / V			29c. LICENSE NU	IMBER	29d. DAT	TE SIONED (Month, Day, Year)	
0	Jany h, m	inshi	(n1)		10076	44	<b>P</b>	7/22/90	
=	30. NAME AND ADDRESS OF PERSON WI	10 NA/ </td <td></td> <td>-</td> <td>re de</td> <td>Grace</td> <td>Nel</td> <td>21070</td>		-	re de	Grace	Nel	21070	
	31. DATE FILED (Month, Day, Mar)  22. REGISZRAB'S SIGNATHIE  Fullia Day dron - Handale								
- 0	A47 7 . 0.	/V							



## BALTIMORE, MARYLAND 21203-3146 ter death. Page 6 may be retained by the hospital or attending physician. the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

-B	8		
hos	Jach		Ce.
等	de		0
9	P D		e p
aine	hou		Me
Tet	5 5		ē
y D	page		ě
E C	tor.		nst
30e	direc		H
9.	la l		all a
death	full		ХЭП
fter	the	igea igea	100
13	in b	Leu	edic
Š	Pa	1. 0	Ē
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospits	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defached	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
É	plete	Leu	ent,
8	EQ.	a, c	5
moe	g.	Ž	afic
9	ап а	2	Ē
te b	Sici	010	E
tifica	F	ene	ther
Se	ding	Ŝ	10
eath	afte	T Ta	y, 0
he d	the	Me	훂
nat t	3	and	IN I
# Sa	Dang	alth	2 3
quir	n Si	F	MO
¥ €	ě	o .	3 84
9	has	6	n 2
E :	cate	State	E E
CA	ertif	the	6
HAS	is c	Ę	ted,
G P	er th	Į,	hart
NO.	: Aft	de	99
TE	10H	afte	28
A A	IREC	MILE	E
V 0	07	2 ho	f IR
PITA	ERA	in 7	=
운	F	With	TAN
里	물	Peg	PO
2	2	De 1	E

	FOR		OTATE OF	BE A DVI		DEDAG	THE A	HEALTH AND			-		Cash V
	1 - STATE REGISTRAR		SIAIL UF	MAKTL				HEALTH AND F DEATH	MENIA	REG. NO.	E		
	1. DECEDENT'S NAME (First	, Middle, Last)					TOATE C	DEATH		OF DEATH			3. TIME OF DEATH
1		Cather	rine D		Fra	anssen				-22-90	W	YEAR	5:32PM M
	4. SOCIAL SECURITY NUMBER 194-03-8		5. SEX	110					7. DATE				HPLACE (State or Foreign
	9s. FACILITY NAME (If not institution, give street and number)						SP CITY TON	N OR LOCATION OF					
NO.	4614 Furley Avenue							imore Cit					lmore
딦	RESIDENCE OF DEC	10b. COUNT	NTY				Y, TOWN OR LO	CATION	_				10d. INSIDE CITY
DIRECTOR	MD Baltimore						•	ore Cit	У				LIMITS? 1 YES 2 NO
الج	10e. STREET AND NUMBER							10f. ZIP CODE			10g. CITI	ZEN OF	WHAT COUNTRY?
E	4614 Fur	ley A	venue								U.	S.	
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Div		12. WAS DECEDE FORCES? IF YES, GIVE	1 YES	2 X N		ED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- If yes, specify Cuban, Maxican, Puerto Rican, atc.)						E — American Indian, ik, White, etc.
			0.7701		40 000		USUAL OCCUP		Las	. KIND OF BUS			white
COMPLETED	(Specify on Elementary/Secondary (	CEDENT'S EDU ly highest grade 0-12)	College (1-4 or s	5+)	(Giv life.	re kind of Do NOT u	work done during se retired.)	MTION most of working	161		SINESS/INC	DUSTRY	
울			2		Н	omer	maker			n/a			
	17. FATHER'S NAME (First, A	,,							- (		Melden Surname)		
<b>#</b>	Charles 194. INFORMANT'S NAME (		10					Anna					
၉								et and Number or Run			i iii		
	Delores 209. METHOD OF DISPOSIT		ster	201				v Ave.			CATION —		Innua Bitata
- 1	1 Donation 5 Othe	on 3 🗌 Rem	oval from State		other pla	ce)							11.3 * 12.27 5 .
	21. SIGNATURE OF FUNERA		CENSEE	W	esti	nins	22. NAM	emetery	FACILITY	We	stmi	nst	er, MD
		,=070MM M	2.4-72				Pri	tts Fun	eral				
_			Pritts	-				Washin					
	23. PART i. Enter the cahock, or h		complications the List only one complete				not enter tha	moda of dying, se	ich as cai	diac or resp	Iratory an	reat,	Approximate interval Batween
	IMMEDIATE CAUSE (FI	nei											Onset and Death
- 1	disease or condition reaulting in death)	$\rightarrow$	e					disease					
_			DUE 1	O (OR AS A	CONSEC	UENCE C	P):						
CERTIFICATION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):												
2	CAUSE (Disease or in)		C	70 (OB AC (	COMPE	MIENCE C	NEN.						
ËI	thet initieted eventa resulting in death) LAS	ST	DUE	O (OR AS A	COMSEC	DOENCE C	re j:						İ
55			d										<del> </del>
I	PART il. Other signific	ent condition	ns contributing	to death b	ut not n	esuiting	in the Under	ying cause given	in Part I.	24a. WAS AN		24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
2										1 TES 7			COMPLETION OF CAUSE OF DEATH?
										INOUI			1 TYES XX NO
-													
N.	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL						R. PLACE OF DEATH	Check only o	one)			
Sic	XXXXX YES 2 NO		HOSPITAL:	ER/Out	petient 3	□ DOA	OTHER: 4  Nuraing	Home XX Residence	a 6 🗆 Oth	nar (Specify)			
Y PHYSICIAN: MEDICAL	27. MANNER OF DEATH 28a. DATE OF INJURY (Morith, Dey, Year)  29b. TIME OF UNDURY AT WORK?  M 1 YES 2 NO												
TED BY	2 Accident 3 Suicide 6 4 Homicide	Could not be determined	26a. PLACE buildir	OF INJURY ng, atc. (Spe	f — At ho	me, farm,	atreet, factory,	offica		CATION (Street y or Town, State		or or Rura	Floute Number,
COMPLETED	TOTAL OTHY							data and place, and o					Val and manner on stated
00				- danimie(IC	= 10/0/	vestiget	on, in my opini			te and place, &			(a) and manner as stated.
BE	296. SUNATURE AND TITL	E OF CERTIFIE	hell	ull				OCME	IUMBER		29d. DA		7–23–90
2	30. NAME AND ADDRESS O	OF PERSON WI	HO COMPLETED C	AUSE OF OF	ATH (ITE	M 27) (Tyr)	e Print)						

111 Penn Street, Baltimore, MD 21201

KORETLI, MD 111

32. REGISTRAR'S SIGNATURE

() Julia Davidson—Randalle

MARGARITA A. K 31. DATE FILEO (Morth, Day, Year) JUL 25 '90

DHMH-16 Rev 1/89

VC

ò	with
. BOX 13140,	be executed within
K	2
0. 60	certificate
7.	death
0	a a
F	that
- RECORDS, P.O.	requires
-	No.
₹	The
5	PHYSICIAN:
DIVISION OF VITAL	TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be
	8
	AL

												0	
	FOR STATE REGISTRAR	STATE OF M					EALTH DEAT			H <b>YGIEN</b> REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Lest)	Eav		1					2. DATE OF MONTH	DEATH DA	IY.	YEAR	3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER	Fay	6. AGE (In yrs. las	t hirthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS	7. DATE OF		2	90 a. Birth	2:35 PM M
	085-05-0138	1 M 2 ///F	85	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, D	lay, Year)	04	Countr	New York
	9a. FACILITY HAME (If not institution, give st				9b. CITY	TOWN C	PR LOCATIO	N OF DE					
OR	Greater Laurel No	me		!_aı	urel					Pri	nce	George	
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY			10c. CIT	Y, TOWN C	PR LOCAT	ION				10d. INSIDE CITY		
	Maryland Howard CO.			E11	icot	t Ci	ty				1 - YES 2 XX NO		
FUNERAL	13105 William Fie	eld drive					21043				ZEN OF V	WHAT COUNTRY?	
BY FUN	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2	P ☑NO If yes, specify Cuban, Maxica				, Maxica	n, Puerto Rici		or No—	14, RACE Black Speci	E — American Indian, k, White, etc. //y: White
	15. DECEDENT'S EDUC (Specify only highest grade		16a. DE	CEOENT'S	USUAL O	CCUPATIO	OH est of working	7	16b, Ki	NO OF BUS	SINESS/INC	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+	1				st of working	,	0.6	:::			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	0	A	amin	. Sec	ret	_	ER'S HA	ME (First, Mid	fice	Sumama)	_	
	Arthur Thornto	n							ed Swa				
TO BE	19a. INFORMANT'S HAME (Type/Print)								Floute Number,				20066
	Thomas A. Fay							_	hattar	_			
	20e METHOD OF DISPOSITION  1 Disposition 2 Cremation 3 Remote Property Prop	ovel from State	20b. PLACE other p	of DISPO	natoi	nne of cer	t. II (	etory or	tery	Ar]	ingt.	Offy or To	Wn, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	DelEE	//				NO ADDRES		CILITY				
	1 Sales	2. Vand	61		75	501	Sandy	/ Sn	اء Pina S	eck di L	rune	rali 1 = 1	Home, Inc.
	23. PART I. Enter the diseasee, or complications that caused the deeth. Do not antar the mode of dying, such as cardiac or respiratory arrest, abook, or heert failure. List only one cause on sech line.  Approximate interval Between												
	IMMEDIATE CAUSE (Final									Onset and Death			
	disease or condition resulting in desth)  Due to (or as a consequence of):									2 whs			
_										İ			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate				ISEOUEHCE OF):								
ICA	cause. Enter UNDERLYING CAUSE (Disease or injury	c	OR AS A CONSE	OUENCE O	OFI:								
F	that initieted events resulting in death) LAST	4			72								
	d.  PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS												
EDICAL	PERFORMED? A							AVAILABLE PRIOR TO COMPLETION OF CAUSE					
ED	Cerebodras	cular	Acce	der	-				_	Tires .			OF DEATH?
ä													
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OT/HE	R:			neck only one)				
1YS	1 YES 2 NO	1 Inpatient 2 I		3 DOA 26b. TI			JURY AT	sidenca	6 Other (		INJURY OC	CURED	
ВУ РІ	1 Natural 5 Pending 2 Accident Investigation	(Month, D	A Year)	18	JURY M		YES 2	NO					
1	3 Suicide 6 Could not be determined		F INJURY At h atc. (Specify)	ome, farm,	street, fac	tory, offic	ca		28f. LOCAT City or	ION (Street Town, State	and Numbe	or or Rural	Route Number,
COMPLETED	Crieck only	ICIAN: To the best of											a) and menner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIE		Intern	(3)	-		29c. LICI	D 3	MBER 70 (	3	29d. DA	7/(	O (Morsh, Day, Year)
30. NAME AND ADDRESS OF PERSON THO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) 1655 LITTLE PARVENT PKY  (2 CONGEN MD SUTE 205 COLUMBIA MD 21044								PKY					

Juna Davidson-Handell



DNMN-16 Rev 1/89

FOR STATE REGISTRAR

	1
	м
	н
	4
_	
	- 4
- 0	- 3
ശ	1
-	- 4
4	- 6
_	- 1
m	- 1
0.9	i
~	- 1
BOX 1314(	
~	- (
	- 4
$\overline{}$	- 1
~	- 1
m	- 2
(married)	ų
-	- 1
$\circ$	- 1
0	- 3
0	- 1
	- 1
RECORDS, P.O. I	-
- 5	
ഗ	
-	- 1
-	- 7
ш.	4
-	•
u	
15	
<b>U</b>	
101	
-	
~	
مشرا	
_	
-	
4	- 2
_	
-	
NOF VITAL	
>	- 6
	- 4
11	- 2
1	1
0	1
0	2
-	- (
-	1
0	3
0	-
	3
CO	
00	- 1
900	- 1
-	
DIVISION	- 5
E2)	4
1	
- 2	

	4. SOCIAL SECURITY NUMBER 5. SEX 5 7 7 - 7 3 - 2494 1 □ M 2 1 1 1 M 2 1 1 1 1 1 1 1 1 1 1 1 1 1		UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 1-26-05	Country)	E (State or Foreign					
TOR	98. FACILITY NAME (If not institution, the street and number)  96. CITY, TOWN OR LOCATION OF DEATH  96. COUNTY OF DEATH  96. COUNTY OF DEATH  P. C.  RESIDENCE OF DECEDENT  80										
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10 Maryland Prince George's Temple Hills 1										
FUNERAL	10e. STREET AND NUMBER 3319 - 27th Avenue		101. ZIP CODE 20748	DESCRIPTION OF THE PROPERTY OF							
ВУ	1 Never Married 2 Married FORCES?	DENT EVER IN U.S. ARMED  1 YES 2 X NO  E WAR OR DATES	13. WAS DECENDENT OF NISPA If yes, specify Cuban, Maxic 1 YES 2 NO Spec	an, Puerto Rican, etc.)							
E COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or	life Do MOT use o	k done during most of working etired.)	ATION 16b, KIND OF BUSINESS/INDUSTRY							
	17. FATNER'S NAME (First, Middle, Leet) Charles C. Lewis Sophia Duvall										
TO B	10s. INFORMANT'S NAME (Typo/Print) Harry T. Franklin		opress (Street and Number or Aura 27th Ave. Tem			0748					
	Harry T. Franklin  3319 - 27th Ave. Temple Hills, Maryland 20748  20e. METHOD OF DISPOSITION  120e. METHOD OF DISPOSITION  120e. METHOD OF DISPOSITION  120e. PLACE OF DISPOSITION (Name of cometery, crematory or strong place)  120e. LOCATION - City or Town, State  120e. LOCATION - City or Town, State  120e. Location - City or Town, Sta										
	21. SIGNATURE OF FUNERAL BERVICE UCENSEE  22. NAME AND ADDRESS OF EACHTY George P. Kalas Funeral Home 6160 Oxon Hill Rd. Oxon Hill, Maryland										
	23. PART I. Enter the diseases, or complications shock, or heart failure. List only one IMMEDIATE CAUSE (Final disease or condition resulting in death)					Approximatintaryal Bat Onset and I					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL CEF	PART II. Other aignificant conditiona contributing	to death but not resulting in	the underlying cause given i	PERFORM	NO OF	RE AUTOPSY PINI ILABLE PRIOR TO IPLETION OF CA DEATH?					
Σ		25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:									
Σ	EXAMINER? HOSPITAL		THER:								
PHYSICIAN: M	EXAMINER?  1		OTHER:  Nursing Home 5 Residence OF 28c. INJURY AT		JURY OCCURED						
ED BY PHYSICIAN: M	EXAMINER?  1 YES 2  27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation  3 Suicide  28e. PLAC	2 ER/Outpetient 3 DOA 4 OF INJURY 28b. TIME C	OTHER: Nursing Home 5 Residence OF 28c. INJURY AT WORK? M 1 YES 2 NO	8 Other (Specify)		Number,					
MPLETED BY PHYSICIAN: M	EXAMINER?  1 YES 2  27. MANNER OF DEATH  Natural 5 Pending Investigation  3 Suicide 8 Could not be determined  28e. PLAC build  28e. PLAC build  28e. PLAC build	2 ER/Outpetient 3 DOA 4  2 OF INJURY th, Dey, Year)  28b. TIME 6 INJURY CE OF INJURY — A1 home, farm, streing, etc. (Specify)  at of my knowledge, death occurred	OTHER:  Nursing Home 5 Residence 26c. INJURY AT WORK?  1 YES 2 NO  ret, factory, office  at the time, date and place, and di	28d. OESCRIBE NOW INJ 28d. OESCRIBE NOW INJ 28d. LOCATION (Street an City or Town, State)  te to the cause(s) and mann	d Number or Rural Route er se stated.						
ETED BY PHYSICIAN: M	EXAMINER?  1 YES 2  27. MANNER OF DEATH  Natural 5 Pending Investigation  3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only)  1 YES 2  1 Inpetient  28e. DATE (Mont)  28e. PLAC build  29e. CERTIFIER (Check only)	2 ER/Outpetient 3 DOA 4  2 OF INJURY th, Dey, Year)  28b. TIME 6 INJURY CE OF INJURY — A1 home, farm, streing, etc. (Specify)  at of my knowledge, death occurred	OTHER:  Nursing Home 5 Residence 26c. INJURY AT WORK?  1 YES 2 NO  ret, factory, office  at the time, date and place, and di	28d. OE\$CRIBE NOW IN.  28d. OE\$CRIBE NOW IN.  28f. LOCATION (Street and City or Town, State)  to the cause(s) and manner lime, data and place, and	d Number or Rural Route er se stated.	d manner as sta					

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

TO BE COMPLETED BY FUNER	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notitled at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notitied at once.
he funeral director, page 5 should be detached for use as the burial-transit al.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
ir death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mounts after death. Page 6 may be retained by the hospital or attending physician.

John T. Bi 31. DATE FILEO (Month, Day, Year)

Bulkeley,

M.D.,

Julia Savidson-Randall

FOR 1 STATE	STATE OF MAR					MENTAL	. HYGIEN		0	21426	
REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)		CE	RTIFIC	ATE OF	DEATH		REG. NO.		3. T	TIME OF DEATH	
Edmund J.	Fry, Sr.					07	1			2000 M	
4. SOCIAL SECURITY NUMBER		GE (In yrs. las		UNDER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH	0.	BIRTNPLA	CE (State or Foreign	
213-10-1378A	1 № M 2 □ F	84	YRS.	NTHS DAYS	OR LOCATION OF D	06	te of Birth onth, Day, Year) 06-06-06  9c. COUNTY OF DEATN				
	Peninsula General Hospital  Peninsula General Hospital									mico	
10a. STATE 10b. COUNTY	imore			ity, town or location altimore						LINSIDE CITY LIMITS? YES 2 NO	
10e. STREET AND NUMBER Elmsley Avenue 11. MARITAL STATUS					f. ZIP CODE			10g. CITIZEN	og, CITIZEN OF WHAT COUNTRY?		
Elitsley Avenue											
3 X Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 1 Y IF YES, GIVE WAR O	ES 2 X		13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No— If yee, specify Cuban, Mexican, Puerto Rican, etc.)  1 ☐ YES 2 NO Specify:  White							
15. DECEDENT'S EDUI (Specily only highest grade Elamentary/Secondary (0-12) 1 1 17. FATHER'S NAME (First, Middle, Last)	CATION completed) College (1-4 or 5+)	16a. DE (Gi llfe.	CEDENT'S US Ive kind of work Do NOT use re	JAL OCCUPAT done during m tired.)	ON ost of working	16b.	KIND OF BUS	INESS/INDUST	TRY		
11	College (1-4 of 5+)	Tro	lley I	river		В	altimo	re Tra	nsit	Co.	
17. FATHER'S NAME (First, Middle, Lest) Enos Fry					18. MOTNER'S N. Mary		ficidie, Maiden	Surname)			
198. INFORMANT S NAME (Typerrint)					and Number or Rural				de)		
Edmund J. Fry, J	r.	_			Pocomoke	City					
20s. METNOD OF DISPOSITION    X   Burlel 2   Cremetion 3   Removal from State     4   Donetion 5   Other (Specify)   Oak Lawn Cemetery     20s. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)     0   N.E., Baltimo:											
21. SIGNATURE OF FUNERAL SERVICE LIC	CENSED				ND ADDRESS OF F		1				
M. Dale	top				uneral Ho oteague,		23336				
23. PART I. Enter the diseases, or a shock, or heart fellure.  IMMEDIATE CAUSE (Final				enter the m	oda of dyling, su	ch as cerd	liec or respi	ratory errest	9.	Approximate Interval Between Onast and Death	
disease or condition resulting in death)	disease or condition (and ac Dysphythmia										
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Sequentially list conditions, If eny, leading to immediate cause. Enter UNDERLYING  Arteriosclerotic Cardiovascular Disease  DUE TO (OR AS A CONSEQUENCE OF):										
CAUSE (Diseese or Injury that initiated events resulting in death) LAST	DUE TO (OR a	AS A CONSE	QUENCE OF):								
. PART II Other clanificant condition	e contributing to deal	th but not a	resulting in	the underlyle	o cours alven le	Part I	24e WAS AM	ALITTOPRY	24b WE	RE AUTOPSY FINDINGS	
4	Subdural Hematoma, post-evacuation 07-11-90 PERFORMED?								CO OF	MLABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL				26. (	PLACE OF DEATH (C	heck only or	ne)	-			
EXAMINER?	HOSPITAL:	Outpatient 3		THER:	me 5 🗆 Residence	6 🗆 Othe	r (Specify)				
	DEATH 28a. OATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK?  5 □ Pending 07-03-90 M 1 □ YES 2 ▼ NO □						l at	home	RED		
2 Devictor	28e. PLACE OF INJ building, etc.	(Specify)	ome, farm, stre Mark			City	ATION (Street or Town, State)			Number,	
CONTROL ONLY	ICIAN: To the best of my i	rnowledge, de	eath occurred	at the time, de	a and place, and du			nner as stated.		d manner sa stated.	
29b. SIGNATURE AND TITLE OF CERTIFIE	P				29c. LICENSE NI	UMBER		29d. DATE S	IGNED (Mo	onth, Oay, Year)	
O 30, NAME AND ADDRESS OF PERSON W	Obrong eren colors of		eputy		D035	99		► 0°	7-16	-90	

108 Pine Bluff Rd., Salisbury,

DHMN-18 Rev 1/89

1 -	FOR STATE REGISTRAR

#### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	CERTIFI	CATE OF	DEATH	REG. N	10.				
	1. DECEDENT'S NAME (First, Middle, List)  1. DECEDENT'S NAME (First, Middle, List)  2. DATE OF DEATH  MONTH  1. DAY  YEAR  2. DATE OF DEATH  MONTH  1. DAY  YEAR  2. DATE OF DEATH  MONTH  1. DAY  YEAR  1. DAY  YEAR  1. DAY  YEAR  1. DAY  YEAR  1. DAY  YEAR  1. DAY  YEAR  1. DAY  YEAR  1. DAY  YEAR  1. DAY  YEAR									
	4. SOCIAL SECURITY NUMBER 8. SEX 6. AGE (III	72 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	1.00	BIRTHPLACE (State or Foreign Country)			
TOR	Deaten Hosper Medical Center Baltimore  96. COUNTY OF DI Baltimore									
DIREC	10a. STATE 10b. COUNTY Maryland Montgomery		town on Locati			10d. INS				
FUNERAL DIRECTOR	10e. STREET AND NUMBER  8811 Colesville Road	101.	ZIP CODE 20910		ted States					
COMPLETED BY FUN	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR OA	2 X NO	If yes, spe		IIC ORIGIN? (Specify n, Puerto Rican, atc.)	Black, White, alc.  Specify: Black				
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)	ille. Do NOT use	ork done during mos retired.)	N t of working	100000000000000000000000000000000000000	BUSINESS/INDUS				
MPI	12 2	Supervi	Lsor		Postal	Servi	ce			
BE CO	17. FATHER'S NAME (First, Middle, Last) John Laws			18. MOTHER'S NA Martha	ME (First, Middle, Maid Pitt	len Surname)				
TO B	19a. INFORMANT'S NAME (Type/Print)				Route Number, City or					
-	Beverly Foster Loretz	8811 0	Colesvil	le Road	Silver Sp	oring, N	Maryland 20910			
	1 ABurdal 2 Commettee 2 Demount from State	PLACE OF DISPOSI other place) Rock Cree	ek Cemet	ery	Was	shingtor				
	21. BIONATURE OF PANERAL SERVICE USENDER		McGui		al Servi		ngton, D.C.			
CERTIFICATION	ahock, or heart failure. List only one cause on each line.  Interval Between Onset and Desth  Cardio -respiratory failure  But to (or as a consequence or):  Put to (or as a consequence or):  Put to (or as a consequence or):  Put to (or as a consequence or):  Put to (or as a consequence or):  Put to (or as a consequence or):  Put to (or as a consequence or):  Put to (or as a consequence or):  Due to (or as a consequence or):									
DICAL CE	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED?  AMALABLE PRIOR TO									
ш					1 YES	2 X NO	OMPLETION OF CAUSE OF DEATH?  1  YES 2 NO			
IAN	25. WAS CASE REFERRED TO MEDICAL		26. PL	ACE OF GEATH (Ch	eck only one)					
SIC	EXAMINER?  1 YES 2 NO  1 P-Inpatient 2 ER/Outp	atient 3 DOA	OTHER:		6 Other (Specify)					
BY PHYSICIAN: M	27. MANNER OF DEATH  1. Netural 5 Pending (Month, Day, Year) 2 Accident Investigation	26b. TiME	E OF 28c. INJU		28d. OEŞCRIBE HO	W INJURY OCCU	RED			
	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY building, stc. (Special Coulding)	— At home, term, s	treet, factory, office		28t. LOCATION (Stre City or Town, St		Rural Route Number,			
COMPLETED	29a. CERTIFIER (Check only one)  CERTIFYING PHYSICIAN: To the best of my knowl one)  MEDICAL EXAMINER: On the basis of axamination									
BE	29b. SIGNATURE AND TITLE OF CERTIFIER  CPMChtch, M : D ,			D 34	974	29d. DATE 8	SIGNED (Month, Day, Year) 20-90			
5	CPMehter, MID.  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEC.  C. P. Mehter, M.D. 9650 Sant	ATH (ITEM 27) (Type,	Print) # 110	, colu	ne bia,	MD 21	045			
	31. DATE FILED (Month, Day, Your) 7. 20 JOL 25 90 Julie S	avidson-Roce	dell.							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a firs after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buntal-transit be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunal, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146

DHMH-18 Rev 1/89

100 m

#### after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

10

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22. Is after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should have after death with the State Dent, of Health and Marital Hydiele prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL D	TO THE FUNERAL DI	IMPORTANT: If Ite

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL HYGIENE		21120
1. DECEOENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
ARTHUR	₩.		ASON		MONTH DAY	1 1990	8,29 pm
4. SOCIAL SECURITY NUMBER 578 18 6954	5. SEX 6. AGE (		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATÉ OF BIRTH (Month, Day, Year) 4/4/07	Cou	OTHPLACE (State or Foreign Intry)
9a. FACILITY NAME (If not institution, give stre		96	CITY, TOWN O	R LOCATION OF DE		9c. COUNTY OF	
Paint Branch Nurs	ing Home		Silver	Spring		Montg	omerv
RESIDENCE OF DECEDENT	8					попер	
Maryland Montg	omerv		own or locat r Sprii				10d. INSIDE CITY LIMITS?  1x YES 2 NO
10e. STREET AND NUMBER		1		ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
3548 Fiske Terrac	е		20	0906		USA	
11. MARITAL STATUS	12. WAS DECEDENT EVER II FORCES? 1 X YES				IC ORIGIN? (Specify Yea	or No- 14. R/	ACE — American Indian, lack, White, atc.
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES		2 NO Specify	n, Puarto Rican, atc.)		necify:
		WWII	<u> </u>				White
15. DECEDENT'S EDUC (Specify only highest grade of	(TION ompleted)	(Give kind of work life. Do NOT use re	JAL OCCUPATIO done during most	N at of working	16b. KIND OF BUS	INESS/INDUSTRY	′
Elementary/Secondary (0-12) 1/12	College (1-4 or 5 +)	D.C. Gove			Dof C	Ad C	1141
17. FATHER'S NAME (First, Middle, Last)		D.C. GOVE	riment	18 MATHED'S NA	ME (First, Middle, Maiden :	Air Con	dition
Arthur Gleason					Mae Crame		
19a. INFORMANT'S NAME (Type/Print)	- <del></del>	19b. MAILING AD	DRESS (Street a		Route Number, City or Town		
Louise Gleason					ilver Sprin		
20s. METHOD OF DISPOSITION	201	. PLACE OF DISPOSITION				CATION — City or	The state of the s
1 Burial 2 Cremation 3 Remo		other place)	n Crema	atory	A	lex.Va.	
21. SIGNATURE OF EUNERAL SERVICE-LICE			22. NAME AN	ID ADDRESS OF FA	CILITY		
Wall &	Wisa		Hines	s/Rinald:	i 11800 Nev	v Hamp.	Ave.S.S.Md.
23. PART I. Enter the dieeesee, or co		the death Do not	enter the mo	de of dving euc	h ee cardiec or reeni	retory errest	Approximate
shock, or heart fellure. L				de of dynig, soc	ir ee cardiec or respi	intoly offest,	interval Between
iMMEDIATE CAUSE (Fine) disease or condition		02101	111	CNOLL	IAAI		Onset and Deeth
resulting in deeth)	DUE TO (OR AS	CONSEQUENCE OF:	IM	FIKET	1019		
	( n P n x	DARY A	RTE	RY D	ISEASE		
Sequentially list conditions, if any, leeding to immediate	DUE TO (OR AS	CONSEQUENCE OF):					
cause. Enter UNDERLYING CAUSE (Disease or Injury							
thet initieted events	OUE TO (OR AS A	CONSEQUENCE OF):					
resulting in deeth) LAST							
PART ii. Other significent conditions	contributing to deeth i	byt not resulting in t	he underlying	g ceuse given in	Part i. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS
Chronic Obs	Buch're	Pulmone	ry s	)islas	PERFOR	771 - 715	AVAILABLE PRIOR TO COMPLETION DF CAUSE
Axial Ei	haillatio		rotio	Axten	1   YES 2	74 110	DF DEATH?  1 YES 2 NO
occlusive	Deals	use	0700		+-		
25. WAS CASE REFERRED TO MEDICAL	80,0		26. PI	ACE OF DEATH (Ch	eck only one)		
EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Out		THER:	e 5 🗆 Residence	8 Dther (Specify)		
27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME O	F 28c, INJ	URY AT	28d. DESCRIBE HOW II	NJURY OCCURED	)
1 Natural 5 Pending	(Month, Day, Year)	INJUR		PRK? YES 2 NO			
2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY building, atc. (Spe	- At home, farm, stre	et, factory, offic	•	28f. LOCATION (Street a City or Town, State)	and Number or Ru	ral Route Number,
4 Homicide determined					Oily or form, class,		
29a. CERTIFIER (Check only 1) CERTIFYING PHYSIC	CAN: To the best of my know	riedge, death occurred a	it the time, dete	and place, and due	to the cause(s) and man	ner as stated.	
ama)	R: On the basis of examination	on end/or investigation, i	n my opinion, d	eath occured at the	time, data and place, an	d due to the cau	se(a) and manner as stated.
296. SIGNATURE AND THE OF CERTIFIER				29c, LICENSE NUI	MBER	29d. DATE SIGI	NED (Month, Day, Year)
H more	o wo			D 23	5181	▶ 7-	18-1990
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF OR	EATH (ITEM 27) (Type, Pri	int)		~ ^	11100	1/4 > 243
Rajkumar G. I			ORMA	MAVE,	1-1. L.	YKEL	, YVCD 20107
JUL 1 9 '90	32. REGISTRAR'S SIGN	Adam Bodel	2				

permit. Pages 1, 2, 3 should

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
cuted withi	d complete	unal, crem	tle event,
ate be exe	ysician an	prior to b	r trauma
h certifica	nd Bulbua	Hygiene	or other
the deat	y the att	по мента	Injury,
quires that	n signed b	Health ar	ows any
e law rec	has beer	Dept. of	1 23 sh
CIAN: Th	ertificate	the State	or Iten
VG PHYSI	ter this o	ath with	marked,
ATTENDI	CTOR: A	after de	28 Is
AL DR	AL DIRE	2 hours	If Item
HOSPIT	FUNER	within 7	TANT
TO THE	TO THE	be filed	IMPOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY 3. TIME OF DEATH JOSEPH LEWIS GIANDALIA JULY 16, 1990 2:43 p 7. DATE OF BIRTH A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 6. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. AUG 22, MONTHS DAYS HOURS MIN. 1924 191-18-7805 1 X M 2 - F Pennsylvania 9b. CITY, TOWN OR LOCATION OF DEATH 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH MONTGOMERY **BETHESDA** DIRECTOR NIH, THE CLINICAL CENTER RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY LIMITS? LANCASTER PENNSYLVANIA Lancaster YES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 17602 U.S.A. 981 E. ORANGE STREET 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1XX YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- RACE — American Indian, Black, White, atc. If yes, specify Cuban, Mexican, Puarto Rican, etc.) 1 Never Married 2 Married 1 TES 2 X NO Specify. Specify. 8 3 Widowed 4 Divorced WHITE ETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade com Elementary/Secondary (0-12) College (1-4 or 5+) COMPL Construction Foreman 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Lucy Contino James Giandalia 8 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Plural Route Number, City or Town, State, Zip Code) 2 CATHERINE GIANDALIA 981 East Orange Street, Lancaster, PA 17602 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION — City or Town, State 2 METHOD OF DISPOSITION
1 Burial 2 Cremation 3 Removal from State Lancaster, Pennsylvania Conestoga Memorial Park 4 Donation 5 Other (Specify) 22. NAME AND ADDRESS OF FACILITY Charles Snyder Funeral Home 21. SIGNATURE OF FUNERAL SERVICE LICENSEE leen 414 East King St., Lancaster, PA 17602 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart failure. List only one cause on each line. Interval Batween Onset and Death IMMEDIATE CAUSE (Final disease or condition days espiratory Failure reaulting in death) DUE/TO (OR AS A CONSEQUENCE OF): Hemorrhage ulmonar CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING Carcinomo ostate CAUSE (Disease or Injury DUE TO JOR AS A CONSEQUENCE OF that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 STYES 2 TO NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL:
1 (X Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF 5 Pending Investigation 1 😿 Natural 1 YES 2 NO ВУ 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide ETED 6 Could not be 4 Homicide 29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND THILE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) ш B 85 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 2

32. DEGISTRAR'S SIGNATURE
Juna Davidson Mandall 31. DATE FILED (Mont)

9000 ROCKVILLE PIKE, BETHESDA, MARYLAND 20892

DHMH-16 Rev 1/89

SHELLHAMER

AMES

### BALTIMORE, MARYLAND 21203-3146

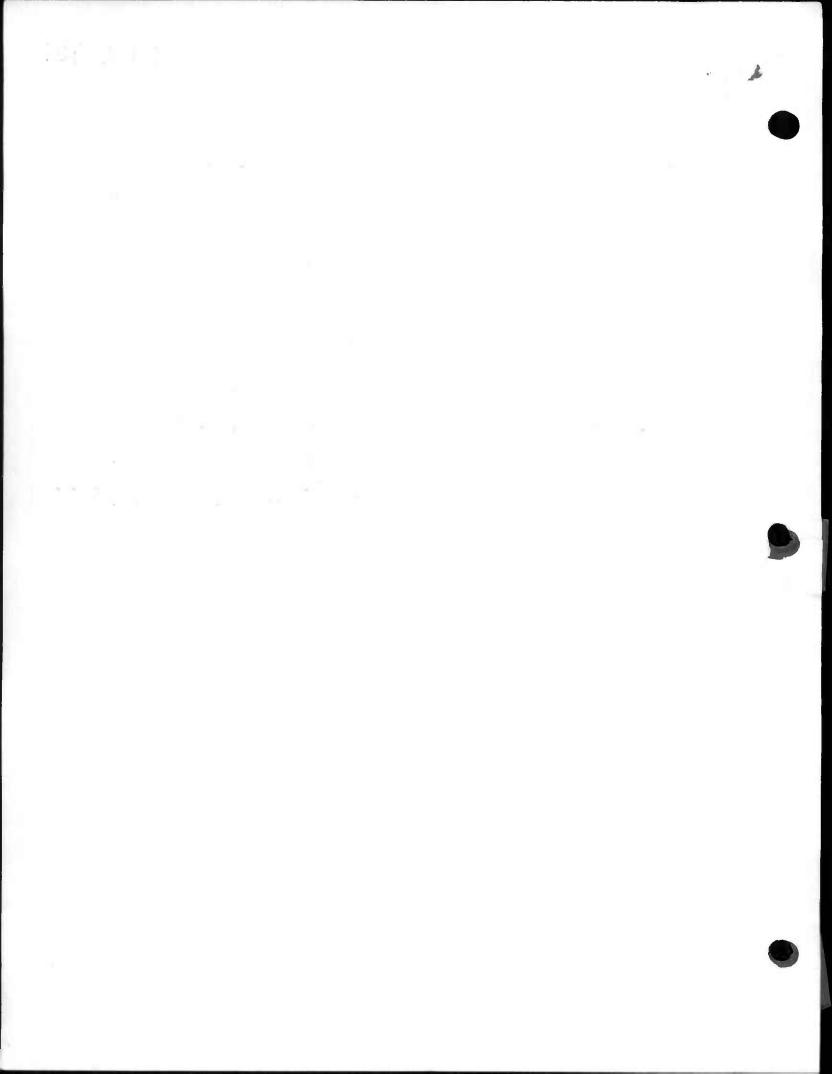
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

of all controls of the controls of the controls of the control of	uld be detached for use as the bunial-transit permit. Pages 1, 2, 3 should		ed at once.
COLINE, THE IST EQUIPED THE UNIVERSAL OF CHOICE OF CHOIC	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 st	with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	narked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
AL ON ALLEMONIO FILLONOINI, THE ISM ISQUIES THE THE	AL DIRECTOR; After this certificate has been signed by the	led within 72 hours after death with the State Dept. of Health and Me	ORTANT: If Item 28 is marked, or item 23 shows any inju
יוחבים שוויים	O THE FUNEF	e filed within	MPORTANT:

	1 - STATE OF MARYLAND A	DEPARTMENT O		MENTAL HYGIENE REG. NO.		
,	1. DECEDENT'S NAME (First, Middle, Last)	П		2. DATE OF DEATH		3. TIME OF DEATH
	MEDA GREE	R.		0'7 20		
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. le:			7. DATE OF BIRTH (Month, Day, Year)	8, BIF	THPLACE (State or Foreign unity)
	217-56-4480 10 M2 OF 85	YRS. MONTHS DA	YS HOURS MIN.	01-27-19		A.
_	9e. FACILITY NAME (If not institution, give street and number)	9b. CITY, TO	WN OR LOCATION OF DE	ATH	9c. COUNTY OF	
6	7417 VILLALE Rd.	Syl	ESVILLE		CAR	ROLL
SE SE	10a. STATE 10b. COUNTY	10c. CITY, TOWN OR L	DCATION			10d. INSIDE CITY
DIRECTOR	MO CARROLL	SYKES	VILLE			1 YES 2 NO
	10e. STREET AND NUMBER		10f. ZIP CODE	,	10g. CITIZEN O	F WHAT COUNTRY?
FUNERAL	7417 VILLAGE Rd.		21789	7	$\mathcal{D}$ :	SA
5	11. MARITAL STATUS  1 New Married 2 Married FORCES? 1 YES 2	AMEO 13. WAS	DECENDENT OF HISPAN		or No- 14. R/	ACE — American Indian, ack, White, atc.
В	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES	10	YES 2 1 NO Specify	•	Sp	11/11/TE
ED	15. DECEDENT'S EDUCATION 16a, DI	ECEDENT'S USUAL OCCU	PATION	16b. KIND OF BUS	INESS/INDUSTRY	WHILE
	(Specify only highest grade completed) (( Elementary/Secondary (0-12) College (1-4 or 8+)	Give kind of work done during. Do NOT use retired.)	g most of working	Do	mest	7
릴		HOMER	IAKER		,,,,,,	
COMPLET	17. FATHER'S NAME (First, Middle, Last)		1417114111411411411	ME (First, Middle, Malden S	Surname)	
B	GEORGE MARTIN			enie F	IPPS	
2		HAILING ADDRESS (ST	reet and Number or Rural F	11		10 7 17611
	BILLY JOE GREER  20a METHOD & DISPOSITION  20b. PLACE	OF DISPOSITION (Name	d cametary crametory or	S4KE3U14	CATION - City of	Town Sists
	1 Burial 2 Cremation 3 Removal from State	IF GASL	EL PEUE	JAN 1	&BA.	d MD.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22/NA1	ME AND ADDRESS OF FA	CILITY	200.	1 21784
	Harry W. Harghe	the	ght F.H.	Box 195:	54 Paris	ME, MD.
	23. PART i. Enter the diseasee, or complications that caused the d	eeth. Do not enter the	mode of dying, eucl	h ee cerdiac or reepin	natory errest,	Approximete Interval Between
	IMMEDIATE CAUSE (Fine)	_1	CARCINON	n-Chinn	/	Onset and Death
	resulting in death)  a. W/DGY /16THS		WIRCHOON	A WEDIV		yeus
	DUE TO (OR AS A CONSE	OUENCE OF):				1
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate	OUENCE OF):				
PA	cause. Enter UNDERLYING CAUSE (Disease or injury					
E	that initiated events  resulting in death) LAST	QUENCE OF):				
H	d					
	PART II. Other significent conditione contributing to deeth but not	resulting in the unde	dying cause given in	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
PHYSICIAN: MEDICAL	pulmonary hyperansion,			1 YES 2		COMPLETION DF CAUSE DF DEATH?
Ä	MUHIPE YUMONANY EMODIZ		_	_   '		1 - YES 2 - NO
ž						
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	OTHER:	26. PLACE OF DEATH (Ch	eck only one)		
YSI	1   YES 2 NO   1   Inpatient 2   ER/Outpatient	3 DOA 4 Nursing		6 Other (Specify)		
	27. MANNER OF DEATH  26e. DATE OF INJURY (Month, Dey, Year)	INJURY	C. INJURÝ AT WORK?  YES 2 NO	26d, DEŞCRIBE HOW II	NJURY OCCURED	,
B	2 Accident Investigation 28e, PLACE OF INJURY — At h			28f. LOCATION (Street a	and Number or Ru	ral Route Number
COMPLETED	4 Homicide datermined building, sic. (Specify)			City or Town, State)		
	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, of	feath occurred at the Jime	data and place, and due	to the cause(a) and man	oner as stated.	
M	(Check only one)  2 MEDICAL EXAMINER: On the best of examination and/or					se(s) and menner as stated.
	29b. SIGNATURE/AND TITLE OF CENTIFIER	· · · · · · · · · · · · · · · · · · ·	29c. LICENSE NUI	ABER /	29d, DATE SIGN	NED (Month, Day, Year)
3 BE	alla 1. Foral		025	286	DU14	74/1990
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IT)  ANTHUR TILD MONTH MD 1100	EM 27) (Type, Print) UBBITY	RO. ELDE	ESBARG.	mr.	7184
	31. DATE FILED (Morrith, Dev. Year)  32. REGISTRAR'S SIGNATURE JUL 26 '90  Julia Davidson-Randa	02				·
	JUL 26'90 Julia Davidson-Manda					

	the care	8	0
	3	2	To To
	9	용	2
	aj.	운	=
	9	3	2
	Pe	age	9
	may	0.5	75
	9	읈	Ē
	age	6	-
	A.	era	듵
	deat	\$	X
	ter	the	-
	10	A	de
	1	E P	E
ı	4	Hiller of	
	i a	ely i	5
	Minn	plet	- He
	20	mo	. &
	5	o po	ic i
	8	200	E
	9	ciar	2
	afe	hysi	= =
	rtific	0.0	the state of
	Sec.	din	0
	ath	tten	3
	e de	Pe a	5
	#	47	, E
	that	d be	3
	Sa	igne	50 50
	qui	SU	0
	v re	bee .	88
	AB S	has	23
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the safe feath. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be de	be filed within 72 hours aren death with the plate dept. Or treath and mental righers produce to comment, the medical examiner must be notified at or IMPORTANT; If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at or
	AN:	iffica	5 =
	SICL	Cert	
	HY	his	Ked
	GP	er ti	Tar.
	S	Aft	000
	EN	OH:	00
	A	ECT	2 8
	R	BI	1
	A	A	1 1
	F.	ER	1
	Š	5	IA
	포	里!	9 N
	TC	EO	- A
	F	F.	0 =

3	FOR 1 STATE	STATE OF MA						D MEN	ITAL HYGIENI	E	<i>J</i> 0	LI IV.
	1. OECEDENT'S NAME (First, Middle, Last)  John	Anthon		CERTIF		OF	DEATH		REG. NO.  DATE OF OEATH AONTH DATE  7-22-90	Y	YEAR	3. TIME OF DEATH 7:50PM M
	4. SOCIAL SECURITY NUMBER 217-14-0100	5. SEX 1 M 2 F	66 AGE (In yrs	s. last birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24 HR	18. 7. 1 N. N.	OATE OF BIRTH	23	Country	PLACE (State or Foreign
OB	99. FACILITY NAME (If not institution, give structure) University Hospi						imore		7	9c. COUR	NTY OF O	EATH
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY Maryland Hai					R LOCAT	ION				10d. INSIDE CITY LIMITS? 1 □ YES 2 [2] NO	
FUNERAL	10. STREET AND NUMBER 4616 Kimby Lane					10f	2100	1		110	ZEN OF W	HAT COUNTRY?
B≼	11. MARITAL STATUS  1 Never Merried 2 🔀 Merried  3 Widowed 4 Divorced	I IF YES, GIVE WAR OR OATES I 1   YES 2 N/2 NO Specify:				rerto Ricen, etc.)		Speci W	- American Indian, t, White, etc.			
COMPLETED	15. DECEOENT'S EDUC (Specify only highest grade of Elementary/Secondery (0-12)	ATION completed) College (1-4 or 5 +)	_	Give kind of the Do NOT use Owner	work done d se retired.)	turing mo	st of working		166. KIND OF BUS	oris		
BE COM	17. FATHER'S NAME (First, Middle, Last) Vincent G	nurek			-		16. MOTHER'S		First, Middle, Maiden		nown	)
TO B	180. INFORMANT'S NAME (Type/Print)  John V. Gmurek								Number, City or Town			
	20e. METHOD OF DISPOSITION  CONTROL 2 Cremetion 3 Removal from State  4 Donellon 6 Other (Specify) Fint Ombre HighView  HighView			ACE OF DISPO POP DISCO NVLEW	Memor	rial	Garde	ns	Fal	cation – .1sto:		STATE OF THE STATE
	21. SIGNATURE OF FUNERAL SERVICE LICE	McCor	nas	164	Ho	owar		ic Con	nas III F			ome, P.A. d. 21009
	23. PART I. Enter the diseases, or cahock, or heart fellure. I.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Multiple	e on each	line.	vith				cardiac or reap	ratory ar	reat,	Approximate interval Batween Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST			INSEQUENCE C								
PHYSICIAN: MEDICAL C	Arteriosclerotic cardiovascular disease and obstructive pulmonary disease								1 I. 24a. WAS AN PERFOI 1 TYES 2	RMED?		AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ED/Outpetle	net 3 □ 004	OTHE	R:	LACE OF DEATI			CIIO		
ву рнуз	27. MANNER OF DEATH  1 Netural 5 Pending Investigation	28e. DATE OF (Month, Da 7—8—	INJURY	28b. Til		28c. IN.	JURY AT DRK? YES 2 🔀 🔏	26	d. OESCRIBE HOW			st control
	3 Suicide 6 Could not be 4 Homicide determined		INJURY — Mc. (Specify)	Al home, ferm,	atreet, fec	ROA	-	F		lver	y Ro	ad, Harford
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSI (Check only one) MEDICAL EXAMINE							d due to		nner ee su	Red.	e) and menner ee stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIES	M					29c. LICENSI		R		TE SIGNE! -23-	0 (Month, Day, Year) 90
5	30. NAME HYD WOORESS OF PERSON WH ANN M. DIXON, MD	),	1855	111		Str	eet,Ba	ltin	more,MD 2	21201		VC
	JUL 24 '90	32. REGISTRA	widson-	JAE Pandall								DAMAN, 16 Day 1/60



,	14
5	within
	cuted
	8
	2
2	ificate
5	Cert
	leath
ĵ	9
Ĺ	the state of
	₽
2	requires
	MP
Č	all le
ביניי אים יייי אין אר ארכיי הייי אין אין אין אין אין אין אין אין אין	IYSICIAN:
,	4
	ENDING
-	A
	8
	IE HOSPITAL OR ATTENDING PRYSICIAN: The law requires that the death certificate be executed within 24
	ш

TO THE FUNCEAL DIFFACING AFTENDARY: The law requires that the begins be executed when the property of the most property of the property of the attending processor. The law requires has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be fined within 72 hours after death with the State Defit: of Heath and Mental Hydere prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
--

						90 21432
	- SIAIE	OF MARYLAND / DE				
	1. DECEOENT'S NAME (First, Middle, Leel)	HESS	TIFICATE OF		REG. NO.	YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 5 78-05-003 1 1 M 2	6. AGE (In yrs. lest birth	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	6. BIRTHPLACE (State or Foreign Country)
TOR	9a. FACILITY NAME (If not institution, give street and num  A DAY 12325  RESIDENCE OF DECEMENT	New Homp A	se 21/her	Spring 1	TH 9c.	COUNTY OF DEATH
DIRECTOR	Maryland Montgoi					10d. INSIDE FITY LIMITS 1 1X YES 2 \( \square\) NO
FUNERAL	100. STREET AND NUMBER  11411 Columbia Pil	ке	1	01. ZIP CODE 20904	10g.	CITIZEN OF WHAT COUNTRY?
B	1 Never Married 2 Married FORCE	ECEDENT EVER IN U.S. ARMED ES? 1 ☐ YES 2 ☑ NO GIVE WAR OR DATES	If yes, a	CENDENT OF HISPANIC pecify Cuban, Mexican, S 2 And Specify:	ORIGIN? (Specify Yes or No Puerto Rican, etc.)	0- 14. RACE - American Indian, Black, White, etc.
COMPLETED	15. OECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  8th  College (	(Give kir. ille. Do N	ENT'S USUAL OCCUPAT nd of work done during n NOT use retired.)	TION nost of working	IIS Chaml	s/MDUSTRY  Der of Commerce
BE COM	17. FATHER'S NAME (First, Mildille, Last) Anton Rupp			Louise	E (First, Middle, Melden Surne.	Behrer
5	19a. INFORMANT'S NAME (Type/Print) Kathleen Mealy				ute Number, City or Town, State	M ZIP COOM) Alexandria, Va.
	20a. METHOD OF OISPOSITION 1	a other place)	ISPOSITION (Name of a	emetery, cremetory or Cremator	7.77	N — City or Town, State 22310
	21. SIGNATURE OF THE ANALYSIS STATES LICENSEE	wall.	22. NAME / HIN	AND ADDRESS OF FACE	DI FUNERA	
	23. PART I. Enter the diseases, or complication abook, or heart feiture. List only of IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	DIE TO (OR AS A CONSCOURN	LLULAR			y arrest, Mal Yarnostrate interval Between Onset and Daath
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A CONSEQUEN				
MEDICAL	PART II. Other eignificent conditions contribu	uting to death but not resul	iting in the underly	ing cause given in P	24a. WAS AN AUTO PERFORMED 1 TYES 2 TA	? AMAILABLE PRIOR TO
CIAN	25. WAS CASE REPERRED TO MEDICAL EXAMINER? HOSPIT	TAL:	26. OTHER:	PLACE OF DEATH (Chec	ck only one)	
PHYSICIAN:	1 ☐ YES 2 ☐ NO ☐ 1 ☐ Inpet 27, MANY OF DEATH 28s.	ient 2 ER/Outpatient 3 D	b. TIME OF 28c. II	ome 5 Residence 6 NJURY AT VORK?	☐ Other (Specify) 28d. DESCRIBE HOW INJUR	Y OCCURED
ED BY	2 Accident Investigation 28e.	PLACE OF INJURY — At home, to building, atc. (Specify)	M 1	YES 2 NO	281. LOCATION (Street and N City or Town, State)	lumber or Rurel Route Number,
COMPLET	denote only	e best of my knowledge, death o				na stated.
出	29b. SIGNATURE OF CHATTERN	~ MP		D3/5		DATE SIGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLE CHARLES BENNE	TED CAUSE OF GEATH (ITEM 27)	(Type, Print) 161 NEW	HAMPSH	IRE SIL	VER SPRING 2090Y
	31. DATE FILED (Month, Day, Year)  JUL 24 *90	HEGISTHAR'S SIGNATURE Julia Davidson-V				

TO BE COMPLETED BY FUNERAL DIRECTOR

	1
o,	within
1314	avantad
×	2
). BC	artificate
7.	danth o
Š	94
2	three o
RECO	confirme
AL	The last
5	TABL.
OF	DIONING
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	as the structure purpositions. The law ensuines that the death notificate he evented within
á	0
_	1

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Zerrans after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. ous after death. Page 6 may be retained by the hospital or attending physician. IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE O	F MARYLAND	/ DEPARTMENT	OF HEALTH	AND	<b>MENTAL</b>	HYGIENI
	C	ERTIFICATE	OF DEAT	ГН		REG. NO.

1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM			MENTAL HYGIEN	E	
1. DECEDENT'S NAME (First, Middle, L	.ast)				2. DATE OF DEATH		3. TIME OF DEATH
ALY		Hic	2 HT		монтн од	7 9	1 00 45 AM
4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
The state of the s	1 □ M 2次文F		ONTHS DAYS	HOURS MIN.	(Month, Day, Year)		Country)
513-03-7247		70			April 13,1		ansas
9e. FACILITY NAME (If not institution,		91		R LOCATION OF DE	ATH	9c. COUNTY	OF OEATH
Suburban Hospi			В	ethesda		Mont	gomery
RESIDENCE OF DECEDENT		the CITY T	OWN OR LOCAT	ON			10d. INSIDE CITY
							LIMITS?
Maryland	Montgomery			ckville			1 YES 2XXNO
10e. STREET AND NUMBER			107.	ZIP CODE		10g. CITIZE	OF WHAT COUNTRY?
8912 Liberty La				20854		Unite	d States
11. MARITAL STATUS	12. WAS DECEOENT EVER FORCES? 1 YES				IIC ORIGIN? (Specify Yearn, Puerto Ricen, atc.)	or No- 14	. RACE — American Indien, Black, White, etc.
1 Never Merried 2 XXMerried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR			2XXNO Specify			Specify:
3   Widowed 4   Divorced							White
15. OECEDENT'S (Specify only highest	EDUCATION grade completed)	18e. DECEDENT'S US (Give kind of world	k done durina mos		16b. KIND OF BUS		
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use n	etired.)	•	Montgom	_	**
-	1	Secr	etary		Public	School	S
17. FATHER'S NAME (First, Middle, Las	1)			18. MOTHER'S NA	ME (First, Middle, Meiden	Surname)	
John Mell:	ies			Clara E	velyn Buch	anan	
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	ODRESS (Street e		Route Number, City or Tow		ide)
David Leroy High		111			ckville, M		
20e. METHOD OF DISPOSITION		05. PLACE OF DISPOSITI					y or Town, State
1 N Buriel 2 Cremetion 3 🗆	Removal from State	other place)					
4 Donetion 5 Other (Specify)		Parklawn M	lemoria.	L Park	Roc	kville	, Maryland
21. SIGNATURE OF FUNERAL SERVICE	CE LICENSEE		22. NAME AN	D ADDRESS OF FA	Robert	A. Pum	phrey Funeral
Minhola	4 Shills	M00348	Home/I	Rockvill	e, Inc., 3 le, Maryla	00 W.	Montgomery
23. PART I. Enter the diseases							
	lure. List only one cause on					,	Interval Between
IMMEDIATE CAUSE (Finel disease or condition				-	-1 -		Onaet and Death
resulting in death)	a. CA	COME	0	und.	thmia		
	DUE TO (OR AS	A CONSEQUENCE OF):		1	revio		
Sequentially list conditions,	D		2	000	2010		LONZ
If sny, lesding to immediate	DUE TO (OR AS	A CONSEQUENCE OF):	J				
cause. Enter UNDERLYING CAUSE (Disease or Injury	c						
thet initiated events	DUE TO (OR AS	A CONSEQUENCE OF):					
resulting in death) LAST	d						
DART II Other elemiticant cons	dilana aantibutlan ta daath	hut not reculated to	Ab		Port I Total und an	ALFRODAY	Last week surroad knowled
PART II. Other significent cond	ditional contributing to death	out not resulting in	the underlying	cause given in	Part I. 24s. WAS AN PERFOI		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
· ——					1 🗆 YES :	X NO	OF DEATH?
							1 TES 2 NO
25. WAS CASE REFERRED TO MEDIC				ACE OF OEATH (Ch	eck only one)		
EXAMINER?	HOSPITAL:		OTHER:	e 5 🗆 Residence	8 Other (Specify)		
27. MANNER OF OEATH	28e. DATE OF INJURY	28b. TIME (	OF 28c, INJ	URY AT	28d. DESCRIBE HOW	NJURY OCCU	RED
1 Netural 5 Pending		INJUR	TY WO	RK? /ES 2 NO			
2 Accident Investige	28e. PLACE OF INJUI	RY — At home, ferm, etc.			28f. LOCATION /Street	and Number or	Rural Route Number
_ 0 00000 110	3 Suicide S Could not be determined S Could not be determined S Could not be determined S S Could not be determined S S Could not be determined S S S Could not be determined S S S S S S S S S S S S S S S S S S S						
Crieck only	PHYSICIAN: To the best of my kno	wiedge, death occurred	at the time, date	end place, and due	to the ceuse(e) end me	nner ee stated	
one) MEDICAL EXA	AMINER: On the basis of examinat	ion end/or investigation,	In my opinion, d	eath occured at the	time, date end place, er	nd due to the	ceuse(e) and menner ea stated.
29b. SIGNATURE AND TITLE OF COR	MINER			29c. LICENSE NUI	MBER	29d, DATE S	BIGNED (Month, Day, Year)
325	- And	Por	-	DO8	346	1	-19-91
30. NAME AND ADDRESS OF PERSO	M WHO COMBI ETED CALLET OF	SEATH (ITEM OF CERT OF	Infert \	7 7 7		-	25/2
SV. NAME AND ADDRESS OF PERSO	WIND COMPLETED CAUSE OF I			00-	3	6 CM	secon wal
0077	1 au Dev			15000	1211	1100	
31. OATE FILEO (Month, Day, Year)	32. REGISTRAR'S SK	4 doon-Randal	2.				
I JULY J			-9"				

3. TIME OF DEATH

345

6. BIRTHPLACE (State or Foreign

Nebraska

PD YEAR

STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

ESTHER

A SOCIAL SECURITY NUMBER

226-44-9196

1 -

	,
_	
	3
400	1
•	
Transfer	1
13146	
-	
C)	
dien.	
~	
BOX	
$\circ$	
_	
0	
_	1
P.O.	
$\mathbf{\mathcal{C}}$	
_ 0	
ο.	
_	
95	
100	
47	
$\circ$	
_	
<b>C</b>	
=	
$\circ$	
7.	
0	
111	
ш	
er-	
VITAL RECORDS	
_	
-	
-	
-	
9	
-	
OF	
0	
<b>U</b>	
DIVISION	
~	
40	
U)	
-	
200	
Sec.	
~	
_	

Pages 1, 2, 3 should Se. FACILITY NAME (If not institution, give street and number) 96, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR SILVER MONTGOMERY Meridian Nursing Home RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10e. STATE 1 X YES 2 NO Cottage City Maryland Prince George's permit. 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3718 42nd Avenue 20722 United States the burial-transit hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No. 14. RACE — American Indian, Sieck, White, etc. FORCES? 1 YES 2X NO IF YES, GIVE WAR OR DATES If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married Specify: BY 3 X Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 165 KIND OF BUSINESS/INDUSTRY use (Specify only highest grade completed) 10 Elementary/Secondary (0-12) College (1-4 or 5+) 12 Private Duty detached Nurse once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) the Jenny Hunter 20 Ħ Oldgen Boone retained by BE notified page 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 42nd Avenue, Cottage City, MD 20722 Frederick A. Harter Раде 6 глау be Pe METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State director, 1 must Falls Church, Virginia National Memorial Park examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY funeral Funeral Services, P. A. Gist Avenue, Silver Spring, MD 20910 after death. llen 0 removal. medical 23. PART I. Enter the diseases, or complicatione that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, filled in by Approximate shock, or heart failure. List only one cause on each line. Interval Between 0 Onset and Death **IMMEDIATE CAUSE (Finel** the cremation, disease or condition\_ the attending physician and completely . Mental Hygiene prior to burial, crematic ongoshue' resulting in death) event, DUE TO (OR AS/A CONSEQUENCE OF) Hears Con traumatic CERTIFICATION 1000 Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Entar UNDERLYING 8 certificate CAUSE (Diseese or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 death Injury, 24b. WERE AUTOPSY FINDINGS PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY MEDICAL n signed by the Health and H AVAILABLE PRIOR TO any COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? Shows 1 TYES 2 T NO has been PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) The tem. OTHER: certificate State HOSPITAL: 1 TYES 2 NO 1 | Inputiant 2 | ER/Outputlant 3 | DOA the 6 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, with this 1 Netural 5 Pending Investigation 1 YES 2 NO BY death Accident DIRECTOR: After 26s. PLACE OF INJURY — At home, farm, street, fectory, office building, atc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 60 3 Suicide ETED 6 Could not be hours after 28 4 Homicide Item 80 COMPL 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. (Check only one) FUNERAL within 72 h IMPORTANT: If MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the films, data and place, and due to the cause(s) and manner as stated. BE 光 THE Bed 22 2 2 86. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Dey, Year) who Davidson Mandelle

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

DAYS

IF UNDER 24 HRS.

HOURS

HARTER

VBS

Loretta

8. AGE (In vrs. lest birthdev)

Esther Lo LORETTA

5 SEX

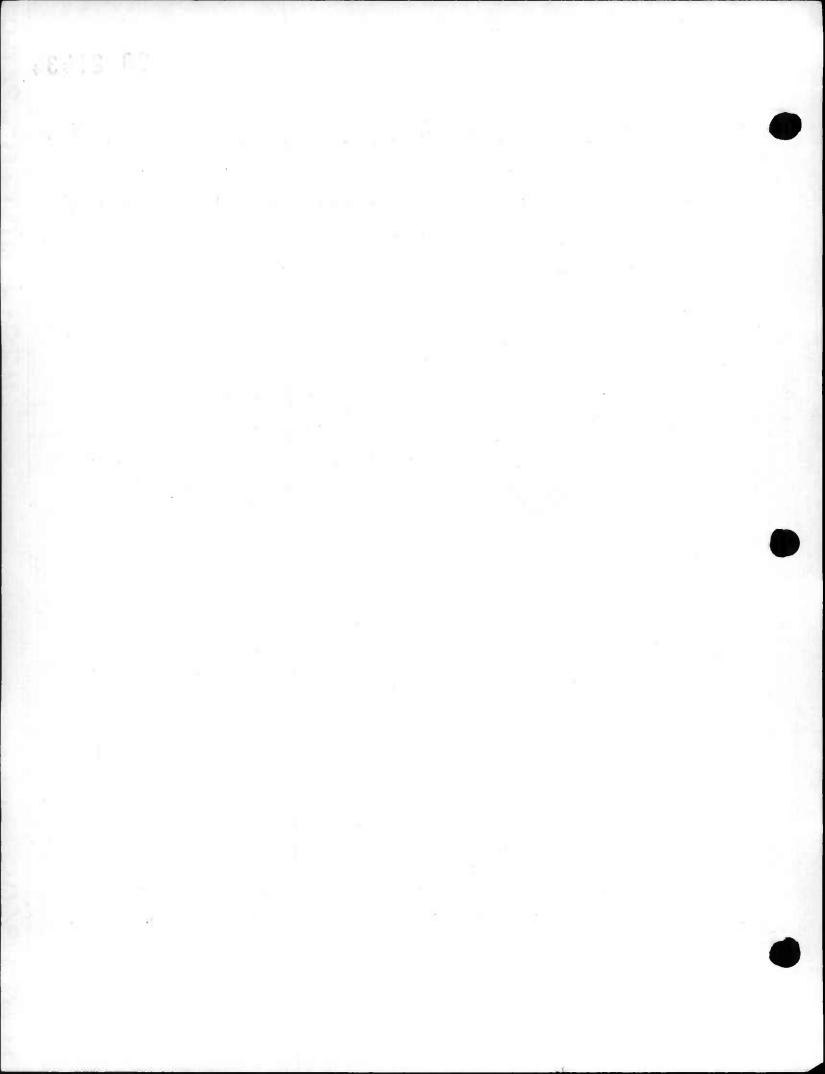
1 M 2 V F

2. DATE OF DEATH

7. DATE OF BIRTH

1896

May 8.



permit. Pages 1, 2, 3 should

THE RUNERAL I

2

KOVIN

31. ME FILED YMORTO DOY, YOU!

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

14

611

10000

32. REGISTRAR'S SIGNATURE a nurason-pandell

THE ENDING PRINCIPAL THE DW TEQUINE DESIGN COUNTRIES OF COCCUSA WITHIN CT. COURS AND COUNTRIES OF COUNTRIES OF COUNTRIES PRINCIPAL COUNTRIES OF COUN	THE CIPIES After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buria		
2	the		
2	35		
110	use		
5	10		
2	hed		2
2	etac		nce
1	90 00		3t 0
2	Plu		Pe
	shor		Ē
2	9		00
200	pag		Pe
5	tor,		SIN
200	direc		T T
	120		Ē
1000	Fune		хап
5	å	Mal.	a e
3	2	L GILL	dic
5	P	0	E
-	- File	JOH,	he
	etely	mat	7
	mpl	6	eve.
200	9 P	uria	ic i
3	an c	9	E
3	iciar	JO.	130
NO TO	phys	d a	-
200	Dui	Die	흥
2	tend	五	0
200	e at	Nent	E
100	JA C	B	三
Dia	Bel	th a	апу
20	sign	Heal	8
B	een	jo	sho
MP	as b	Jept.	23
E S	te h	our after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	iem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
N.	ifica	Sta	T.
200	Cert	the	0 .
L	this	WITH	ked
50	fter	eath	mai
2	R. A	of de	49
L	6	#	23
i	爱	ouns	8

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH 1990 Iona M. Heine 18 7:20 AM July. 4. SOCIAL SECURITY NUMBER 5. SEX 8. BIRTHPLACE (State or Foreign 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS MONTHS HOURS 1 🗆 M 2 🖵 F 450 42 7148 81 Yes April 8 1909 Washington D.C. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH DIRECTOR 14744 Maine Cove Terrace North Potomac Md. Montgomery RESIDENCE OF DECEDENT 10c CITY TOWN OR LOCATION 10a STATE 10h, COUNTY 10d. INSIDE CITY Maryland 1 VES 2 NO Montgomery North Potomac FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 14744 Moine Cove Terrace 20878 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 Never Married 2 Married Specify: White 1 TYES 2 1 NO Specify: BY 3 🔀 Widowed 4 🗌 Divorced No COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4 or 5+) 10 Hairdresser Cosmetology 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Mabel M. Binnix Linwood R. Williams BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5 14744 Maine Cove Terrace North Potomac Md. 20878 Sue A. Colantoni 20a. METHOD OF DISPOSITION
1 Surial 2 ☐ Cremation 3 ☐ Ramoval from Stata
4 ☐ Donation 6 ☐ Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State Fort Lincoln Cemetery Brentwood Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Beall-Evans Funeral Home, P.A. nes Toller vans 16000 Annapolis Rd. Bowie Md. 20715 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or haert fellure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease pr condition reaulting in daeth) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequantially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): Musolode cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQU resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 TES 2 THO 28. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL HOSPITAL: OTHER: 1 | YES 2 | NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 🗌 Nurs ng Home 5 🗆 Raaldanca 6 🗆 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 26b, TIME OF 28c. INJURY AT WORK? 26d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending W/A 1 YES 2 NO NIA BY 2 Accident 26a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be COMPLETED 4 Homicide detarmined 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 🔲 MEDICAL EXAMINER: On the transfer of the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CENTIFIE 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE 990

Fiet Mill

KD

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

100.

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.  THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 sho filled within 12 hours after death with the State Dept. Of Health and Mental Hygiene prior to burlat, cremation, or removal.  The Mental The Complete of the Complete Property of the pro
--

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTM CERTIFIC			MENTAL HYGIEN REG. NO	_	
	1. DECEDENT'S NAME (First, Middle, Last)	HICLER					AY YEAF	
	THEODORE  4. SOCIAL SECURITY NUMBER	HIGIER	in yrs. lest birthday)     F	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8 90	10:20AM M
	119-14-8394  90. FACILITY NAME (If not institution, give s	¹½ M 2 □ F 64	YRS. MOI	NTHS DAYS	HOURE MIN.	(Month, Day, Year) 02 27	Cor	w York
TOR	PRINCE GEORGE!			CHEVE		AIR		E GEORGE'S
FUNERAL DIRECTOR	10s. STATE 10b. COUNT	r nce George's		own on Locati r Marlh				10d. INSIDE CITY LIMITS? 1  YES 2 NO
ERAL	7800 Locris Dri	ive		101.	ZIP CODE 20772			S.A.
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 XXYES IF YES, GIVE WAR OR DA WWII	2 NO		cify Cuben, Mexical	IIC ORIGIN? (Specify Yen, Puerto Ricen, etc.)	Bi Si	ACE — American Indian, lack, White, etc. pecify: UCASIAN
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 8+)	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re UNRNO	done during moi kired.)	N t of working		siness/industrius of Sta	Y
COMP	17. FATHER'S NAME (First, Middle, Lest) Daniel Higier	4	unieno	7071		ME (First, Middle, Malder Halpren		
TO BE	19e. Informant's name (Type/Print) Adele W. Higier			DRESS (Street a	nd Number or Rural F	Route Number, City or Tov	vn, Stata, Zip Code)	,
	20a. METHOD OF DISPOSITION  1	noval from State	PLACE OF DISPOSITION OTHER PROCESSION PROCES	ion Cerr 22. NAME AN	etery D ADDRESS OF FA	Cli		TATALAN SHIPS
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a.  DUE TO (OR AS A  DUE TO (OR AS A  C.			1.	múa Acció		Approximate interval Between Onset and Death
MEDICAL	PART II. Other significant condition	d.  ns contributing to death b	out not resulting in t	the underlying	j cause given in		RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	ACE OF DEATH (Ch	e Cother (Specify)		
BY PHY	27. MANNER OF DEATH  1 Natural 8 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME C	Y WC	URY AT RK? 'ES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCURE	0
	3 Suicide 8 Could not be 4 Homicide determined	26a. PLACE OF INJURY building, etc. (Spe	f — At home, farm, stre	et, factory, offic		28f. LOCATION (Street City or Town, State		irel Route Number,
COMPLETED	one)	SICIAN: To the best of my know IER: On the besis of examination						use(a) and manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE  SOLVEY  30. NAME AND ADDRESS OF PERSON W	1ella	7 (A ) / / / / / / / / / / / / / / / / / /	2.0	D 3	4 274	29d. DATE SIO	NED (Month, Dey, Year)
	31. DATE FILED (Month, Day, Year)	TELLAU Bez REGISTRARIS SIGN SILVIA DAMISSON	1/M	().	14300 Ga	allant Fox	Lane Bo	owie Md 20715

6 % T ...

5.5.5

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a marker death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)					-		2. DATE OF	DEATH			3. TIME OF DEATH
?	Trienah Meyer		AGE (In yrs. las	t birthday)	IF UNDER 1 Y	EAR	IF UNDER 24 HRS.	7. DATE OF	J G	9	6. BIRTHP	3 A M
	147-10-6210 9s. FACILITY NAME (If not institution, give st	1 🗆 M 2 🗸 F	72	YRS.	MONTHS C	AYS	HOURS MIN.	05/1		Norfolk, VA		
OR	Collington Nursin						llville	-610		Prince George's		
2	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY	,		10c CITY	TOWN OR	OCAT	ION					10d. INSIDE CITY
FUNERAL DIRECTOR	Maryland Prin	ce Georg	e's	10c. CITY, TOWN OR LOCATION  Mitchellville				16d. INSIDE CITY LIMITS?  192 YES 2 NO				
RAI	10e. STREET AND NUMBER					10f.	ZIP CODE			10g. CITI	ZEN OF WI	IAT COUNTRY?
	10450 Lottsford F						20721				U.S.	
	1 Never Merried 2 Merried	EVER IN U.S. AR YES 2 N R OR DATES	MED	If y	es, spe	ENDENT OF HISPAN	n, Puerto Ric		or No-	Black,	— American Indian, White, etc.	
BY	3 Wildowed 4 Olvorced		1 1	YES	2X) NO Specify	y:			Specify	White		
G	15. DECEDENT'S EDUC (Specify only highest grade	CATION			USUAL OCC			16b. K	IND OF BUS	SINESS/IND	USTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT us	e retired.)	ng mo	st or working					
MP	12	4 yrs	Ps	ych.				U.	S. G	overi	nmen	t
8	17. FATHER'S NAME (First, Middle, Last)						16. MOTHER'S NA	ME (First, Mic	idle, Meiden	Sumame)		
BE	Peter Meyers						Jeanet					
2	19a. INFORMANT'S NAME (Type/Print)						nd Number or Rural I					
	Myron S. Heffter	·	110	0450	Lotts	for	d Rd.	Mitch	ellvil	e; N	laryl	and 20721 m, Stata
	20a. METHOD OF DISPOSITION  1 Burlel 2 Tyremation 3 Rem  4 Donation 5 Other (Spegfly)	oval from Stata	otner pil	BCB)_								
	4 □ Donetion 6 ☐ Other (Specify) 21. SIGNATURE OF TUNE RALL SERVICE LIC		TMetro	polit	an Cr	em	atory ID ADDRESS OF FA		Ale	exan	<u>dria.</u>	Virginia
	21. SIGNATURE OF PURBUAL BEHVICE LIC	ENSEE	5.6		Fra	ME AN	is Gasch	's So	ns Fi	inera	al Ho	me PA
	/ Duk	101	Jor	1								MD 20781
	23. PART I. Enter the diseases, or on aheck, or heart failure.	complications that	ceused tha de	ath. Do r								Approximata Interval Between
	IMMEDIATE CAUSE (Final											Onset and Death
	disease or condition resulting in death)	. NAW	RAL C	-AU	258							
		DUE TO (C	OR AS A CONSE	DUENCE OF	F):							
8	Sequentially list conditions,	b	OR AS A CONSE	DI IENCE O	n.							
CERTIFICATION	If any, laading to immediata cause. Enter UNDERLYING	502.10(0	ON AS A CONSE	DOENCE O								İ
윤	CAUSE (Diseese or Injury that initiated events	C. DUE TO (C	OR AS A CONSE	OUENCE OF	F):					-		1
E	resulting in deeth) LAST	4										
		0										
EDICAL	PART II. Other algorificant condition	a contributing to d	leeth but not r	reaulting	In the und	orlying	g cause given in	Part I.	24a. WAS AN PERFOR			WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
8	PARKINSOL	An hise	AF C	Tyve	HTCE	24		— h	1 TYES 2	NO		COMPLETION OF CAUSE OF DEATH?
ME												1   YE\$ 2   NO
ž												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHEB		ACE OF DEATH (Ch					
IXS	1 YES 2 DEATH	1   Inpetient 2			4 Mursir	_	e 5 Residence	Y				
	1 Netural 5 Pending	28a. DATE OF II (Month, Day		26b. TIM	JURY 2	WO	URY AT	28d. DESC	RIBE HOW	NJURY OC	CURED	
BY	2 Accident Investigation	28a PLACE OF	INJURY — At he	ma form	m		YES 2 NO	284 LOCAT	FION (Street	and Museba	a or Orient O	auto Mumbos
8	3 Suicide 8 Could not be determined	building, e	tc. (Specify)	Arres, succes,	street, rector	y, onic	•	City or	Town, Stete	end Womoe	or nurer n	Suite Petimber,
	29e. CERTIFIER					-				_	_	
COMPLETED	(Check only	ICIAN: To the best of m										and mana
8	111.01		immation end/or	investigatio	on, in my opi	nion, d	leath occured at the	time, date e	rrid prace, er			end menner ee stated.
BE	296. SUSSESSIVE AND TITLE OF CENTIFIE						29c. LICENSE NU	710		<b>.</b>	- 1	(Month, Day, Year)
9	TO WAR AND ADDRESS OF THE PARTY	O COMPLETED OFFICE	F OF DEATH #==	14 OT /T:	Christ		VAN	+80			171.	9/10
	30. NAME AND ADDRESS OF PERSON WH	40 750	o Gre	en	cy (	CM	- Dr Br	cente	els.	ref	920	770
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR	Day doon	Randa	09/			· · · · ·				
	JUL 23 '90	guna	India (white)									

10.11 - 11

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The TO THE FUNERAL DIRECTOR: After this certificate to field within 72 hours after death with the State IMPORTANT: If Item 28 is marked, or Item

	should !		
	2,3		
	T,		
	Pages .		
	has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2		
ian.	transit		
physic	burial		
ing.	the		
tend	38		
or at	nse		
Tal.	10		
osbi	chec		4
he	deta		ouc
5	8		7
De le	Pinc		Po
retai	Sh		O.
8	96		be notified at once.
may.	c, pa		at I
9	ecto		Ē
2	i di		ner
within 24 nours after death. Page 6 may be retained by the I	funera		xami
fter	the	Oval	ie.
13	D D	rem	D D
100	8	, 0	Ē
1 24	ly fil	ation	ŧ
Within	mplete	cremit	n 23 shows any injury, or other traumatic event, the medical examiner must be
Sept.	8	unal	ic e
96	an I	9	Em.
8	Clar	10	Tag
lcate	phys	e p	10
Certi	guig	ygie	10
atte	tten	四	0 '
ne law requires that the death certificate be executed or	he a	ith and Mental Hygiene prior	F
at th	3	and	y in
s th	pau	Health an	93
puire	J Sig	He	DWS
/ rec	beer	t. of	4
WE!	has	Dep	23
9	-	-	E

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN			HEALTH AND I	MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIM	E OF DEATH
	VIRGINIA	1	1	HUNT		7 1		AR 8	35 A M
	4. SOCIAL SECURITY NUMBER 5.		rs. last birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH	6.1		(State or Foreign
		□ M 2 √ F 75	75 YRS.	MONTHS DAY		10/29/14		irgini	ia
E I	9a. FACILITY NAME (If not institution, give street PRINCE GEORGE HOSPI				N OR LOCATION OF DI PRLY	EATH	PRIN	ICE GE	ORGE
DIRECTOR	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY		40.00						
E		C		r, TOWN OR LO				, ju	NSIDE CITY IMITS? YES 2 NO
	Maryland Prince	George's	DIS	adensbu	10f. ZIP CODE		10a CITIZEN	OF WHAT CO	
FUNERAL	5999 Emerson St.				20710		US		
5		. WAS DECEDENT EVER IN U. FORCES? 1 YES	SVARMED		ECENDENT OF HISPAI specify Cuban, Maxica	NIC ORIGIN? (Specify Ye	s or No- 14.	RACE - Ame Black, White	erican Indian,
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DATE			ES 2 XIXNO Specif			Specify:	
	15. DECEDENT'S EDUCATION	ON I	a. DECEDENT'S	HSHAL OCCUP	TION	16b. KIND OF BU	ISINESS/INDIS		auc.
	(Specify only highest grade com	ollege (1-4 or 6+)	(Give kind of v	vork done during e retired.)	most of working	Too. Kind or be	30111200711120001		
2	12th	unege (I-4 or 0 +)	Hous	sewife			at h	ome	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maide	Surname)	-	
BE C	W.H. Woodvard				Gu	ssie Peti	tt		
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stre	et and Number or Rural	Ploute Number, City or To	wn, State, Zip Coo	de)	
۴	Charlene Wheeler		<u> </u>			t. Washin	gton, M	ia •	
	20a. METHOD OF BISPOSITION  1 Burlel 2 Credation 3 Removal  4 Denation 5 Other (Specify)	from State 20b. Pi	her placed Me	eropoli	cometery, crematory or tan Crema	tory A	ocation – city Lexandr	ia, Va	a.
	21. SIGNATURE OF UNERAL SERVICE LICENS				Author Carried	GLITY Geo. P	Kalas	Fune	ral Home
	Man P. Ko	/ /				1 Rd. Oxo			and the second s
_	23. PART I. Enter the diseases, or com	unitarities that counsel to	a death Do a	1,000,000	C PARTON POLITICA	and the second of the second			Approximate
	Ahock, or heart failure. List	only/one cause on each	i line.	iot enter tire.	mode or dying, sec	in as cardiac or resp	printery arrest	- 1	Interval Between
	IMMEDIATE CAUSE (Final disease or condition	(R)		_	1. 1.				2 d
	resulting in death) a	DUE TO FOR AN A CO	ONSEQUENCE OF	n: J	1 ou			- 1	
z	•	Bular	tral	pne		wis .		1	
OF.	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CO	ONSEQUENCE OF	n/		7	0		
2	cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CO	~ ~	com	whose a	many a	Gran	and !	
Ė	that initiated events resulting in death) LAST	DUE TO (OH AS A CO	JWSEGUENCE U	725		,		- i	
CERTIFICATION	6								
AL	PART II. Other aignificant conditions c	contributing to deeth but					N AUTOPSY PRMED?		AUTOPSY FINDINGS ABLE PRIOR TO
DIC	Partylu ile	us, an	verte	nege	دي	1 🗆 YES	2 19 110	OF DE	LETION OF CAUSE ATH?
MEDIC	muhph in	shile ma	tter	ing	setm	_		1 🗆 1	YES 2 NO
PHYSICIAN:									
ICI		IOSPITAL:		OTHER:	PLACE OF DEATH (C				
ΗXS	1 VES 2 VNO 1	Inpatient 2 ER/Outpati	ant 3 U DOA		INJURY AT	6 U Other (Specify)	INJURY OCCUR	PED .	
	1 Natural 5 Pending	(Month, Day, Year)	IN	JURY	WORK?				
ВУ	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJURY —	At home, ferm,			281, LOCATION (Street	t and Number or	Rural Route N	umber,
回	4 Homicide 6 Could not be detarmined	building, etc. (Specify)	)			City or Town, Star	•)		
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my knowled	ge, death occurr	ed at the time,	data and place, and du	a to the cause(a) and m	anner as stated.		
NE NE	(Critical Unity	On the basis of examination a						euse(a) and n	manner as stated.
	256. SYGNAPTINE AND TITLE OF CERTIFIER				29c. LICENSE NU	IMBER	29d. DATE S	IGNED (Month	n, Day, Year)
BE (	Krhw Ki	dern			003	874	17	-19.	-90
5	30/ NAME AND ADDRESS OF PERSON WHO C				(0)	0	1		1
ļ	6500 Kenchworza		verdo	ile M	d (Rob	ERE Ru	derm	AN.	MD)
	JUL 21, '90 Sulland	32. REGISTRAR'S SIGNAT							

and a line

1.0

director, page 5 should be detached for

neral

permit.

	de	2		2
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-nours after dea	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fu	be filed within 72 hours after death with the State Dept. Of relatin and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exa
	S	5	0	ğ
	2	P8	5	Ĕ
J	.7	1	000	幸
	thi	eteh	PLIE	Ħ,
	*	du i	5	26
	etr.	8	0	2
	exe	and	0	mat
	2	cian	5	3
?	ate	TySE	5	T
	rije	0.	i a	ě
)	90	ngin	Ē	20
	eath	atte	12	7,
חומוסון הווער וורסיום לינים היים היים היים היים היים היים היים	he d	the	Me	흪
	att	6	and	À
)	th S	med	E	9
)	1	Sig	Ž.	DW.
	100	Deer	. 0	\$
,	NE.	SP	Dept	23
Č	E	te	ate	E
	AN:	iffica	200	13
	SICI	Cen.	Ē	1,0
5	퓻	this :	Witt	ke
2	NG	ter	Sath	ma
2	2	. A	0	90
)	E	B.	affe	28
	JR A	E	SULC	E
3	4	9	2	i i
	E	ER	in 7	E
	ESS.	E.	Mile Mile Mile Mile Mile Mile Mile Mile	MA
	무	뽀	9	OR
	U D	LO	e ti	를

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH DAY 21-90 9:41 AM Haggins bhn 6. AGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 016097422 1 M 2 | F DAYS MONTHS HOURS YRS. MASSACHUSETTS 1916 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Suburban HOS DIRECTOR BETHESDA MONTGOMERY RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND MONTGOMERY SILVER 1 YES 2 NO SPRING FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 915 SNURE ROAD 20901 14. RACE — American Indian, Black, White, atc. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES If yes, specify Cuban, Maxican, Puarto Rican, etc.) 1 Never Married 2 X Married 1 TYES 2 NO Specify. Specify: BY 3 Widowed 4 Divorced WHITE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co Elementary/Secondary (0-12) College (1-4 or 5+) 5 AWYER 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) M JOHN HIGGINS MARY DEVLIN BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 (WIFE) MARY G. HIGGINS SNURE ROAD SILVER SPRING. MARYLAND 2 20a. METHOD OF DISPOSITION 20c. LOCATION - City or Town, State 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or 20a. METHOD OF DISPOSITION

1 Denial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) must GATE OF HEAVEN CEMETERY STLVER SPRING, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY examiner FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD. W. STL. SPR 20901 23. PART I, Enter the diseases, or complicatione that seused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, shock, or heart feliure. List only one cause on each line. medicai Approximate interval Between Onset and Death IMMEDIATE CAUSE (Finel 計 disesse or condition SEPSIS resulting in desth) event, MEDIASTI traumatic CERTIFICATION Sequentially list conditions. if sny, leeding to immediate ESOPHAGEAL csuse. Enter UNDERLYING CAUSE (Diseese or injury other that initieted events ESOPHAGUS S/P ESOPHAGECTOMY FOWMAN resulting in deeth) LAST ŏ PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert i. 24a. WAS AN AUTOPSY PERFORMED? PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS 23 shows any COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 | YES 2 | NO 26. PLACE OF DEATH (Check only one, 25. WAS CASE REFERRED TO MEDICAL EXAMINER? Item HOSPITAL:

1 Xinpatiant 2 - ER/Outpatient 3 - DOA OTHER: e 5 Residence 6 Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY 28d, DESCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY 28c. INJURY AT WORK?

29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and pieca, and due to the cause(s) and manner 296/ SIGNATURE AND TITLE OF CERTIFIER 29d, DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER

28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

Michael 6 30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

-Serements

6 20906 32. REGISTRAR'S SIGNATURE

M

1 YES 2 NO

31. DATE FILED (Month, Day, Year)
T. 9 JUN 23

8 Pending

Investigation

6 Could not be

1 Natural

2 Accident

3 🔲 Sulcide

4 Homicide

B

COMPLETED

BE

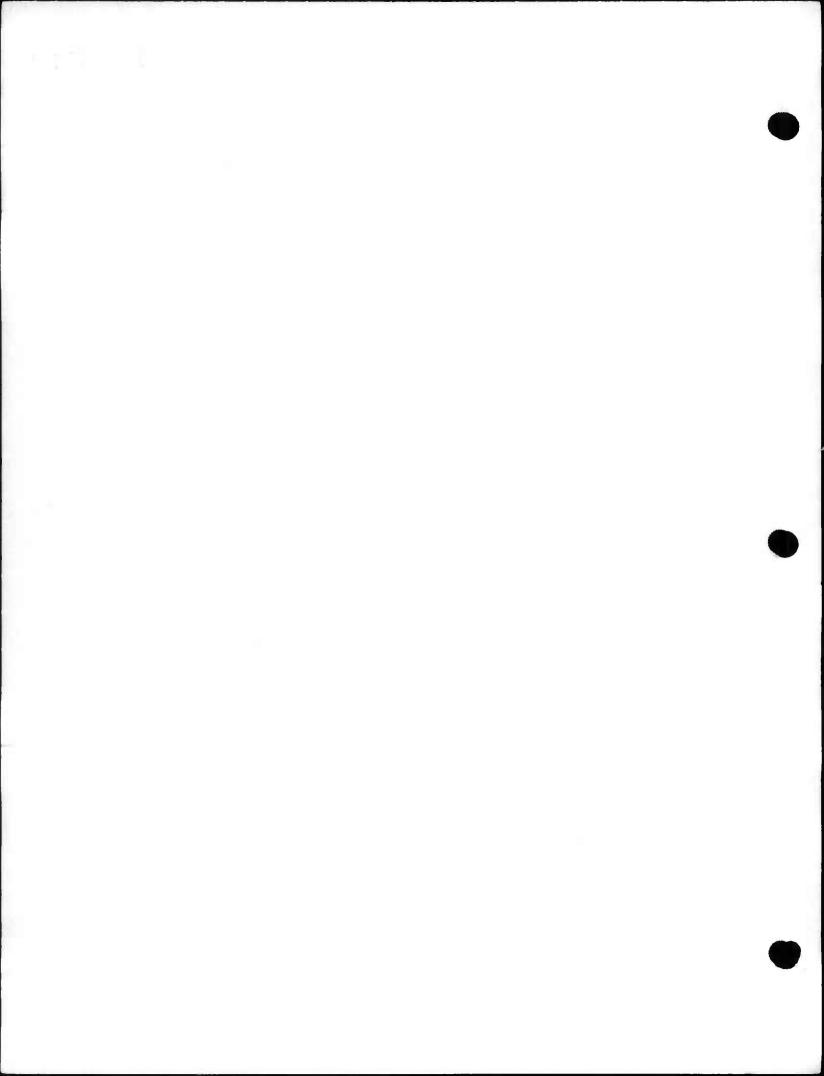
9

223

12

Julia Davidson Randoll

28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)



## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CERTIF	CATE OF	DEATH		REG. NO.			
1. DECEDENT'S NAME (First,	Middle, Last)						2. D/	ATE OF DEATH		YEAR	3. TIME OF DEATH
John M	. Hels	sel						ULY 17,1		TEAH	21:20 P M
4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yr.	s. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. D/	TE OF BIRTH	. , , ,	8. BIRTI	HPLACE (State or Foreign
578-50-1	263	1 🛛 M 2 🗀 F	51	YRS.	MONTHS DAYS	HOURS MIN.		fonth, Day, Year)	020	Count	msvlvania
9a. FACILITY NAME (If not in		etmet and number)	71		SP CITY TOWN	OR LOCATION OF D		RCH 27,1		NTY OF D	
							EATT.				
Shady Grov	e Adve	entist Ho	spital		Rockv	ille			Mon	tgor	nery
10e. STATE	10b. COUNT	Υ		10c. CIT	Y, TOWN OR LOC	ATION					10d. INSIDE CITY
Maryland	Mor	ntgomery		6	ermanto	พท					LIMITS?
10e. STREET AND NUMBER	1101	regomery				of, ZIP CODE			10a, CIT	IZEN OF	WHAT COUNTRY?
10515 Em	a damie	ck Road #	61			2087	/.			IIndia	ted States
19313 FI	edelic			ADMED	42 WIS DE	CENDENT OF HISPA		Vanada Valent	or No		
1 Never Merried 2 📉	Married	12. WAS DECEDEN	XXYES 2	NO	If yes, s	pecify Cuban, Mexico	nn, Pue	rto Rican, atc.)	OI 140—		E — American indian, ik, White, etc.
3 Widowed 4 Divo		1956-1		3	1 🗆 YE	S 2 🕅 NO Specif	ly:			Spec	***White
15. DEC	EDENT'S EDU			DECEDENT'S	USUAL OCCUPAT	ION		16b. KIND OF BUS	INESS/INI		
(Specify only	y highest grade	e completed)		(Give kind of v	work done during n	nost of working					
Elementary/Secondary (0	)-12)	College (1-4 or 5	+)		Mechani			Automo	hile		
17. FATHER'S NAME (First, M	listella Lanti			Nuco	Hechani		ME (E)	rst, Middle, Melden			
		101 001				2000		E. Stee			
		Helsel					_				
19e. INFORMANT'S NAME (7				The second section is		end Number or Rural	Route f	Number, City or Tow	n, State, Zij	o Code)	
Joan Helsel					e as #1						
20a METHOD OF DISPOSIT	ION on 3 ☐ Rem	noval from State	20b. PL oth	ACE OF DISPOS ner place)	SITION (Name of o	emetery, cremetory or					own, State
4 Domition 5 Other	(Specify)		_ 0a	akridge	Cemete						ennsylvania
21. SIONATURE OF EUREPH	r gassice h	CEMBEE				AND ADDRESS OF F		DCAOT			Home
4-1	11	4				10 East					277
23. PART I. Enter the d	(0)	Hedan		a death Day		Gaithers					Approximate
		List only one ca			iot enter the ii	lode of dying, su	LII 88	cardiac or respi	atory at	reat,	Interval Between
IMMEDIATE CAUSE (Fir	nei				165.70						Onset and Death
disease or condition resulting in deeth)	$\rightarrow$	a		metas	TATIC	cancer					2 WEEKS
		DUE TO	OR AS A CO	NSEQUENCE O	F):						
Convertibility list condit		b									1
Sequentielly ilet condit if any, leading to imme											
		DUE TO	OR AS A CO	INSEQUENCE O	F):						
ceuse. Enter UNDERLY	ING	c									
ceuse. Enter UNDERLY CAUSE (Disease or inju- that initiated events	ING ING	c		INSEQUENCE O							
ceuse. Enter UNDERLY CAUSE (Disease or inju	ING ING	c									
ceuse. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS	ing dry	c. OUE TO	O (OR AS A CO	INSEQUENCE O	F):	ng cause given in	Pert	i 24a WAS AN	AIFTOPSY	1 24	A WERF ALTOPSY FINDINGS
ceuse. Enter UNDERLY CAUSE (Disease or inju- that initiated events	ing dry	c. OUE TO	O (OR AS A CO	INSEQUENCE O	F): in the underlyi	ng ceuse given ir	n Part	PERFO	MED?	24	b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMMUNICATION OF CAUSE
ceuse. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS	ing dry	c. OUE TO	O (OR AS A CO	INSEQUENCE O	F): in the underlyi	ing couse given in	n Part		MED?	24	
ceuse. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS	ing dry	c. OUE TO	O (OR AS A CO	INSEQUENCE O	F): in the underlyi	ng cause given ir	1 Part	PERFO	MED?	24	AMAILABLE PRIOR TO COMPLETION OF CAUSE
ceuse. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS	ing dry	c. OUE TO	O (OR AS A CO	INSEQUENCE O	F): in the underlyi	ing ceuse given in	n Part	PERFO	MED?	24	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ceuse. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS PART II. Other signification 25. WAS CASE REFERRED 1	ent conditio	d	O (OR AS A CO	INSEQUENCE O	in the underly	ng ceuse given ir	_	PERFOI 1 TYES 2	MED?	24	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ceuse. Entar UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS PART II. Other significe	ent conditio	c. OUE TO	o (or as a co	not resulting	in the underlyderlyderlyderlyderlyderlyderlyderly		heck or	PERFOI  1 YES 2	MED?	24	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ceuse. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS  PART II. Other signification 25. WAS CASE REFERRED T EXAMINER?	ent conditio	d	O (OR AS A CO	not resulting	in the underly  LILIAE  26.  OTHER: 4 □ Nursing H	PLACE OF DEATH (C	theck on	PERFOI  1 YES 2	AMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Ceuse. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS  PART II. Other signification  25. WAS CASE REFERRED TEXAMINER? 1 YES 2 NO  27. MANNER OF DEATH 1 Natural 5	TO MEDICAL	d	O (OR AS A CO	not resulting	28. OTHER: 4   Nursing H	PLACE OF DEATH (C	theck on	PERFOI  1  YES 2	AMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ceuse. Entar UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS  PART II. Other signification  25. WAS CASE REFERRED T EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Natural  2 Accident	ET CONSTITUTE OF THE PROBLEM OF THE	d	C REACOUTOMINE F INJURY Day, Year)	not resulting omt 3 DOA 28b. Till	28. OTHER: 4   Nursing H	PLACE OF DEATH (Come 5 Residence NJURY AT YORK?  YES 2 NO	s = 28d.	PERFOI  1 YES 2  Thy one)  Other (Specify)  DESCRIBE HOW I	RMED?	CCUREO	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ceuse. Entar UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS  PART II. Other signification  25. WAS CASE REFERRED T EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Natural  2 Accident	TO MEDICAL	d	o daeth but in the control of the co	not resulting omt 3 DOA 28b. Till	in the underlying the second of the second o	PLACE OF DEATH (Come 5 Residence NJURY AT YORK?  YES 2 NO	s = 28d.	PERFOI  1 VES 2  1/y one)  Other (Specify)  DESCRIBE HOW	RMED?	CCUREO	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ceuse. Entar UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS  PART II. Other significate  25. WAS CASE REFERRED 1 EXAMINER? 1 YES 2 NO  27. MANNER OF DEATH 1 Netural 5 Netural 5 Netural 3 Suicide 8 Homicide	ent condition  To MEDICAL  Pending investigation  Could not be determined	d	C READ OF INJURY — I, etc. (Specify)	ont resulting ont 3 DOA 28b. Till IN	28. OTHER: 4   Nursing Hotel Street, factory, of	PLACE OF DEATH (Come 5   Residence NJURY AT YORK?  YES 2   NO	28d.	PERFOI  1 YES 2  Other (Specify)  DESCRIBE HOW I  LOCATION (Street City or Yown, State,	NO NO NO NO NO NO NO NO NO NO NO NO NO N	OCUREO or Or Rural	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ceuse. Entar UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS  PART II. Other significate  25. WAS CASE REFERRED 1 EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 CER 2 Accident 3 Suicide 8 Homicide  29e. CERTIFIER (Check only) 1 CER	ent condition  TO MEDICAL  Pending Investigation  Could not be determined	d	ER/Outpetle F INJURY Doy, Year) OF INJURY — I, etc. (Specify)	onsequence of not resulting part 3 DOA 26b. Till IN	26. OTHER: 4   Nursing H  Street, factory, of	PLACE OF DEATH (Comme 5   Residence NJURY AT VORK?  YES 2   NO	sheck on 8 28d.	PERFOI  1 VES 2  Other (Specify)  DESCRIBE HOW I  LOCATION (Street City or Nown, State,	NO NO NO NO NO NO NO NO NO NO NO NO NO N	or or Aural	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ceuse. Entar UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS  PART II. Other significate  25. WAS CASE REFERRED 1 EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 CER 2 Accident 3 Suicide 8 Homicide  29e. CERTIFIER (Check only) 1 CER	ent condition  TO MEDICAL  Pending Investigation  Could not be determined	d	ER/Outpetle F INJURY Doy, Year) OF INJURY — I, etc. (Specify)	onsequence of not resulting part 3 DOA 26b. Till IN	26. OTHER: 4   Nursing H  Street, factory, of	PLACE OF DEATH (Comme 5   Residence NJURY AT VORK?  YES 2   NO	sheck on 8 28d.	PERFOI  1 VES 2  Other (Specify)  DESCRIBE HOW I  LOCATION (Street City or Nown, State,	NO NO NO NO NO NO NO NO NO NO NO NO NO N	or or Aural	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ceuse. Entar UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS  PART II. Other significate  25. WAS CASE REFERRED 1 EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 CER 2 Accident 3 Suicide 8 Homicide  29e. CERTIFIER (Check only) 1 CER	TIFYING PHYS	d	ER/Outpatie F INJURY Doy, Year) OF INJURY — I, etc. (Specify)	ont resulting omt 3 DOA 28b. Till iN At home, farm, ge, deeth occur	26. OTHER: 4   Nursing H  Street, factory, of	PLACE OF DEATH (Come 5   Residence NJURY AT YORK?  YES 2   NO lice  the end place, end du , death occured at th	28d. 28t. 28t. JMBER	PERFOI  1 VES 2  Other (Specify)  DESCRIBE HOW City or Town, State, accuse(e) and me date end place, et	end Number	or or Aural ated.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO    Route Number,
ceuse. Entar UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS  PART II. Other significate  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Netur	TIFYING PHYS	d	ER/Outpetle F INJURY Doy, Year) OF INJURY — I, etc. (Specify)	ont resulting omt 3 DOA 28b. Till iN At home, farm, ge, deeth occur	26. OTHER: 4   Nursing H  Street, factory, of	PLACE OF DEATH (Come 5   Residence NJURY AT YORK?  YES 2   NO lice  the end place, end du , death occured at th	28d. 28t. 28t. JMBER	PERFOI  1 VES 2  Other (Specify)  DESCRIBE HOW City or Town, State, accuse(e) and me date end place, et	end Number	or or Aural ated.	AMALBLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Route Number,
ceuse. Entar UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS  PART II. Other significate  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Netur	Pending Investigation Could not be determined TIFYING PHYS DICAL EXAMIN	d	ER/Outpatie F INJURY Doy, Year) OF INJURY— ,, etc. (Specify)	onsequence of the sequence of	26. OTHER: 4 Nursing HA BE OF JURY M 1 street, factory, of	PLACE OF DEATH (Come 5   Residence NJURY AT YORK?  YES 2   NO lice  the end place, end du , death occured at th	28d. 28t. 28t. JMBER	PERFOI  1 VES 2  Other (Specify)  DESCRIBE HOW I  LOCATION (Street City or Town, State, e cause(e) end me date end place, et	end Number	or or Aural ated. the cause	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Route Number,  (e) end manner ee stated.

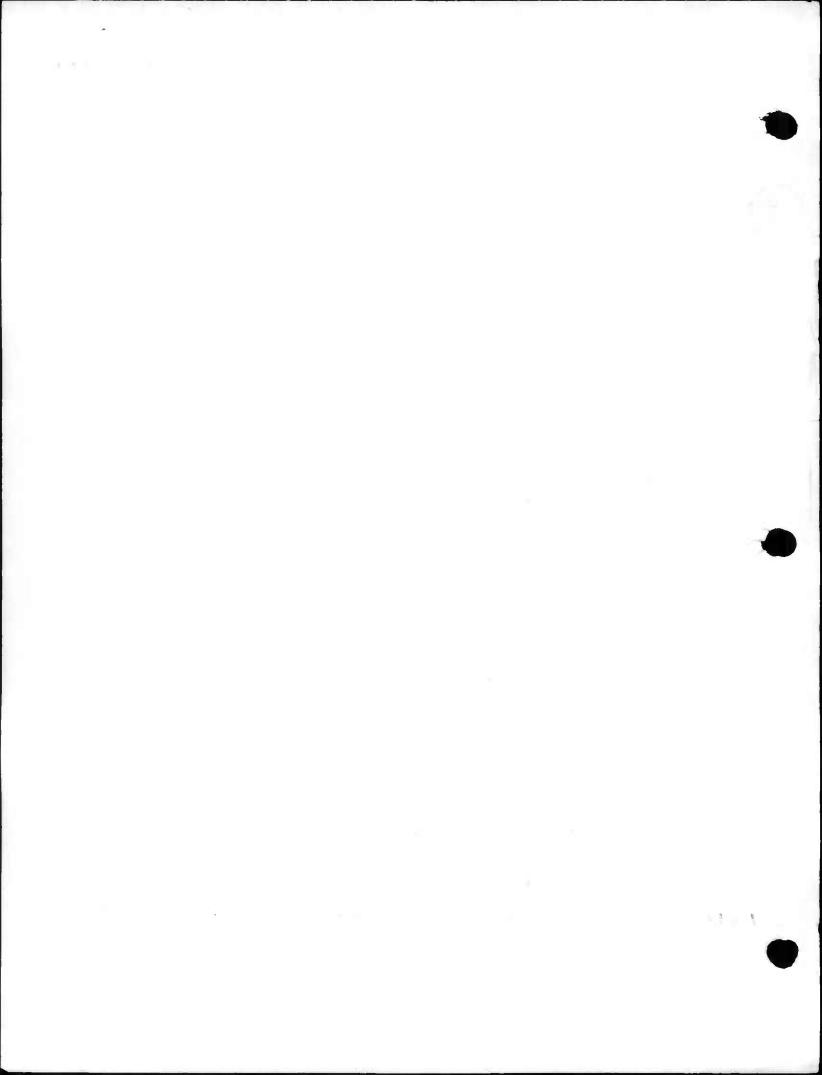
TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

JUL 1 9 '90

22. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89



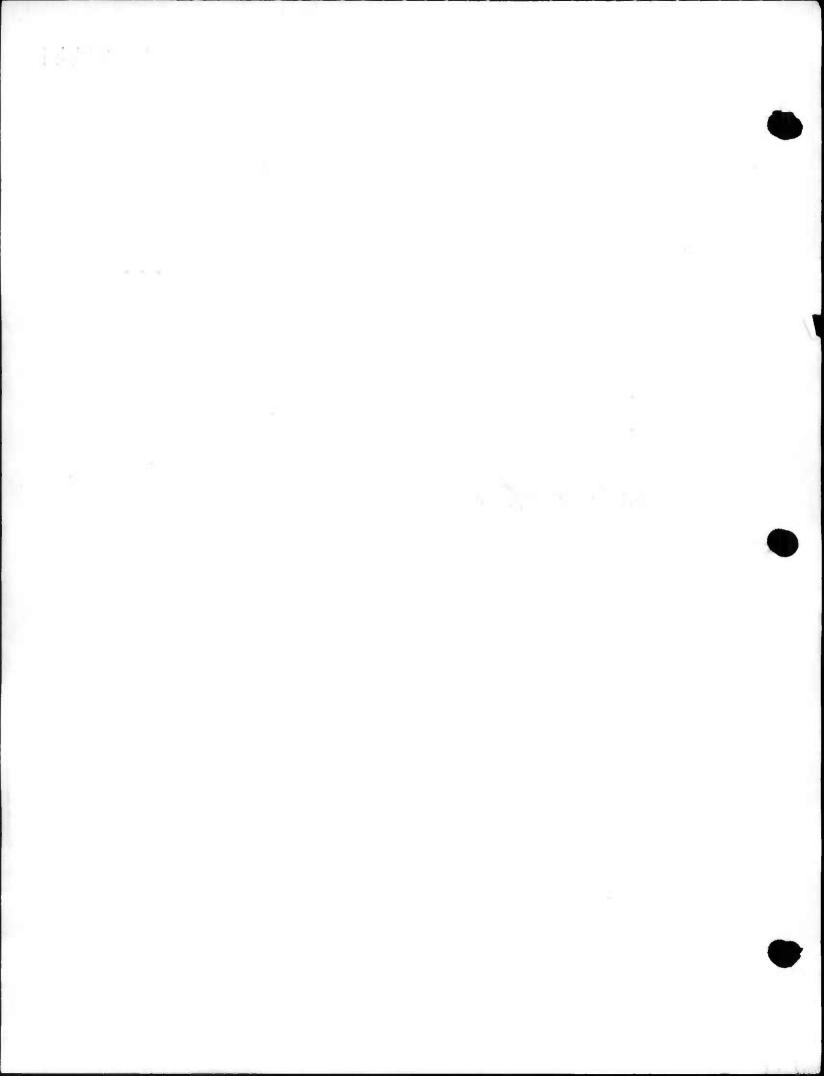
1 -

FOR STATE REGISTRAR

	60	0	i
Ì	no	led in	-
ļ	N	y fil	-
	within	pletel	1
	pet	000	
	HE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed writhin 29-mours	IE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in b	
	2	cian	
	cate	physi	1
	Sertif	ling	
	ath	ttenc	:
	e	6	•
	#	y th	
	that	B	
	ires	sign	
	requ	een	,
	AND.	as b	
	The	le h	1
	N.	ifica	1
	SICL	Cert	
	PHY	this	
	NG	ther	
	8	R	
	Ë	6	
	BH /	JIRE	
	AL	4	
	SPIT	VER.	
	홋	3	
	ш	ш	

	1. DECEDENT'S NAME (First								2. DATE OF I	DEATH			3. TIME OF DEATH
	MICHA	EL		Kevin	in JOSEPH				MONTH DAY YEAR 7 90				7:54 P
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs. Is	st birthday)	IF UNDER 1 YEAR	IF UNDE	R 24 HRS.	7. DATE OF B (Month, De)		0.	. BIRTHI	PLACE (State or Foreign
	215-02-6195		1XXM 2 - F	23	YRS.	MONTHS DAYS	HOURS	MIN.	11 05	_	M		land
	9a. FACILITY NAME (If not in		treet and number)			9b. CITY, TOWN	OR LOCAT	ION OF DE	ATH		9c. COUNT		
DIRECTOR	Prince Geo		General	Hospita	1	С	heve	rly			Princ	e G	eorge's
REC	10a. STATE	10b. COUNT	Υ		10c. CIT	CITY, TOWN OR LOCATION				10d. INS			10d, INSIDE CITY LIMITS?
	Maryland	Charl	Les		Wal	dorf	of. ZIP COE	ne .			100 CITIZE	N OF W	1 YES 2 NO
FUNERAL	Rt 1 Box 1		uade Ciro	cle			206					.A.	nai coontai
BY FUN	11. MARITAL STATUS  1XXNever Married 2   3 Widowed 4 Divo			NT EVER IN U.S. A	2 NO II yes, specify Cuben, Maxican, Puerto Rican						Black Specif	— American Indian, , Whita, atc. y: :asian	
品		EDENT'S EDU				USUAL OCCUPAT		4	16b. KIN	D OF BUS	INESS/INDU		astan
ᇤ	(Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5 +)  12th N/A			+)	le. Do NOT u	work done during it se retired.) Driver	iost of work	ang	Pla	ant 1	Farm F	Rent	als
E COMPL	17. FATHER'S NAME (First, A. Paul V. Jo						16. MO	THER'S NAM	ME (First, Middle Barbo		<sub>Sumame)</sub> Jane F	Lyn	ın
TO B	19a, INFORMANT'S NAME (			1		ADORESS (Street		er or Rural R	Route Number, (	City or Town	n, Stete, Zip C	ode)	
	Paul V. Jo			20h BLAC		as 10a-		mator or		200 10	CATION — CI	ty or To-	wn. State
	20a METHOD OF DISPOSIT 1/0 Burial 2 Crematic 4 Donation 5 Other		noval from State	Ceda	place) Hi]	L1 Cemet	ery	maiory or					ryland
	21. SIGNATURE OF FUMERA		22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, Inc.										
	1/1/1	XXX	Villa	the	- 1	6633	Old	Alex	kander	Fer	ry Rd	Cli	nton, Md 2
	disease or condition reaulting in death)  Thoraco—Abdominal Trauma  Due to (or as a consequence of):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  Due to (or as a consequence of):  Due to (or as a consequence of):												
RTIFICATION	If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events	odleta rING ury	C										
DICAL CERTIFICATION	If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events	edleta /ING ury	c	OR AS A CONS	EQUENCE C	PF):	ng ceuse	given in		. WAS AN PERFOR		24b.	WERE AUTOPSY FINDING AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
EDICAL	If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injustral initiated events resulting in death) LAS	edleta /ING ury	c	OR AS A CONS	EQUENCE C	PF):	ng ceuse	given in		PERFOR	RMED?	24b.	AMAILABLE PRIOR TO COMPLETION OF CAUSE
EDICAL	If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injustral initiated events resulting in death) LAS	edieta ING ury ST ent condition	c	OR AS A CONS	EQUENCE C	In the underlyl				PERFOR	RMED?	24b	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
EDICAL	If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or in) that initiated events resulting in death) LAS	edieta ING ury ST ent condition	c	O (OR AS A CONS	EQUENCE C	In the underlyl	PLACE OF	OEATH (Ch	eck only one)	PERFOR	RMED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
EDICAL	If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in death) LAS  PART II. Other algnific  25. WAS CASE REFERRED EXAMINER?  1 (X YES 2 \( \square\$ NO  27. MANNER OF DEATH	edieta ING UITY Ent condition TO MEDICAL	d	O (OR AS A CONS  D death but not  XER/Outpatient  F INJURY Day, Year)	t resulting	26. OTHER: 4   Nursing H	PLACE OF	OEATH (Chi	eck only one)  8  Other (S)  28d. DESCRI	PERFOI	RMED?	URED	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
EDICAL	If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in death) LAS  PART II. Other algnific  25. WAS CASE REFERRED EXAMINER?  1 X YES 2 NO  27. MANNER OF DEATH  1 Netural 5 X	edieta IING IING IING IING IING IING IING IIN	d	X ER/Outpatient F INJURY Day, Year)	a DOA 28b. TIIN 11:5	OTHER: 4 Nursing Ho JURY 8 AM 1	PLACE OF  ome 5 1  NJURY AT  VORK?  YES 2	OEATH (Chi	s Other (S	PERFORM TO SEE HOW I	NJURY OCCI auto	JRED tha	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1X YES 2 \( \text{NO}\)  At left Into ditch
EDICAL	If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in death) LAS  PART II. Other algnific  25. WAS CASE REFERRED EXAMINER?  1 X YES 2 NO  27. MANNER OF DEATH  1 Netural 5 X	edieta ING ST ent condition TO MEDICAL	d	X ER/Outpatient F INJURY Day, Year)	a DOA 28b. TII 11:5	26. OTHER: 4   Nursing Ho ME OF	PLACE OF  ome 5 1  NJURY AT  VORK?  YES 2	OEATH (Chi	eck only one)  8 Other (S)  28d. DESCRIDE IVO	PERFORM YES 2  Decily)  BE HOW IT OF VAY CON (Street own, State)	NJURY OCCI auto and We	thent	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1X YES 2 NO  At left Into ditch  Rouse Number, Butler Rd
EDICAL	If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injection in that initiated events resulting in death) LAS  PART II. Other algnific  25. WAS CASE REFERRED EXAMINER?  1 X YES 2 NO  27. MANNER OF DEATH  1 Natural 5 XX Accident  3 Suicide 6 4 Homicide  29a. CERTIFIER (Check only)	ent condition  TO MEDICAL  Pending investigation  Could not be determined	d	XER/Outpatient FINJURY Day, Year) OF INJURY — At ,, etc. (Specify)	a DOA  28b. Till 11:5 home, ferm,	26. OTHER: 4   Nursing Home OF 28c. if Juny 1   street, factory, of DadWay red at the time, de	PLACE OF ome 5   1 NJURY AT YORK?  ] YES 2	OEATH (Chr.	s Other (S) 28d. DESCRI D'L'IVE TOACV 281. LOCATH City or 7	pecify)  Decify)  BE HOW I  T OF  VAY  DON (Street  Down, State,  A and me	NJURY OCCI auto and We and Number of Rt.	thant 257 25 C	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1X YES 2 \( \text{NO}\)  At left Into ditch
EDICAL	If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injection in that initiated events resulting in death) LAS  PART II. Other algnific  25. WAS CASE REFERRED EXAMINER?  1 X YES 2 NO  27. MANNER OF DEATH  1 Natural 5 XX Accident  3 Suicide 6 4 Homicide  29a. CERTIFIER (Check only)	edieta ING UITY  ST  TO MEDICAL  Pending Investigation  Could not be determined  TIFYING PHYS  DICAL EXAMIN	d	XER/Outpatient FINJURY Day, Year) OF INJURY — At ,, etc. (Specify)	a DOA  28b. Till 11:5 home, ferm,	26. OTHER: 4   Nursing Home OF 28c. if Juny 1   street, factory, of DadWay red at the time, de	PLACE OF  THE S INJURY AT VOORK?  YES 2  Itics  tts and pleate and	OEATH (Chr.	8 Other (S) 28d. DESCRI Drive FOACTV 28l. LOCATM Color to the cause( other, data and	pecify)  Decify)  BE HOW I  T OF  VAY  DON (Street  Down, State,  A and me	NJURY OCCI. auto and We and Number of Rt. Charle	that the straight of the strai	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1)X YES 2   NO  Ret left into ditch Route Number, Butler Rd Ounty, MD
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inject that initiated events resulting in death) LAST PART II. Other algnific PART III. Other algnific PART III	edieta ING UITY ST  ent condition  TO MEDICAL  Pending Investigation  Could not be detarmined  ATIFYING PHYS  DICAL EXAMIN	d	O (OR AS A CONS  O death but not  O deat	a DOA 29b. Till 11:5 home, ferm,	26. OTHER: 4   Nursing Ho ME OF Street, factory, of	PLACE OF  THE S INJURY AT VOORK?  YES 2  Itics  tts and pleate and	OEATH (Che	s Other (S) 28d. DESCRI Drive YOadv 28l. LOCATK City or ii Wavsic to the cause(	pecify)  Decify)  BE HOW I  T OF  VAY  DON (Street  Down, State,  A and me	NJURY OCCI auto and We and Number of Rt. Charle	that the straight of the strai	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1X YES 2 NO  At left into ditch oute Number, Butler Rd Ounty, MD  a) and menner as stated.
COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in death) LAS  PART II. Other algnific  25. WAS CASE REFERRED EXAMINER?  1 (X YES 2   NO  27. MANNER OF DEATH  1 Natural 5   X   X   X   X   X   X   X   X   X	edieta ING ING UITY  ST  TO MEDICAL  TO MEDICAL  Pending Investigation Investigation October 1997  TIFYING PHYS DICAL EXAMIN	d	O (OR AS A CONS  O death but not  X ER/Outpatient F INJURY DBY, 'Ver') 9 0  OF INJURY — At 1, etc. (Specify)  of my knowledge, examination and/o	a DOA 26b. TIII 11:5 home, ferm, YC death occur or investigati	26. OTHER: 4   Nursing Ho ME OF Street, factory, of	PLACE OF DIME 5 DIME 1	OEATH (Chi	s Other (S) 28d. DESCRI Drive roact 28l. Locatic City or 8 Waysic to the cause( otime, data and	PERFORM YES 2  Decity) IBE HOW IT ON (Street Own, State, a) and me d place, as	NJURY OCCI auto and We and Number of Rt. Charle nner as stated and dua to the	thant 25 C	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1X YES 2 NO  At left into ditch oute Number, Butler Rd Ounty, MD  a) and menner as stated.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

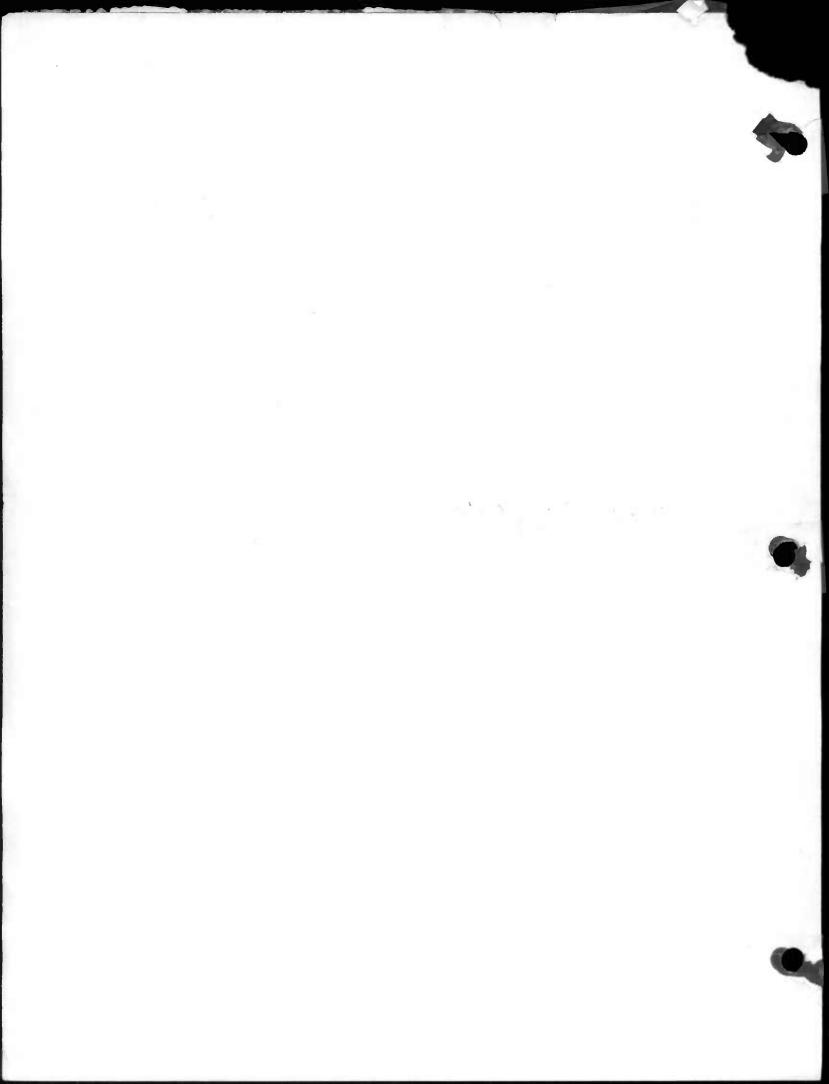


IMPORTANT; if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.



FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	AIE UF	DEATH	REG. NO			
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATH		3. TIME OF DEATH	
EDWARD A.	JOMI	SON			JULY 6	19	2:00 AH	
4. SOCIAL SECURITY NUMBER 5. SI		(In yrs. lest birthday)	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign	
021-14 -6777 19 9a. FACILITY NAME (If not institution, give street at	M 2   F	YO YRS.	CITY TOURS	HOURS MIN.	July 10	1909	Country) Illinois	
	Pare Com	MUNITY	0459	relivity	ord KD MDJo		RINCE GEORG	
10a. STATE 10b. COUNTY MONT	60meR		OWN OR LOCATION	CHAS E			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
100. STREET AND NUMBER 4418 STANFO				ZIP CODE	5	10g. CITIZE	N OF WHAT COUNTRY?	
11. MARITAL STATUS 12. V	WAS DECEDENT EVER FORCES? 1 YES			city Cuban, Mexican	, Puarto Rican, etc.)	or No- 14	14. RACE — American Indian, Black, White, atc.	
3 Wildowed 4 Divorced	F YES, GIVE WAR OR I			NO Specify.			Specify: WHITE	
15. DECEDENT'S EDUCATION (Specify only highest grade complete in the complete	N leted)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use rei	IAL OCCUPATION done during most ired.)	N t of working	16b. KIND OF BU	SINESS/INDUS	STRY	
5+	inege (I-V or 0 V)	Foreign S	Service	Officer	Departm	ent of	State	
17. FATHER'S NAME (First, Middle, Last)  Edward A. Jamison				Cora E.	Reed	Surname)		
19a, INFORMANT'S NAME (Type/Print)		19b. MAILING AO	ORESS (Street an	d Number or Rural R	oute Number, City or Tow	m. State. Zin Co	ode)	
David C. Jamison					nnapolis,		21401	
20a. METHOD OF DISPOSITION	20	b. PLACE OF DISPOSITIO					y or Town, State	
1 Burial 2 Cremation 3 Removal fi	rom State	Georgetown	Medic	al Schoo			n, D.C.	
21. SIGNATURE OF FUNERAL SERVICE LICENSE	É	20018010			Robert			
Hours O.	1)011	da	1661 G	ood Hope	Rd. SE,	Washin	gton,28020	
23. PART I. Enter the diseases, or comp	lications that couse	d the deeth. Do not					t, Approximats	
shock, or heart fellure. List of	only one ceuse on	eech iine.		_			Interval Between Onset and Death	
disesse or condition resulting in deeth) s	0.00	9 estive	He	art t	cilure		Veen	
issuiting in death)	DUE TO (OR AS	A CONSEQUENCE OF):			_			
Sequentially list conditions, b.								
If sny, leeding to immediate	DUE TO (OR AS	A CONSEQUENCE OF):						
CAUSE (Disesse or Injury	DUE TO (OR AS	A CONSEQUENCE OF):				-		
that initiated events resulting in deeth) LAST	DUE TO (ON AS	A CONSECUENCE OF ):					į	
d								
PART II. Other significant conditions con		1 1	he underlying	100		RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?	
							1 YES 2 NO	
	SPITAL:		HER:	ACE OF DEATH (Che				
1 YES 2 NO 1	Inpetient 2 ER/Ou			5 🗆 Realdence				
1 Natural 5 Pending	(Month, Day, Year)	28b. TIME O	WOR		28d. OEŞCRIBE HOW	INJURY OCCU	RED	
		IY — At home, farm, atree	t, factory, office		28f. LOCATION (Street City or Town, State		Rural Route Number,	
2 Accident Investigation 3 Suicide 5 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Sp	eclfy)						
3 Suicide 4 Homicide 6 Could not be 4 determined  29a. CERTIFIER (Check only	building, etc. (Sp	ecify)	t the time, data	and place, and dua	to the cause(a) and me	nner as stated	).	
3 Suicide 6 Could not be 4 Homicide datarmined	building, etc. (Sp	ecify) wladge, death occurred a					). cause(s) and manner sa stated.	
3 Suicide 6 Could not be 4 Homicide datarmined	: To the best of my kno	wladge, death occurred a	n my opinion, da		time, data and placa, a	nd due to the		
3 Suicide 4 Homicide 6 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On  29b. SIGNATURE AND TITLE OF CERTIFIER	To the best of my kno the basis of examinati	wiedge, deeth occurred a on and/or investigation, in	n my opinion, da	29c. LICENSE NUN	time, data and placa, a BER 7 9	29d. DATE:	SIGNED (Month, Day, Year)	
3 Suicide 4 Homicide 6 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On	To the best of my knon the besis of examination of the besis of examination of the besis of examination of the besis of examination of the besis of examination of the besis o	wiedge, deeth occurred a on and/or investigation, in	n my opinion, da	29c. LICENSE NUN	time, data and placa, a BER 7 9	29d. DATE:	cause(a) and manner as stated.	



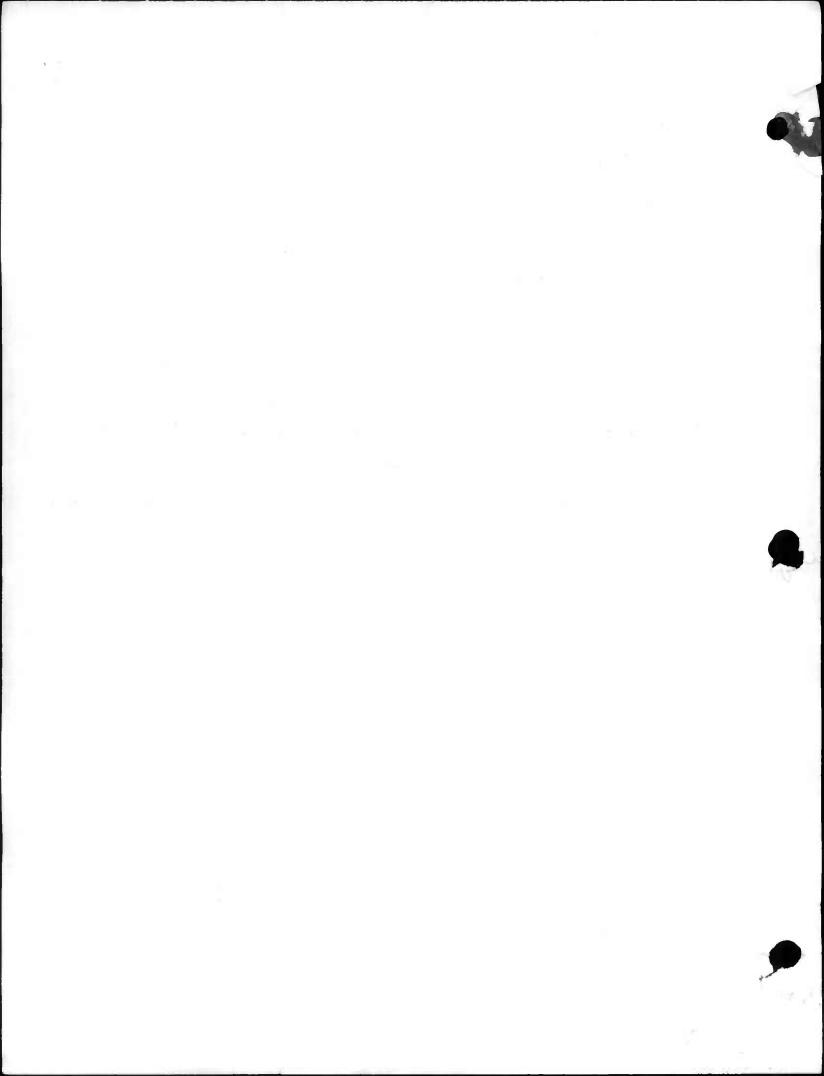
	Ħ
1314	executed
K	2
O. BOX	certificate
, r.	death
D	the
=	that
HECOHO	requires
	AR.
4	The s
OF VIIAL H	PHYSICIAN:
DIVISION	TAL DR ATTENDING
5	OR
	SPITAL

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the founds of the found of the retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. murs after death. Page 6 may be retained by the hospital or attending physician.

	FOR STATE OF MARYLAND	/ DEPART	MENT OF	HEALTH	AND N	MENTAL HYGIENI	E	20 2144
	1 SIAIF TO ALL TO TOTAL		CATE O			REG. NO.		
	1. OECEDENT'S NAME (First, Middle, Last) EMMA JOH	NSC	NC			2. DATE OF DEATH MONTH DA	7.90	3. TIME OF OEATH  AAM
	4. SOCIAL SECURITY NUMBER  4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. le		IF UNDER 1 YEAR		24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)	15 6.	BIRTHPLACE (State or Foreign Country)
	9a FACILITY NAME (If not institution, give street end number)	0.0	9b. CITY, TOW	N OR LOCATIO	ON OF OE	ATH . MO	9c. COUNTY	Y OF OEATH
CTOR	RENSINGTON GARDENS M	RSG CK	NICK	V-1	EN	SINGTON,"	MON	JIGOMERY
DIREC	10a. STATE 10b. COUNTY	10c. CITY,	TOWN OR LO	CATION				10d. INSIDE CITY LIMITS?
	10s, STREET AND NUMBER	Was	hingto	n D	C.		100 CITIZEI	N OF WHAT COUNTRY?
FUNERAL	817 Elder Street, N. W.			20012			U.	
5	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS OECEDENT EVER IN U.S. AI FORCES? 1 YES 2					IC ORIGIN? (Specify Yee n, Puarto Rican, alc.)	or No- 14	I. RACE — American Indian, Black, While, etc.
ğ.	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES		1 D Y	ES 2 X XIO	Specify			Specify:
ETED	(Specify only highest grade completed) (0		SUAL OCCUPA		g	16b. KIND OF BUS	INESS/INDUS	
<b>B</b>	Elementary/Secondary (0-12) Collega (1-4 or 5 +)	ıcator				School School	Syster	m (Minnesota)
COMPL	17. FATHER'S NAME (First, Middle, Last)			18. MOTH	IER'S NAI	ME (First, Middle, Maiden		
BE	Eddie Eaton			Not		ated		
2						Rendo Re		Alifomia 90278
		OF OISPOSI	TION (Name of					ty or Town, State
			lationa	1 Ceme	eter	y Ham	pton,	Virginia
	21. SIGNATURE OF TAXABLE SERVICE LICENSEE		ZZ. NAME	ANO ADDRES	SS OF FAC	716 Ken	nedy S	St.,NW 20011
	23. PART I. Entar the diseases, or complications that caused the d	leath. Dn no						ington, D. C.
	ehock, or haart fallure. Liet only one cause on each lin	la.	/		/	/ 1		Interval Between Onset and Death
	disease or condition a. Dyo C	and	cal	On	las	chan	1	
z	2/5 K/S	DAL	İΖε	14	100	Ep10 80	lero	112
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	EOUENCE OF	): 	M E/1	1-4	11		
	CAUSE (Disease or Injury that initiated events Due to (on as a conse	EOUENCE OF	):	1/2//	1/0			
ERT	resulting in death) LAST		_					
_	PART II. Other aignificant conditions contributing to death but not	reauiting in	n the underly	ing cause (	given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
PHYSICIAN: MEDICA						1 YES 2		COMPLETION OF CAUSE OF DEATH?
ME						_		1 TES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL		26	PLACE OF D	EATH (Che	eck only one)		
YSIC	EXAMINER?  1 YES 2 NO 1 Inpetient 2 ER/Ouipstient		OTHER:	lome 5 🗆 Re	aldence	6 Other (Specify)		
	27. MANNER OF DRATH  1 Accident Investigation  28s. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	JRY	INJURY AT WORK? YES 2	NO	28d. DEŞCRIBE HOW I	NJURY OCCU	RED
ED BY	2 Accident anvestigation 3 Suicide 6 Could not be determined determined	noma, farm, et	treel, factory, o	ffice		26f. LOCATION (Street : City or Town, State)		r Rural Route Number,
	29a. CERTIFIER (Check only	death occurre	d at the time, o	lata and place	, end dua	to the cause(s) and man	ner as stated	1.
COMPLETED	2 MEDICAL EXAMINER: On the basis of examination and/or							
BE	20th SIGNATURE AND TYPE OF GERMANIES				NUN BENSE	ABER	29d. DATE	SIGNED (Month, Day, Year)
2	36. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IT	ЕМ 27) (Туре,	Print)	1 131	نام			/ / / / / /
	31. DATE FILED (MOTH), 100, 160) 32. REGISTRAR'S SIGNATURE	• מל	. 00					
	JUL 2 4 '90 Julia Davidson	n-Handi	والأك					



	)	mit. Pages 1, 2, 3 should	
BALTIMORE, MARYLAND 21203-3146	Juns after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely mied in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with Junes after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely widd in by the fi be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

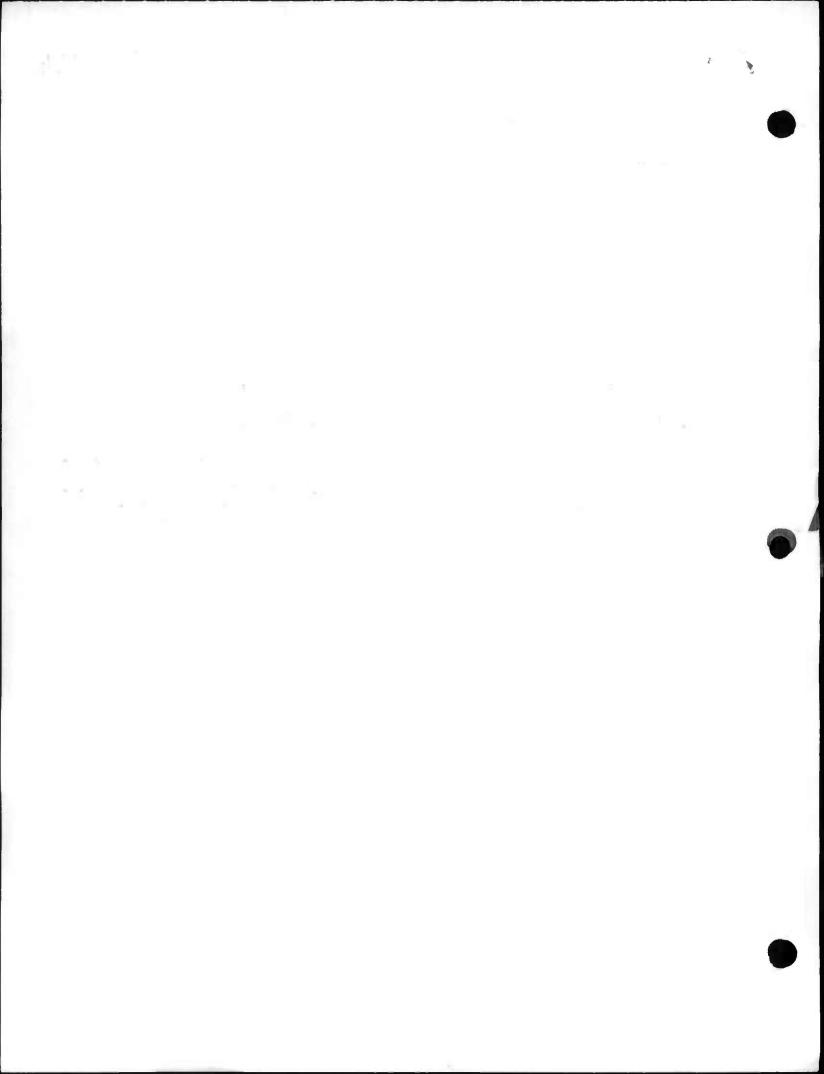
FOR 1 - STATE REGISTRAR	STATE OF MARYLAN								
1. DECEDENT'S NAME (First, Middle, Last)	Johne		ckering			23 4	3, TIME OF DEATH		
4. SOCIAL SECURITY NUMBER 321-09-5762	5. SEX 1				June 6,189	8. BIR COU	THPLACE (State or Foreign eland (North)		
Bel Air Convale		9	гн	9c. COUNTY OF Har	peath ford				
10s. STATE 10b. COUNT						10d. INSIDE CITY LIMITS?  1 YES 2 1 NO			
100. STREET AND NUMBER 426 Larkspur Driv	<i>r</i> e						WHAT COUNTRY? USA		
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYES	2 00	If yes, specif	y Cuban, Maxican,		or No— 14. RACE — American Indian, Black, White, etc. Specify: White			
15. DECEDENT'S EDI. (Specify only highest grade (Specify only highest grade Elamentary/Secondary (0-12)	JCATION e completed) College (1-4 or 5+)	(Give kind of wor life. Do NOT use i	rk done during most ( retired.)	t working	16b. KIND OF BUSIN	NESS/INDUSTRY			
17. FATHER'S NAME (First, Middle, Last) Robert —— P:	ickering		1	Mary	E (First, Middle, Maiden St.	enhall			
190. INFORMANT'S NAME (Type/Print) Helen J. Ails					ute Number, City or Town, Joppa, Md.	°21785°			
1 Donation 6 Other (Specify)	noval from Stata R.	A. Ferr	ris Crema	tory	West	Cheste	er, Pa.		
21. SIGNATURE OF FUNERAL SERVICE LI	Maloni	25 111	Howard 1317	ADDRESS OF FACI L K. McCo Okesbury	omas III Fi y Road, Ab:	uneral ingdon,	Home, P.A. Md. 21009		
23. PART I. Enter the diseases, or ahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Care	LO I				atory arreat,	Approximate interval Between Onset and Death		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	c /4-5	CV	0						
that initiated events reaulting in death) LAST	d. MU	SONSEGUENCE OF	e	C	V. 175				
PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I.  24s. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  24b. WERE AUTOPSY FINDINGS ANILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO									
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inputient 2   ER/Output		OTHER:						
27. MANNER OF DEATH  1 Natural 6 Pending 2 Accident Investigation		INJUF	M 1 YE	?	28d. OEŞCRIBE HOW IN.	JURY OCCURED			
3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — building, atc. (Specify	– At home, farm, str	eet, factory, office		261, LOCATION (Street an City or Town, State)	d Number or Run	al Route Number,		
cond.							e(a) and menner as stated.		
1/w	NAT	TH (IJZENÍ 27) (Type, F	Print)	LICENSE NUME	9136	29d. DATE SIGN	ED (Month, Day, Year)		
31. DATE FILED (Month, Day, Year)									
	1. DECEDENT'S NAME (First, Middle, Last) 4. SOCIAL SECURITY NUMBER 321-09-5762  98. FACILITY NAME (If not institution, give a Bel Air Convalce Bel Air Convalce Bel Air Convalce Harris 108. STATE 108. COUNT Maryland Harris 109. STATE 109. COUNT Maryland Harris 109. STATE 109. COUNT Maryland Harris 109. STATE 109. COUNT Maryland 109. STREET AND NUMBER 426 Larkspur Driv 11. Never Married 2   Married 3   Widowed 4   Divorced    15. DECEDENT'S EDU. (Specify only highest grade Elamentary/Secondary (0-12)    17. FATHER'S NAME (First, Middle, Last) Robert P:  199. INFORMANT'S NAME (Type/Print) Helen J. Ails  209. METHOD OF DISPOSITION   1   Buriel 2 ft Cremation 3   Ren 4   Donation 6   Other (Specify)    21. SIGNATURE OF FUNERAL SERVICE LITTER (Specify)    22. Signature of Funeral Service Litter (Specify)    23. PART I. Enter the disease, or abock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) LAST  PART II. Other algnificant conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions in the second of the	1. DECEDENT'S NAME (First, Middle, Last)  4. SOCIAL SECURITY NUMBER  321-09-5762  1	STATE RECISTRAR  1. DECEDENT'S NAME (Fint, Middle, Last)  4. SOCIAL SECURITY NUMBER 3. 21-09-5762  30. FACILITY NAME (# not institution, pive street and number)  Bel Air Convalescent Center  RESIDENCE OF DECEDENT 100. STATE 100. STATE 100. STATE 110. Norw Married 2   Married 12   Marriad 3   Widowed 4   Divorced  11. MARRITAL STATUS 12. WAS DECEDENT'S EDUCATION (Specify only helphall gratio complete)  Elamentary/Secondary (Piz)  College (1-4 or 5 +)  130. MARLING A 426 I  140. NORTH NAME (First, Middle, Last)  Robert Pickering  150. MALLING A 426 I  150. MALLING A 426 I  150. MALLING A 426 I  150. MALLING A 426 I  150. MALLING A 426 I  150. MALLING A 426 I  150. MALLING A 426 I  150. MALLING A 6	STATE REGISTRAR  DECEDENT'S NAME (First, Middin, Last)  1. DECEDENT'S NAME (First, Middin, Last)  1. DECEDENT'S NAME (First, Middin, Last)  1. DECEDENT'S NAME (First, Middin, Last)  1. DECEDENT'S NAME (First, Middin, Last)  1. DECEDENT'S EDUCATION  1. New Price Strick of Winding Price Completed)  1. New Price Strick of Winding Price Completed (First, Middin, Last)  1. DECEDENT'S EDUCATION  1.	- STATE PROGRETARY MADE (Pinz, Andride, Late)  - STATE PROGRETARY - DECEDENT'S NAME (Pinz, Andride, Late)  - STATE PROGRETARY - SOCIAL SECURITY NUMBER - 321-09-5762 - 58. FACILITY NAME (Pinz, Andride) - 5. SEX - 6. AGE (b) yrs. last Dartidoy,   runger 1 yzar   runger 1	1. DECEMENTS NAME (First, Modes, Lard)  I. DELEGENTS NAME (First, Modes, Lard)  I. DELEGENTS NAME (First, Modes, Lard)  I. DELEGENTS NAME (First, Modes, Lard)  I. DELEGENTS NAME (First, Modes, Lard)  I. DELEGENTS NAME (First, Modes, Lard)  I. DELEGENTS NAME (First, Modes, Lard)  II. DELEGENTS NAME (First, Modes, Lard)  II. DELEGENTS NAME (First, Modes, Lard)  II. DELEGENTS NAME (First, Modes, Lard)  II. DELEGENTS NAME (First, Modes, Lard)  II. DELEGENTS NAME (First, Modes, Lard)  II. DELEGENTS NAME (First, Modes, Lard)  II. DELEGENTS NAME (First, Modes, Lard)  II. DELEGENTS NAME (First, Modes, Lard)  II. DELEGENTS NAME (First, Modes, Lard)  II. DELEGENTS NAME (First, Modes, Lard)  III. DELEGEN	SCENTIFICATE OF DEATH RECENT NAME (PRIV. MORGE, Last)  Independence of the Charles of the Charle		

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Artificial. Place 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or litem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

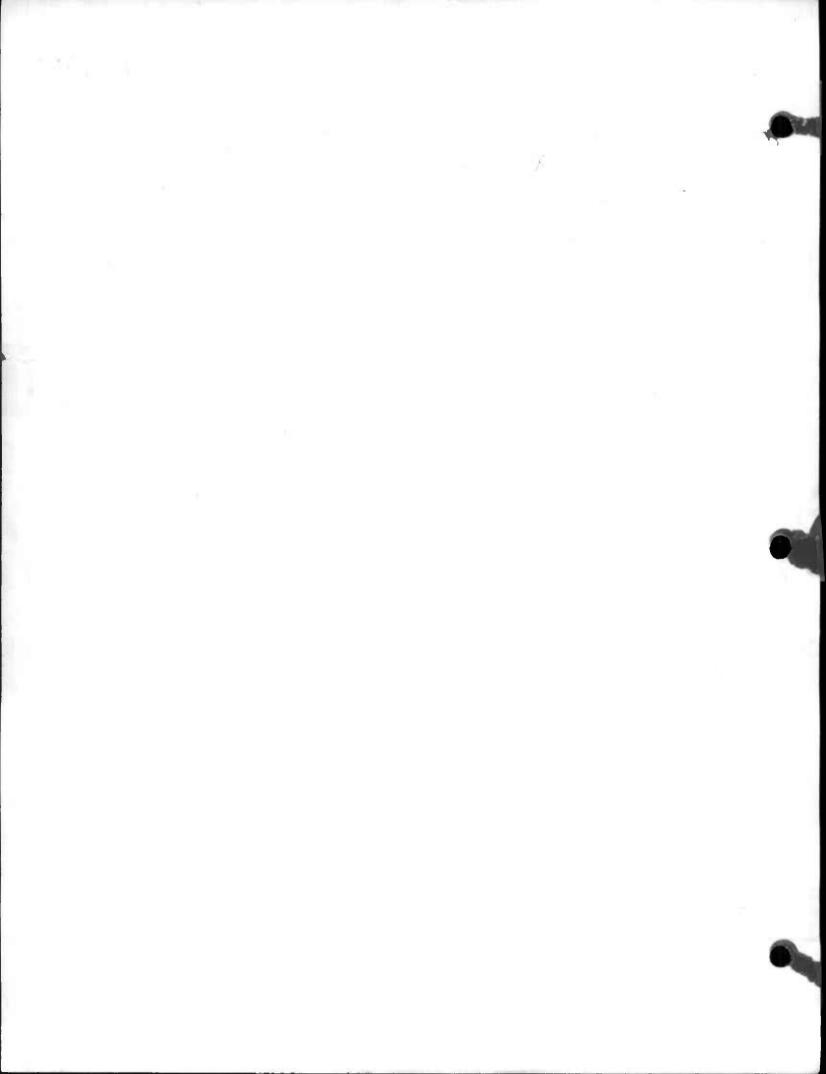
	FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTAL HYGIENI REG. NO.				
,	1. OECEDENT'S NAME (First, Middle, Last)	Gladys Joh	Sale noton			2. DATE OF DEATH DA	2 90		TIME OF DEATH	
,	4. SOCIAL SECURITY NUMBER 212-38-4658	5. SEX 6. AGE (II	n yrs. leat birthday)	IF UNDER 1 YEAR IONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 12-17-	0	intripla ountry)	CE (State or Foreign	
TOR	96. FACILITY NAME (If not institution, give street and number)  Fallston General Hospital Fallston  PESIDENCE OF DECEDENT  90. COUNTY OF DEATN  FALLSTON  PAGE 15-100  PAGE 15									
DIRECTOR	10e. STATE 10b. COUNTY	arford	, , ,	TOWN OR LOCAT					I. INSIDE CITY LIMITS? YES 2 M NO	
	10e. STREET AND NUMBER	- 3		100	ZIP CODE		10g. CITIZEN		COUNTRY?	
FUNERAL	136 Priestford Roa	3CL 12. WAS DECEDENT EVER IN	U.S. ARMED		1028 ENDENT OF NISPAN	IC ORIGIN? (Specify Yes	USA or No.— 14.	RACE —	American Indian,	
B₹	1 Never Merried 2 Merried 3 M Widowed 4 Divorced	FORCES? 1 TYES IF YES, GIVE WAR OR DA			2 NO Specify		W	Black, WI Specify: hite	1000	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  nentary/Secondary (0-12)  College (1-4 or 8+)  Teac			on st of working	School		RY		
	17. FATHER'S NAME (First, Middle, Last) Stuart O'Neal	Sale				ME (First, Middle, Maiden O'Neal	Sumeme) Fud	ge.		
TO BE	190. INFORMANT'S NAME (Type/Print) J. O'Neal Johnston	n	9 Croc	ADDRESS (Street a	ek, Milf	ord, Ohio	45150	le)		
	20e. METNOD OF DISPOSITION 1 kg Burlel 2 Cremetion 3 Remid	arred Asses Charles	PLACE OF DISPOSE other place)			cemetery,	Church			
3	21, SIGNATURE OF FUNERAL SERVICE LIC	ENSEE McLama	VIII.	Howard	K. McCo	mas III Fu Road, Abi	neral	Home Md.	P.A. 21009	
	iMMEDIATE CAUSE (Final disease or condition	complications that caused Liet only one ceuse on ed	ech ilne.	ot enter the mo					Approximate interval Between Onset and Daath	
	resulting in death)		CONSEQUENCE OF		7					
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING									
CERTIFICATION	CAUSE (Disease or injury that initieted events resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF	):						
AL CE	PART il. Other algnificant condition	a contributing to deeth b	ut not resulting in	n the underlying	g cause given in	Part i. 24s. WAS AN			TRE AUTOPSY FINDINGS AILABLE PRIOR TO	
PHYSICIAN: MEDICA						1 YES 2		CO DF	MPLETION OF CAUSE DEATH?	
AN:	25. WAS CASE REFERRED TO MEDICAL			00 00	LACE OF DEATH (Ch					
SICI,	EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inputient 2   ER/Outp	patient 3 DOA	QTHER:		6 Other (Specify)				
ву рну	27. MANNER OF OEATH    Natural   8   Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. INJ	JURY AT DRK? YES 2 NO	28d. DESCRIBE NOW	NJURY OCCUR	ED		
	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, ferm, s	treet, factory, offic	:0	281. LOCATION (Street City or Town, State)		Rural Flout	e Number,	
COMPLETED	(Critick Griffy	ICIAN: To the best of my know						ause(a) ar	nd menner sa stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE NUI			GNED (M	onth, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON WI	10 COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type,	Print)		,				
1	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE Pandell							



with a more records to the form of the for	6,	BALTIMORE, MARYLAND 21203-3146
I completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit, Pages	within 24 hours is	mor death. Page 6 may be retained by the hospital or attending physician,
	npletely filled in by	by the funeral director, page 5 should be detached for use as the burial-transit permit,

STATE	0F	MARYLAND	1	DEPARTMENT	0F	<b>HEALTH</b>	AND	MENTAL	HYGIENI
		C	E	RTIFICATE	0	F DEAT	TH		REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYI		MENT OF H		MENTAL HYG			
	1. DECEDENT'S NAME (First, Middley Last)	ZMAN (	o. s	JARVI	\$	2. DATE OF DEA	15 199"		
	4. SOCIAL SECURITY NUMBER 578-09-6327	1 <b>X</b> M 2 □ F 8	(In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month, Day, Ye Nov. 3,	, 1908 W	BIRTHPLACE (State or Foreign Country) ashington, DC	
TOR	90. FACILITY NAME (If not institution, give :  CALRIAG HOLL A  RESIDENCE OF DECEDENT		TER		SP/ing	ATH	9c, COUNTY	NIGOMERY	
DIRECTOR	10e. STATE 10b. COUNT	y gomery		town or Locat				10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
FUNERAL	1316 Fenwick Lan				20910		Unite	d States	
В	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 NO	If yee, sp	ENDENT OF HISPAN ecity Cuben, Mexican 2 XXNO Specity	n, Puerto Ricen, et	P (Specify Yee or No- loen, etc.)  14. RACE — American indien Black, White, etc. Specify:  Black		
COMPLETED	15. DECEDENT'S EDL (Specify only highest grade Elementery/Secondary (0-12)	College (1-4 or 5+)	16e. DECEDENT'S U (Give kind of w ilfe. Do NOT use  Mortici	ork done during mo retired.)	DN st of working		eral Serv	9	
OM	17. FATHER'S NAME (First, Middle, Last)	eur .	HOLCICI	.an	18. MOTHER'S NAI			Ice	
BE C	W. Ernest Jarvis		1		Elva M:				
2	190. INFORMANT'S NAME (Type/Print)			·			or Town, State, Zip Co		
	Norman W. Jarvis  204 METHOD OF DISPOSITION 1 M Burlel 2 Cremetton 3 C Ren		06. PLACE OF DISPOS				Ington Doc. LOCATION — City	C. 20012	
	1 \( \hat{\Omega}\) Buriel 2 \( \hat{\Omega}\) Cremetion 3 \( \hat{\Omega}\) Ren 4 \( \hat{\Omega}\) Donetion 5 \( \hat{\Omega}\) Other (Specify) \( \hat{\Omega}\)	ioval from State	Lincoln M	lemorial	Cemetery	y S	Suitland,	Maryland	
	21. SIGNATURE OF TUNERAL SERVICE LI	CENSEE		McGui	nd address of factors and address of factors	al Servi	ice, Inc. V., Washi	ngton, D.C.	
	23 ART I. Enter the diseases, Dr shock, Dr heert feliure.  IMMEDIATE CAUSE (Final disease Dr condition resulting in death)	List only one ceuse on				h ss cerdiec or	reepiratory srree	t, Approximate interval Between Onset end Death	
Z	Sequentially list conditions,	DUE TO (OR AS	A CONSEQUENCE OF	7):					
CATIC	If any, leading to immediate cause. Enter UNDERLYING CALISE (Visease or Injury								
CERTIFICATION	that initiated events resulting in death) LAST	d.	A CONSEQUENCE OF	7): 					
PHYSICIAN: MEDICAL C		ne contributing to death  Dementia  of prost		n tha underlyln	g cause given in	P	AS AN AUTOPSY ERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. P OTHER:	LACE OF DEATH (Ch	eck only one)			
TYS	1 TYES 2 NO	1 Inpatient 2 ER/Ou 28e. DATE OF INJURY		4 Nursing Hon	ne 5 Reeldence		how injury occui	RED	
	1 Natural 5 Pending	(Month, Day, Year,			DRK?	111111111111111111111111111111111111111			
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e, PLACE OF INJUI	RY — At home, farm, a pecify)	street, factory, offic	0	281. LOCATION ( City or Town	Street and Number or , State)	Rural Route Number,	
COMPLETED	CONTROL ONLY	SICIAN: To the bast of my kno IER: On the basic of examinat						ceuse(e) end menner ee stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIC	A Nu	A N	W)	29c. LICENSE NUI	MSER	29d. DATE S	SIGNEO (Month, Day, Year)	
٩.	30. NAME AND AGORESS OF PERSON W	T. Lee	PL MD	Print) 116	O Varnuv	n St. NE	# 106, W	ASH., D.L. JUNIT	
	31. DATE FILED (Month, Day, Year)	32. PAGISTRABIS SIG	MATURE Pandall	2		<u> </u>			



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Jours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFIC			MENTAL HYGIEN REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
1	JOHN JOSEPH	H KELLER				JULY 19		5:52pm M
	4. SOCIAL SECURITY NUMBER	V		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.6	BIRTHPLACE (State or Foreign Country)
	577-07-6687	1 M 2 F 82	YRS.		HOURS MIN.	March 5,1		Wash., D.C.
	AMI DOCTORS HO				-SEABROO			E GEORGE'S CO
0 1	10a. STATE 10b. COUNT		. 10c. CITY, T	TOWN OR LOCATION	ON			10d. INSIDE CITY LIMITS?
		nce George's	Gre	enbelt				1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
y -	5803 Cherrywood	Lane 12. WAS DECEDENT EVER IN	II S ADMED	42 WHE DECE	20770	IIC ORIGIN? (Specify Ye	L U.S.	RACE — American Indian.
. (1	1 Never Married 2 Married 3 Widowed 4 Provinced	FGRCES? 1 YES	2V NO	If yes, spe-		n, Puerto Rican, atc.)		Bleck, White, etc.  Specify: White
100	21	I CATION	44 - 05050505050	1		40, 400 05 00	6#UE00 #NDU03	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	e completed)	(Give kind of work life, Do NOT use re	k done during mos	t of working	16b. KIND OF BU	SINESS/INDUS I	nv .
1 2	Elementary/Secondary (0-12)	College (1-4 or 5+)	Manager			A.T.	c. T	
\$ h	17. FATHER'S NAME (First, Middle, Last)		Manager		16. MOTHER'S NA	ME (First, Middle, Maider		
	John Michael Ke	ller			Anna l		,	
H -	19a. INFORMANT'S NAME (Type/Print)	1101	19b. MAILING AC	ODRESS (Street an		Route Number, City or Tox	vn, State, Zip Coo	ie)
2	Joyce K. Roper		4 Sand	ls Rd.	Annanol:	is, MD 21	403	
	20a. METHOD OF DISPOSITION		PLACE OF DISPOSITI				CATION - City	or Town, State
	1   Buriel 2 □ Cremation 3 □ Ran  □ Donation 6 □ Other (Specify)	noval from State	other place) ate of He	eaven Ce	emetery	Si1	ver Sp	ring, MD
	21. SIGNATURE OF FUNERAL SERVICE LI			22. NAME AN	D ADDRESS OF FA	CILITY		
	Mighan	Sthel.	in in			r's Sons,		gton.D.C.20016
	23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	. List only one cause on ee	ch line. Cardi	lac arre	est	h aa cardiac or reap	Piratory arrest	Approximate Interval Between Onset and Death
z	Sequentially list conditions,		CONSEQUENCE OF):	20pin	stry			
FICATIO	if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c	CONSEQUENCE OF):					
ERTIFICATIO	CAUSE (Disease or injury	c	CONSEQUENCE OF):					
AL CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	cDUE TO (OR AS A		the underlying	cause given in		RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
A	Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL	cDUE TO (OR AS A			cause given in	PERFO	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
A	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	cDUE TO (OR AS A	ut not resulting in	26. PL	ACE OF DEATH (Ch	PERFO	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
A	Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL	d. DUE TO (OR AS A d. HOSPITAL:    Mospital:   En/Outp.   28a. DATE OF INJURY	ut not resulting in	26. PL OTHER:	ACE OF DEATH (Ch	PERFO	RMED?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
PHYSICIAN: MEDICAL	Cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnificant conditio  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 6 Pending	d. DUE TO (OR AS A d	ut not resulting in	26. PL  THER:  Nursing Homo Nursing Sec. INJU	ACE OF DEATH (Ch	PERFO 1 YES  eack only one)  6 Other (Specify)	RMED?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
ED BY PHYSICIAN: MEDICAL	Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH	DUE TO (OR AS A  d.  HOSPITAL: 1 Sinpetient 2 ER/Outp.  28a. DATE OF INJURY (Month, Day, Year)	at not resulting in	26. PL  OTHER:  Nursing Home OF 28c. INJI IY WOI  M 1   Y	ACE OF DEATH (Ch	PERFO 1 YES  eack only one)  6 Other (Specify)	RMED?  NO  INJURY OCCUR	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	Cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS A  d.  DUE TO (OR AS A  d.  DUE TO (OR AS A  d.  DUE TO (OR AS A  d.  DUE TO (OR AS A  DUE TO	atient 3 DOA 4  28b. TIME (INJUR	26. PL DTHER: Nursing Home Nurs	ACE OF DEATH (Ch	PERFO 1 YES  1 YES  6 Other (Specify)  28d. DESCRIBE HOW  City or Town, Stell  1 to the cause(a) and many	INJURY OCCUR	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	Cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Netural 6   Pending Investigation 3   Suicide 6   Could not be detarmined  29a. CERTIFIER (Check only one)  2   MEDICAL EXAMIN  29b. SIGNATURE AND TITLE OF CERTIFIER	DUE TO (OR AS A  d.  DUE TO (OR AS A  d.  DUE TO (OR AS A  d.  DUE TO (OR AS A  d.  DUE TO (OR AS A  d.  DUE TO (OR AS A  d.  DUE TO (OR AS A	atient 3 DOA 4  28b. TIME (INJUR	26. PL DTHER: Nursing Home Nurs	ACE OF DEATH (Ch	PERFO 1 YES  1 YES  1 YES  1 Other (Specify)  28d. DESCRIBE HOW  28t. LOCATION (Street City or Town, State)  1 to the cause(a) and must time, data and place, a	INJURY OCCUR and Number or in in in in in in in in in in in in in	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Rural Floute Number,  suee(e) and manner as stated.  IGNED (Month, Day, Year)
BE COMPLETED BY PHYSICIAN: MEDICAL	Cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1   YES 2   NO  27. MANNER OF DEATH 1   Netural 6   Pending Investigation   Pending Investig	DUE TO (OR AS A  d.  DUE TO (OR AS A  d.  DUE TO (OR AS A  d.  DUE TO (OR AS A  d.  DUE TO (OR AS A  d.  DUE TO (OR AS A  d.  DUE TO (OR AS A	atient 3 DOA 4  28b. TIME (INJUR	26. PL DTHER: Nursing Home Nurs	ACE OF DEATH (Ch	PERFO 1 YES  1 YES  6 Other (Specify)  28d. DESCRIBE HOW  28t. LOCATION (Street City or Town, State  to the cause(a) and must time, data and place, a	INJURY OCCUR and Number or in in in in in in in in in in in in in	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  Rural Floute Number,
O BE COMPLETED BY PHYSICIAN: MEDICAL	Cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Netural 6   Pending Investigation 3   Suicide 6   Could not be detarmined  29a. CERTIFIER (Check only one)  2   MEDICAL EXAMIN  29b. SIGNATURE AND TITLE OF CERTIFIER	DUE TO (OR AS A  d.  DUE TO (OR AS A  d.  DUE TO (OR AS A  d.  DUE TO (OR AS A  d.  DUE TO (OR AS A  d.  DUE TO (OR AS A  d.  DUE TO (OR AS A	atient 3 DOA 4  28b. TIME (INJUR  At home, farm, strain)  and/or investigation,	26. PL DTHER: Nursing Home Nurs	ACE OF DEATH (Ch.  5 GResidence  18Y AT  RK?  ES 2 NO  and place, and due  29c. LICENSE NUI	PERFO 1 YES  1 YES  6 Other (Specify)  28d. DESCRIBE HOW  28t. LOCATION (Street City or Town, State  to the cause(a) and must time, data and place, a	INJURY OCCUR and Number or injury occur and Numb	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Rural Floute Number,  suee(e) and manner as stated.  IGNED (Month, Day, Year)

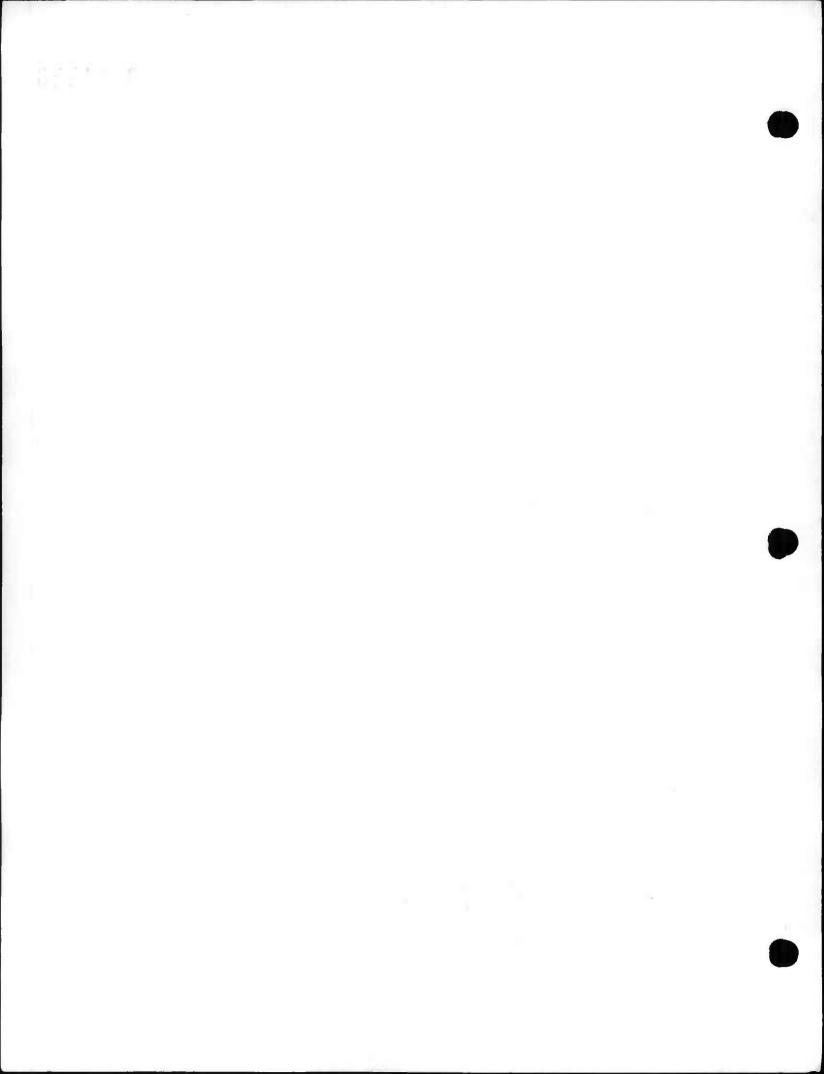
THE UNCORTAL OB ATTENDING DUVERFOLD. The law requires that the death estitings he executed within a first after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPITAL OF ATTENDING BHYSICIAN: The	TO THE FUNERAL DIRECTOR: After this certificate ha	be filed within 72 hours after death with the State D	IMPORTANT: If Item 28 is marked, or Item

	FOR STATE REGISTRAR	STATE OF MA		DEPART					MENTA	L HYGIE		90	2144	0
	1. DECEDENT'S NAME (First, Middle, Las	et)								OF DEATH			3. TIME OF DEATH	
	Robert	Willia	ım	Kee	fe				7 MONT		O O	90	3:00 P.	M
	4. SOCIAL SECURITY NUMBER	5. SEX	B. AGE (In yrs. les		IF UNDER		IF UNDER			OF BIRTN h, Day, Year)		8. BIRTI	NPLACE (State or Foreign	n
	219-88-7892	1 M 2 - F	20	YRS.	IONTHS	DAYS	NOURS	MIN.		8. 1	969		nington, D	C
	9e. FACILITY NAME (If not institution, giv	e street and number)		1	b. CITY,	TOWN O	R LOCATI	ON OF D				NTY OF E	DEATN	
DIRECTOR	Potomac Riv	er				_					Mon	tgom	nery	
<u></u>	10e. STATE 10b. COU	NTY		10c. CITY,	TOWN O	R LOCAT	ION						10d. INSIDE CITY	
吉	Maryland Mor	ntgomery		Cab	in a	John							1 YES 2 NO	
	10e. STREET AND NUMBER					_	ZIP COO	E			10g. CIT	IZEN OF	WHAT COUNTRY?	
EH.	28 Froude Circle	5						20	0818		Ilni	ted	States	
FUNERAL	11. MARITAL STATUS	12. WAS OECEDENT	EVER IN U.S. AR	RMED				OF HISPA	NIC ORIGII	N? (Specify )		14. RAC	E - American Indian.	
H	1XXNever Married 2 Merried	FORCES? 1 [ IF YES, GIVE WA		NO			2 X NO			Ricen, atc.)		Spec	ck, White, etc.	
B	3 Widowed 4 Divorced						44						White	
COMPLETED	15, DECEDENT'S E (Specify only highest gr		16a. DE	ECEDENT'S U	SUAL OC	CUPATIO	N et of worki	ina	168	. KINO OF B	USINESS/IN	OUSTRY		
<u>Li</u>	Elementary/Secondary (0-12)	College (1-4 or 8+)	ille	live kind of wo b. Do NOT use	retired.)	ruring triu	N OI WORK	''y						
교		2		Stude	ent					Col	lege			
S	17. FATHER'S NAME (First, Middle, Last)						16. MOT	NER'S N	AME (First,	Middle, Meid	n Surname)			
Ш	William Joseph	Keefe					N	lari	e L.	Larse	n			
BE	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING A	DDRESS	(Street e	nd Numbe	r or Rural	Route Num	ber, City or T	own, State, Zi	p Code)		
임	William & Marie	Keefe	1	28 Fro	ude	Cir	cle.	C	abin	John.	MD 2	0818	3	
	William & Marie Keefe  28 Froude Circle, Cabin John, MD 20818  20e. METHOD OF DISPOSITION 1   Burlel 2 M Cremation 3   Removal from State 4   Donetion 5   Other (Specify)   Suburban Crematory   Silver Spring													
									ng Manula	nd				
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	Lacar	t ball c			D ADDRE	ESS OF F	ACILITY	JOII	. VCI L	) DI II	ig , mary ra	uiu
	\ //	B. Clas			R	app	Fune	eral	Serv	rices,	P. A			
	Outh-	B. Clw/			9.	33 0	ist	Ave	nue.	Silv	er Sr	ring	g. MD 2091	0
NO	iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions,	ь	,	OUENCE OF)									Interval Betwoen and D	
CAT	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	C												
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (	OR AS A CONSE	OUENCE OF)	:									
	DART II Out classification and its		4							I				
AL	PART II. Other aignificant condit	contributing to	seath but not	resulting in	the un	ideriyin	cause	given ii	Part I.		AN AUTOPSY ORMED?	24	b. WERE AUTOPSY FIND AMAILABLE PRIOR TO	
MEDIC										XX YES	2   NO		OF DEATH?	SE
ME													XXYES 2 NO	
ä														
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF	OEATN (C	heck only o	ine)				
Sic	1XXYES 2 □ NO	HOSPITAL: 1   Inpatient 2	ER/Outpatient	3 DOA	OTHER		e 5 🗆 F	Pesidence	6 10 Oth	er (Specify)	scen	e		
H	27. MANNER OF OEATN	28e. DATE OF		28b. TIME		28c. IN.	URY AT		28d. OE	SCRIBE NO	W INJURY O			
	1 Natural 5 Pending	y, Year) 90	1:45		1 🗌	PRK? YES 2	NO X	sub	riect.	drown	ed w	while swim	mir	
BY	a Destate	28e. PLACE OF	INJURY — At h			tory, offic			28t, LO	CATION (Stre	et end Numb		l Route Number,	
	4 Nomicide 8 Could not determined		etc. (Specify)	wate	r					or Town, Str		Mor	nt. Co., M	d.
COMPLET	29e. CERTIFIER 1 CERTIFYING PA	IVERCIAN, To the bear of				d	and =t					·		
MP	Constant only	IYSICIAN: To the best of MINER: On the beste of ex											vis) and manner as state	-4
8	_			vestigation	, at my C	oprinoti, (				e end piace,			, it	<del>-</del>
ш	296. SHOWATURE AND TITLE OF CERT	Pien Ollow	1				29c. LK	CENSE N	UMBER		29d. DA		ID (Month, Deg. Year)	
TO B	who	merrie						OCI	ΜE			7-2	21-90	
-	36. NAME AND ADDRESS OF PERSON													
	Margarita A.	Korell, M.	D.	1	.11	Penn	St.	, Ba	alto.	, Md.	212	01		
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE											

32. REGISTRAR'S SIGNATURE

Julia Davidson-Rando M.

111 24 '90



	1, 2, 3 should	
	. Pages	
TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zernours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, be filed within 72 hours after death with the State Dept, of Health and Mertral Hygiene prior to burial, cremation, or removal.	associated to be moded or from 22 chains are injury or other trainmails event the medical event ha medical event he median of once
HOSPIT	E FUNER d within 7	STATE AND
H O	TO THE	CARDO

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC			MENTAL HYGI REG.					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH DAY YEAR 3. TIME OF DEATH					
DIRECTOR	Julius 4. SOCIAL SECURITY NUMBER 5.	. SEX 6. AGE (	In yrs. last birthday)	Krause IF UNGER 1 YEAR	IF UNCER 24 HRS.	7. DATE OF BIRTH		0   9:34 PM M  6. BIRTHPLACE (State or Foreign			
	A STATE OF THE STA	77724 0 🗆 n	Was M	IONTHS DAYS	HOURS MIN.	(Month, Day, Yea	7)	Country)			
	9a. FACILITY NAME (If not institution, give street	t and number)	2	9b. CITY, TOWN O	R LOCATION OF DE	May 26,		New York			
	Rockville Nursing	Home		Roc	kville		Mo	Montgomery			
입	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY			
뜽	Maryland Mo	ontgomery		Cilvor	Spring			LIMITS? 1 ☐ YES 2 ▼ NO			
	10e. STREET AND NUMBER	or egomery			ZIP CODE		10g. CITIZ	ZEN OF WHAT COUNTRY?			
FUNERAL	15100 Interlachen D	rive. #710	)		20906		Unit	ted States			
Ž		2. WAS DECEDENT EVER IN		13. WAS DEC		IIC ORIGIN? (Specif		14. RACE — American Indian,			
	1 Never Merried 2 K Merried	FORCES? 1 YES	2X NO	NO If yes, specify Cuben, N			.)	Black, White, etc.			
ВҰ	3 Widowed 4 Divorced	IF TES, GIVE WAR OR DA	AIES	I L TES	2 XXVO Specify	r.		Specify: White			
	15. DECEDENT'S EDUCAT	ION	18e. DECEDENT'S U	SUAL OCCUPATIO	DN .	16b, KIND OF	BUSINESS/IND	USTRY			
	(Specify only highest grade con	mpleted)	(Give kind of wo	DECEDENT'S USUAL OCCUPATION     (Give kind of work done during most of working life. Do NOT use retired.)							
2	Elementary/Secondery (0-12)	College (1-4 or 5+) 5+	I I I I I I I I I I I I I I I I I I I			Donk of Juniou21					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	5+	Attorn	ey	Dept. of Agriculture						
8					18. MOTHER'S NA	ME (First, Middle, Ma	iden Sumame)	me)			
BE	Julius Krause				Augusta Lutz						
10	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street a	<sup>Code)</sup> 20906						
F	Frances H. Krause		15100	Interla	chen Dr.	, #710,S	ilver S	Spring, MD.			
	20e. METHOD OF DISPOSITION 1 Buriel 2XXCremation 3 Remova	206	o. PLACE OF DISPOSIT	TION (Name of cen	netery, crematory or	200	LOCATION —	City or Town, State			
	4 Donation 5 Other (Specify)			Cremate	orium. T	nc. B	etheeda	Maryland			
	4 Donation 5 Dotter (Specify) Montgomery Crematorium, Inc. Bethesda, Maryland 21. Schnature of Funeral Service Ucensee 22. Name and address of Facility Robert A. Pumphrey Funeral										
	Home/Rockville, Inc., 300 W. Montgomery Ave Rockville, Maryland 20850-2805										
	MICKELE J.		400348								
	23. PART i. Enter the diseess, pr con			t snter the mo	de of dying, suc	h se cardlec or r	espiratory err				
	shock, or heert fallure. List only one cause on each line.  Interval Between Onset and Death										
	IMMEDIATE CALISE (Finsi										
	IMMEDIATE CAUSE (Finsi disease or condition	Br	imac las	0	011100	LTIA.					
		B r	consequence of	Bm	enno	نام ا					
	disease or condition	DUE TO (OR AS A	a consequence of	B	enno	is a					
NO	disease or condition resulting in deeth) s	552 10 (511 A5 A		•	ew w	N.C.					
ATION	disease or condition resulting in deeth) s  Sequentially liet conditione, if any, leading to immediate	552 10 (511 A5 A	a consequence of	•	eu wo	is a					
ICATION	disease or condition resulting in deeth)  Sequentially liet conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A	A CONSEQUENCE OF)	:	o mu	ina,					
TIFICATION	Sequentially liet conditione, if sny, lesding to immediats cause. Enter UNDERLYING CAUSE (Disease pr injury that initiated events	DUE TO (OR AS A		:	o mu	is a					
ERTIFICATION	disease or condition resulting in deeth)  Sequentially liet conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A	A CONSEQUENCE OF)	:	o ~ ul	is a					
- CERTIFICATION	Sequentially liet conditione, if sny, lesding to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	DUE TO (OR AS A	A CONSEQUENCE OF)	:			S AN AUTOPSY	Onset and Desth			
	Sequentially liet conditione, if any, leading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF)  A CONSEQUENCE OF)  Dut not resulting in	the underlying		Psrt I. 24e. WA	RFORMED?	Onset and Desth  Onset and Desth  24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO			
	Sequentially liet conditione, if any, leading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF)  A CONSEQUENCE OF)  Dut not resulting in	the underlying		Psrt I. 24e. WA		Onset and Desth			
	Sequentially liet conditione, if any, leading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF)  A CONSEQUENCE OF)  Dut not resulting in	the underlying		Psrt I. 24e. WA	RFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE			
	Sequentially liet conditione, if any, leading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF)  A CONSEQUENCE OF)  Dut not resulting in	the underlying		Psrt I. 24e. WA	RFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?			
	Sequentially liet conditione, if any, leading to immediats cause. Enter UNDERLYING CAUSE (Disease Dr injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the condition	DUE TO (OR AS A  DUE TO (OR AS A  COntributing to death b	A CONSEQUENCE OF)	the underlying		Psrt I. 24e. WA PEI 1 Yi	RFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?			
	Sequentially liet conditione, if sny, leading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditione of the condition	DUE TO (OR AS A	A CONSEQUENCE OF)	: : the underlying	g csuse given in	Part I. 24e. WA PE 1 YI	RFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?			
	Sequentially liet conditione, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditione of the cause of the	DUE TO (OR AS A  DUE TO (OR AS A  COntributing to death b	A CONSEQUENCE OF)  Dut not resulting in  patient 3 □ DOA □	28. PL OTHER: 4X Nursing Hom	g csuse given in  LACE OF DEATH (Chies 5   Residence	Psrt I. 24e. WA PEI 1   Yi	RFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1  YES 2 NO			
	Sequentially liet conditione, if sny, lesding to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST  PART II. Other significant conditions of the condition	DUE TO (OR AS A  DUE TO (OR AS A  COntributing to death b	A CONSEQUENCE OF)  A CONSEQUENCE OF)  But not resulting in	28. PL OTHER: 4XXiuraing Hom OF 286. INJ. WY	g cause given in  ACE OF DEATH (Ch	Psrt I. 24e. WAPE	RFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1  YES 2 NO			
BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentially liet conditione, if sny, lesding to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST  PART II. Other significant conditions of the condition	DUE TO (OR AS A  DUE TO (OR AS A  COntributing to death b  SOME SET OF INJURY (Month, Day, Year)	A CONSEQUENCE OF)  A CONSEQUENCE OF)  Dut not resulting in	28. PL OTHER: 4XX Varieng Hom OF 28c. INJ RY WO M 1	g cause given in  LACE OF DEATH (Ch  te 5  Residence  URY AT  PKS 2  NO	Part I. 24e. WA PEI 1 YE 1 YE eck only one)  6 Other (Specify 26d. DESCRIBE H	REFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1  YES 2 NO			
BY PHYSICIAN: MEDICAL	Sequentially liet conditione, if any, leading to immediats cause. Enter UNDERLYING CAUSE (Disease Dr injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the condition	DUE TO (OR AS A  DUE TO (OR AS A  COntributing to death b	Dut not resulting in  28b. TIME INJU    A CONSEQUENCE OF)	28. PL OTHER: 4XX Varieng Hom OF 28c. INJ RY WO M 1	g cause given in  LACE OF DEATH (Ch  te 5  Residence  URY AT  PKS 2  NO	Part I. 24e. WA PEI 1 YE 1 YE eck only one)  6 Other (Specify 26d. DESCRIBE H	REFORMED?  S XX NO  OW INJURY OCC	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1  YES 2 NO			
BY PHYSICIAN: MEDICAL	Sequentially liet conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST  PART II. Other significant conditions of the cause of the	DUE TO (OR AS A  DUE TO (OR AS A  COntributing to death b  SOME STATE OF INJURY (Month, Day, Year)	Dut not resulting in  28b. TIME INJU    A CONSEQUENCE OF)	28. PL OTHER: 4XX Varieng Hom OF 28c. INJ RY WO M 1	g cause given in  LACE OF DEATH (Ch  te 5  Residence  URY AT  PKS 2  NO	Psrt I. 24e. WAPE  1  YI  eck only one)  6  Other (Specify  28d. DESCRIBE H	REFORMED?  S XX NO  OW INJURY OCC	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1  YES 2 NO			
BY PHYSICIAN: MEDICAL	Sequentially liet conditione, if sny, leading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST  PART II. Other significant conditions of the condition	DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  CONTRIBUTE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, atc. (Special Contribution)	Dut not resulting in  28b. Time INJU	28. PL OTHER: 4 X Nursing Hom OF 28c. INJ M 1 V vo	g csuse given in  LACE OF DEATH (Ch  te 5   Residence tury AT  RK?  YES 2   NO	Part I. 24e. WAPE PEI 1 YE  eck only one) 6 Other (Specify) 28d. DESCRIBE H  28f. LOCATION (S City or Town, 1	OW INJURY OCC	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1  YES 2 NO			
BY PHYSICIAN: MEDICAL	Sequentially liet conditione, if sny, leading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST  PART II. Other significant conditione of the condition	DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  CONTRIBUTE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, atc. (Specials)	Dut not resulting in 28b. Time Inju	28. PL OTHER: 4 X Nursing Hom OF 28c. INJ M 1 V reet, factory, offic	g csuse given in  ACE OF DEATH (Ch  te 5   Residence turny AT  RK?  YES 2   NO	Part I. 24e. WAPE PEI 1 YE  ack only one)  5 Other (Specify) 28d. DESCRIBE H  28f. LOCATION (S City or Town, is to the cause(e) end	OW INJURY OCC	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1  YES 2 NO			
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially liet conditione, if sny, lesding to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST  PART II. Other significant conditions of the condition	DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  CONTRIBUTE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, atc. (Specials)	Dut not resulting in 28b. Time Inju	28. PL OTHER: 4 X Nursing Hom OF 28c. INJ M 1 V reet, factory, offic	g cause given in  ACE OF DEATH (Ch  5   Reeldence  URY AT  RIK?  YES 2   NO  e  end plece, end due  leath occured at the	Part I. 24e. WAPE  1	REFORMED?  SE XIX NO  OW INJURY OCC  Irrect end Number  State)  If menner ee state  de, end due to the	Onset and Desth  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1  YES 2 NO  CURED  CURED  CORRUPT Route Number,  ted.			
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially liet conditione, if sny, leading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST  PART II. Other significant conditione of the condition	DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  CONTRIBUTE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, atc. (Specials)	Dut not resulting in 28b. Time Inju	28. PL OTHER: 4 X Nursing Hom OF 28c. INJ M 1 V reet, factory, offic	g csuse given in  ACE OF DEATH (Ch  te 5   Residence turny AT  RK?  YES 2   NO	Part I. 24e. WAPE  1	REFORMED?  SE XIX NO  OW INJURY OCC  Irrect end Number  State)  If menner ee state  de, end due to the	Onset and Desth  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  CURED  CURED  CORPORT Route Number,  ted.  The cause(e) and manner as stated.  E SIGNED (Month, Day, Year)			
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially liet conditione, if sny, lesding to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST  PART II. Other significant conditions of the condition	DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  CONTRIBUTE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, atc. (Specials)	Dut not resulting in 28b. Time Inju	28. PL OTHER: 4 X Nursing Hom OF 28c. INJ M 1 V reet, factory, offic	g cause given in  ACE OF DEATH (Ch  5   Reeldence  URY AT  RIK?  YES 2   NO  e  end plece, end due  leath occured at the	Part I. 24e. WAPE  1	REFORMED?  SE XIX NO  OW INJURY OCC  Irrect end Number  State)  If menner ee state  de, end due to the	Onset and Desth  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1  YES 2 NO  CURED  CURED  CORRUPT Route Number,  ted.			
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially liet conditione, if sny, lesding to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST  PART II. Other significant conditions of the condition	DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  CONTributing to death b  SOCIAL: Inpatient 2 ER/Outs  28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, atc. (Special Special	patient 3 DOA  28b. TIME INJU  T Al home, ferm, st cify)  viedge, death occurred on end/or investigation	28. PL OTHER: 4XX Jurning Hom OF 28c. INJ. RY M 1 Treet, factory, offic	g cause given in  ACE OF DEATH (Ch  5   Reeldence  URY AT  RIK?  YES 2   NO  e  end plece, end due  leath occured at the	Part I. 24e. WAPE  1	REFORMED?  SE XIX NO  OW INJURY OCC  Irrect end Number  State)  If menner ee state  de, end due to the	Onset and Desth  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  CURED  CURED  CORPORT Route Number,  ted.  The cause(e) and manner as stated.  E SIGNED (Month, Day, Year)			
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially liet conditione, if sny, leading to immediats cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST  PART II. Other significant conditione of the condition	DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  CONTRIBUTION OF TO THE TO TH	petient 3 DOA  28b. Time INJU  7 Al home, ferm, st city)  2At home, ferm, st city)  EATH (ITEM 27) (Type, interest)	28. PL OTHER: 4XX turning Hom OF 28c. INXI MY M 1 V reet, factory, offic d at the time, date i, in my opinion, d	g csuse given in  LACE OF DEATH (Ch.  LE 5 Residence  LURY AT  NRK?  YES 2 NO  e  end plece, end due  leath occured at the	Part I. 24e. WAPE  1  YE  1  YE  28d. DESCRIBE H  28f. LOCATION (S City or Town, see the cause(e) end time, date end place  MBER	OW INJURY OCCURRENCE and Number of menner ee states, and due to the state of the st	Onset and Desth  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 VES 2 NO  CURED  COR Rural Route Number,  ted.  ted.  E SIGNED (Month, Day. Year)  July 19, 1990			
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially liet conditione, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST  PART II. Other significant conditione of the conditione of the cause o	DUE TO (OR AS A  DUE TO	patient 3 DOA 28b. Time Injury and Investigation end/or investigation will score in end/or investigation will score in end/or investigation will score in end/or investigation	28. PL OTHER: 4XXiurning Hom OF 28c. INJ RY M 1 reet, factory, offic d at the time, date i, in my opinion, d	g csuse given in  LACE OF DEATH (Ch.  LE 5 Residence  LIGHT AT  SHRY  YES 2 NO  e  end plece, end due  leath occured at the	Part I. 24e. WAPE  1  YE  1  YE  28d. DESCRIBE H  28f. LOCATION (S City or Town, see the cause(e) end time, date end place  MBER	OW INJURY OCCURRENCE and Number of menner ee states, and due to the state of the st	Onset and Desth  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 VES 2 NO  CURED  COR Rural Route Number,  ted.  ted.  E SIGNED (Month, Day. Year)  July 19, 1990			

TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1	-	FOR STATE REGISTRAR
_		HEGISTHAN

1 - STATE REGISTRAR		SIAIE UF MI	ANTLAN			OF DEATH	D MIEI	REG. NO.	E		
1. DECEDENT'S NAME (First		Kathryn	S	avage		lam	2.	DATE OF DEATH	-90	YEAR	3. TIME OF DEATH  5:45 0 M
4. SOCIAL SECURITY NUME 228-44-822		5. SEX 1 M 2 XF		6. YRS.	IF UNDER 1 Y	EAR IF UNDER 24 HR	S. 7. 1	Month Coy, 1303		6. BIRTHI Country	PLACE (State or Foreign Va.
- da	Cree!		8		100	erlin	DEATH			nty of Di	
RESIDENCE OF DEC	10b. COUNT	cester			r, TOWN OR L	OCATION					10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER	Tr	ap - Cre	ek	Apt.8		10f. ZIP CODE 21811				SA	THAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Divo	-	12. WAS DECEDENT FDRCES? 1 [ IF YES, GIVE WA	YES 2	2 NO	If yo	B DECENDENT OF HIS oe, specify Cuben, Me YES 2 NO Sp			or No—	Black	- American Indien, White, atc.
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)			10	(Give kind of w life. Do NOT us	JPATION ng most of working		166. KIND DF BUSINESS/INO Restaurant				
17. FATHER'S NAME (First, M. Robe		avage						First, Middle, Maiden te Sam]			
190. INFORMANT'S NAME OF Diane		am		19b. MAILING		treet end Number or Ru .e Ave.		Number, City or Tow Berlin,			311
20a. METHOD OF DISPOSIT 1 Deniel 2 Crematic 4 Donetion 5 Other	on 3 🗆 Ren	noval from State	20b. Pl			of cemetery, cremetory Cellows	or			ac,	
21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE	on			me and address of rton Fu			<del>-</del>	Acco	omac, Va.
Sequentielly liet condition resulting in death)  Sequentielly liet condit if any, leading to immer cause. Enter UNDERLY CAUSE (Disease or injuit that initiated events resulting in deeth) LAS	diete ING Iry	b. Co DUE TO (	OR AS A CO	DISEQUENCE OF	F): F):	Arres					2-12-90 2-12-90 5-21-90 2-12-90
PART II. Other significa	ent conditio	ne contributing to	leeth but	not resulting	in the unde	rlying couse given	in Par	t I. 244. WAS AMPERFOL	RMED?	7 24b.	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 RO
25. WAS CASE REFERRED TEXAMINER?	O MEDICAL	HOSPITAL:	ER/Outpatie	ent 3 🗆 DOA	OTHER:	26. PLACE OF OEATH					
27. MANNER OF DEATH	Pending Investigation	28e. DATE OF I (Month, Da	NJURY	28b. TIM	E DF 28	Bc. INJURY AT WORK?	26	d. DESCRIBE HOW	INJURY O	CCURED	
2 Accident 3 Suicide 6 Homicide	Could not be determined	28e. PLACE DF building, a	INJURY tc. (Specify)	At home, farm,	atreet, tectory	, office	28	t. LOCATION (Street City or Town, State		er or Rural F	Route Number,
control only		SICIAN: To the beat of r									e) end menner ee stated.
29b. SIGNATURE AND TITLE	E OF CERTIFIE	ER Water	> W	de		29c. LICENSE	NUMBER	13	29d. DA	TE SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS O	PERSON A	HO DOWEL FED CAUS	DF DEATH	H (ITEM 27) (Type		an GE	Ma	D 2	184	2	
31. DATE FILED (Month, Day,	Year)	32. REGISTRAS	y's signati	une Mandall							

08271 12

Sec. 250

TO BE COMPLETED BY FUNERAL DIRECTOR

## DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 is filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL			HEALTH AND	MEN	ITAL HYGIENE	•	2 2 1431		
	1. DECEDENT'S NAME (First, Middle, Last)						DATE OF DEATH		3. TIME OF DEATH		
	SHERMAN	CLOHAN		KLINE			LY 24		8:00A.m		
	4. SOCIAL SECURITY NUMBER	The state of the s	in yrs. last birthday)	IF UNDER 1 YEA		7. 0	ATE OF BIRTH Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)		
	577-03-5747	1 🔀 M 2 🗆 F	84 YRS.			_	RCH 24,1		VEST VIRGINIA		
~	9e. FACILITY NAME (if not institution, give street and number)			9b. CITY, TOW	N OR LOCATION OF D		TNO	9c. COUNTY OF DEATH			
ᅙ	611 DALE DRIVE				SILVER	SPR	ING	IV.	ONTGOMERY		
Ä									10d. INSIDE CITY LIMITS?		
	MARYLAND  10e. STREET AND NUMBER	MONTGOMERY		SILVER SPRIN					1 TYES 2 NO		
FUNERAL DIRECTOR	611 DALE DR		101. ZIP CODE				10g. CITIZEN	USA			
3	11. MARITAL STATUS	U.S. ARMED	S. ARMED 13. WAS DECENDENT				or No. 14. RACE — American Indian.				
	1 Never Married 2 Married	1 Never Married 2 Married FORCES? 1 YES			specify Cuban, Mexic (ES 2 NO Speci		erto Rican, etc.)	Bleck, White, etc. Specify:			
D BY	3 Widowed 4 Divorced  15. DECEDENT'S EDUC	2471011	44- 05050511716						WHITE		
COMPLETED	(Specify only highest grade	completed)	(Give kind of	8a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)			16b. KIND OF BUS	WESS/INDUS	INY		
2	Elementary/Secondary (0-12)	College (1-4 or 5+)	SALESMAN			WESTINGHOUSE					
Š	17. FATHER'S NAME (First, Middle, Last)			18. MOTHE			irst, Middle, Maiden	Sumame)			
BE C	WILLIAM	KLINE		LUC				CLOHA	AN		
0	19a. INFORMANT'S NAME (Type/Print) CHARLENE S. KLINE	(LITER)	1		et and Number or Rural				· ·		
	204_METHOD OF DISPOSITION	(WIFE)			IVE, SILV						
	1 ABuriat 2 Cremation 3 Remo	ETERY									
	1 CABuriat 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  ROCK CREEK CEMETERY  WASHINGTON, D.C.  22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC.								/D T110		
	1/ Semen	May	Tur						ME, INC. SP., MD 20901		
	23. PART I. Entar the diseases, or o								, Approximate		
Ì	IMMEDIATE CAUSE (Finel	List only ona cause on e	acn line.						Interval Between Onset and Death		
	disease or condition resulting in death)	. Seps1.	5						72 hrs		
ŀ	DUETO (OR AS A CONSEQUENCE OF):										
ON	Sequentially list conditions, If any, leading to immediate  Due to ion as a constituence of:										
CAT	cause. Enter UNDERLYING  Hepatie encephalopatky  10 yr										
Ē	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE	OF):							
CERTIFICATION	resulting in death) LAST	4									
CAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.							rt I. 24a. WAS AN AUTOPSY 24b. WERE AI PERFORMED? MAILAB			
20						1 - YES 2	1	COMPLETION OF CAUSE OF DEATH?			
ME					<u> </u>				1   YES 2   NO		
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)										
SICI	EXAMINER?	HOSPITAL:	petiant 3 DOA	OTHER:			Other (Specify)				
Ä	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TI	ME OF 28c	INJURY AT WORK?	-	d. DESCRIBE HOW to	NJURY OCCUP	RED		
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Dey, Year)		M 1	YES 2 NO						
	3 Suicide 6 Could not be		nome, farm, street, factory, office			261. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
	4   Homicide detarmined										
COMPLETED	29a. CERTIFIER (Check only) One)  [On										
8	2 MEDICAL EXAMINE	on end/or investigat	Investigation, in my opinion, death occu				read to the province of the test				
H	296. SIGNATURE AND TITLE OF CERTIFIER			M D 29c. LICI			2	29d. DATE S	DATE SIGNED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (TEM 27) (Typ	e, Print)	1000	1-	11 .	الموري	1 ~////		
	Raymord Brad	Ishaw, Jr.	MD 3	345Un	iversity 1	Blu	d.W. 511	ver S	pring Md.		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	NATURE	4.00	7		///	1	01		
			MD 3	345Un	iversity!	Blu	d, W. Si	lver S	pring, Md.		
	JUI 25 '90	Julia Da	vidson Ran	doll							

FOR STATE REGISTRAR		TE OF MARYLAND	/ DEPARTMENT	MENTAL	HYGIENI REG. NO.
DECEDENT'S NA	ME (First, Middle, Last)	11		2. DATE O	F DEATH

	1. DECEDENT'S NAME (First, Middle, Lest).  2. DATE OF DEATH MONTH DAY YEAR 155 P.  2. DATE OF DEATH MONTH DAY YEAR 155 P.								3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER			3. AGE (In yrs. les				July 19,			133 P. M
	578-48-5952		MJ V 2 F	a I	YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURII MIN.	7. DATE OF BIRTH (Month, Day, Year) 6/25/1899		Countr	PLACE (State or Foreign Y) Jersey
	9a. FACILITY NAME (If not in	1_		//		9b. CITY, TOWN	OR LOCATION OF DE		9c. CDUN		
DIRECTOR	Fernwood H					Bethes	da		Mon		
EC	10a. STATE	10b. COUNTY			10c. CITY	, TOWN OR LOCA	TION				10d. INSIDE CITY
ā	MD	Montgo	mery		Roc	kville					LIMITS?
IAL	10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?								YHAT COUNTRY?		
FUNERAL	10201 Grosvenor Place 20852 U.S.A.								١.		
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. RACE — American Indian, Black, Whits, etc.) 14. Never Merried 2 Married 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— Black, Whits, etc.)							— American Indian, r, White, etc.			
B≺	3XXWidowed 4 Divo		IF YES, GIVE WAI	R OR DATES		1 - YES	2 NO Specify	<i>r</i> :		Speci	White
COMPLETED											
	(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.)  [Give kind of work done during most of working life. Do NOT use retired.]										
MP	12	Water to an			Н	lomemake			ome	_	
BE CO											
TO B	198. INFORMANT'S NAME (							Route Number, City or Tox			
	Philip Kapr		on)					nac, Maryl		2085	
	20s. METHOD OF DISPOSITION  1 X Burisl 2 Cremation 3 Removal from State  4 Donation 5 Other (Specify) B Nai Israel Cong. Cemetery  20c. LOCATION — City or Yown, State  Oxon Hill, Maryland										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE // 22. NAME AND ADDRESS OF FACILITY										
	Danzansky-Goldberg Memorial Chapels, Inc.										
-4	1170 Rockville Pike, Rockville, MD 20852  23 PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate										
	ahock, or h	eart fallure, Lie	at only ona cause	e on each line	).					,	Interval Batween Onset and Death
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due to (DR AS A COMMINDIANCE OF):  Securally of Carterior Carried Constant Control of Constant Carterior Carried Carterior Carried Carterior Carried Carterior Carried Carterior Carried Carterior Carried Carterior Carried Carterior Carried Carterior Carried Carterior Carried Carterior Carried Carterior Carried Carterior Carried Carried Carterior Carried Carried Carterior Carried										
	resolung in dastil)	a.,	DUE TO (C	R AS A CONSE	DENCE OF	7:	0	. 0			
NO	Sequentially list condit	tions. 6.		Der	ure	elizad	arter	weller	zi.		2041.
CERTIFICATION	if any, leading to imme cause. Enter UNDERLY	diate	DUE TO (C	OR AS A CONSE	QUENCE OF	7: 0					
FIC	CAUSE (Disease or Injuthat Initiated events	iry C.	DUE TO (C	R AS A CONSE	QUENCE OF	7):					
H	resulting in death) LAS	d.									1000
2	PART II. Other algnifica	nt conditions	contributing to d	eath but not r	eaulting I	n the underlyin	n cause alven in	Part I. 24a, WAS AN	AIITOREV	246	. WERE AUTOPSY FINDINGS
MEDICAL			ryperk		outsiding .	ir tiro unduriyin	g cadao giveii iii	PERFO	RMED?	240	AVAILABLE PRIOR TO COMPLETION OF CAUSE
ED	7,000		11					1 TYES	2 AND		OF DEATH?
- I								_			1 123 2 1 100
PHYSICIAN	25. WAS CASE REFERRED T EXAMINER?						ACE OF DEATH (Ch	eck only one)			
YSI	1 TES 2 XNO		IOSPITAL:	ER/Outpatient 3	□ DOA	OTHER: 4 Mursing Hor	e 5 🗆 Residence	6 Other (Specify)			
	27. MANNER OF DEATH	Pending	28s. DATE OF IN (Month, Day,		28b. TIMI	URY W	URY AT DRK?	26d. DESCRIBE HDW	INJURY OCC	UREO	
ВУ	2 Accident	Investigation	28e. PLACE OF	INJURY — At bo	me farm s	treet, factory, offic	YES 2 NO	28f. LOCATION (Street	and Mumber	ov Promi i	South Alumbas
COMPLETED	4 Homicide	Could not be determined	building, et	c. (Specify)	,	, , , , , , , , , , , , , , , , , , , ,		City or Town, State		J 7107 61 1	Cotto Humber,
PLE	29s. CERTIFIER (Check only	TIFYING PHYSICIA	N: To the best of m	ry knowledge, de	ath occurre	ed at the time, date	and place, and dus	to the cause(a) and me	nner as state	ıd.	
OMI											s) and manner as stated.
ш	296. SIGNATURE AND TITLE	OF CERTIFIER	001				29c. LICENSE NUM	MBER			(Month, Day, Year)
TO B	Le	eve, u	Chel	1 1	10		0052		•	7/1	9/90
	20. NAME AND ADDRESS OF	FPERSON WHO	MO. SY	OF DEATH (ITE	M 27) (Type,	Print)	THESDA,	MD 20F14		-	
	31. DATE FILEO (MONT). DZ	<u>አ</u> ማነ <b>ዕ</b> ህ	32. HEGISTRAN	SOGNATURE	وم	00					
	JUL Z	7 30	duna	mmid to	-Munior	PG .					

21.15

DNMN-16 Rev 1/89

1 - FOR STATE REGISTRAR

	sician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	
YLAND 21203-3140	by the hospital or attending phy	d be detached for use as the bu	
BALTIMORE, MARYLAND 21203-3146	HYSICIAN: The law requires that the death certificate be executed within Jurs after death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 shoul	val.
	be executed with	cian and completely filled in by	or to burial, cremation, or remi
F VITAL RECORDS, P.O. BOX 13146,	equires that the death certificate	an signed by the attending physi	of Health and Mental Hygiene pri
ON OF VITAL RI	IDING PHYSICIAN: The law re	: After this certificate has bee	death with the State Dept, o
DIVISI	TO THE HOSPITAL DR ATTER	TO THE FUNERAL DIRECTOR	be filed within 72 hours after

	1. DECEDENT'S NAME (First,	Middle, Last)	-					-		2. DATE	OF DEATH			3. TIME OF DEATH
			Louise	. A.	Lea	ch				MONT	H D	7	1990	705A W
	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In )		irthday)	IF UNDER 1		IF UNDER 24 HRS.	7. DATE	OF BIRTN		8. BIRTNE	PLACE (State or Foreign
	262-69-173	9	1 🗆 M 2 💢 F	81		YRS.	MONTHS I	DAYS	HOURS MIN.		h. Dav. Year)	909	Conne	ecticut
	9a. FACILITY NAME (If not in:	stitution, give	street and number)	-			9b. CITY, T	OWN C	OR LOCATION OF				INTY OF DE	ATN
ECTOR	University	Nursi	ng Home				Whea	tor	1			Mo	ontgon	nery
	10a. STATE	IESIDENCE OF DECEDENT  10. STATE  10b. COUNTY  10c. CITY, TOWN OR LOCATION											10d. INSIDE CITY	
E E	Maryland	Maryland Montgomery Chevy Chase										H = 1	LIMITS?	
ERAL	10e. STREET AND NUMBER							101	f. ZIP CODE			10g. CIT	IZEN OF WI	HAT COUNTRY?
ᇤ	7208 Delfie	ld St	reet						20	815		Uni	ted S	States
J.	11. MARITAL STATUS  1 Never Married 2 X	Marriad	12. WAS DECEDED FORCES?	NT EVER IN U	2 X NO	D			ENDENT OF NISP			or No-	14, RACE Black,	- American Indian, White, etc.
B ∠	3 Widowed 4 Divo		IF YES, GIVE				1 [	YES	2 X NO Spec	tty:			Specify L	white
0		EDENT'S EDI		10	6a. DECE	DENT'S	JSUAL OCC	UPATIO	DN	161	. KIND OF BU	SINESS/IN		MITCE
L	Elementary/Secondary (0	highest grad	College (1-4 or 5	+)	Iffe. Do	kind of w	ork done du retired.)	ing mo	est of working					
once.	12				Но	mem	aker				Own I	lome		
COM	17. FATHER'S NAME (First, Mi	,,							16. MOTNER'S N			Surname)		
BE at	Julius Hor								Louise					
TO B	Brenna Hir								end Number or Rurs					0015
2				20b. P					Street,		_	_	City or Tow	
examiner must	20a. METHOD OF DISPOSITI  1 □ Burlal 2X X Crematio  4 □ Donation 5 □ Other	(Specify)	moval from Stata	0	other place	)	remat							g, Maryland
iner	21. SIGNATURE OF FUNERAL	L SERVICE L	ICENSEE				22. N/	ME A	ND ADDRESS OF I	ACILITY				
шеха	> Elle	nx	V. Ra	AD					Funeral ist Aver					MD 20910
medicai	23. PART I. Enter the di					h. Do n				_				Approximata
	ahock, or he		. List only one ca Myoca	rdial	in lina.	farc	tion	/	· A					Interval Between Onset and Death
the .	disease or condition resulting in death)	<b>→</b>		card	//	P	ma	n	Koon					umm-dici
event,			DUE TO	OR AS A C	ONSEOU									
	Sequentially list conditi	lons,	b	O (OR AS A C	ONSEOU	ENCE OF								
traumatic	If any, leading to imme- cause. Enter UNDERLY		DOE II	J (ON AS A C	ONSEOU	ENCE OF	<i>j</i> •							j
r other traumatic	CAUSE (Disease or injuthat initiated events	Iry	DUE TO	O (OR AS A C	ONSEOU	ENCE OF	):							
0 111	resulting in death) LAS	T	d											
Injury, o	PART II. Other significa	nt conditio	ona contributing to	o death but	t not rea	uiting i	n the und	erlyin	g cause given i	n Part I.	24a. WAS AN		24b.	WERE AUTOPSY FINDINGS
DICAL											PERFO			AVAILABLE PRIOR TO COMPLETION OF CAUSE
된			25.00											OF DEATH?  1 YES 2 NO
23 sh														
Item 2	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL				OTHER	26. P	LACE OF DEATH (	Check only o	ne)			
or its	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1   YES 2   NO   1   inpetient 2   ER/Outpatient 3   DOA   4   Nursing Home 5   Rasidence 6   Other (Specify)  27. MANNER OF DEATH   28a. DATE OF INJURY (Month, Day, Year)   Nursing Home 5   28c. INJURY AT WORK?													
P. G.	27. MANNER OF DEATH	Pending	28a. DATE O (Month,	F INJURY Day, Year)	13	26b. TIME INJ		W	JURY AT ORK?	26d. DE	SCRIBE NOW	INJURY O	CCURED	
marked. BY PH	2 Accident	investigation		OF INJURY -	- At home	· form o	tract factor		YES 2 NO	284 104	CATION (Street	and Numbe	ar or Ormal O	In de Mumber
28 is TED		Could not be determined		, etc. (Specify		, 1011111, 0	tiont, tactor	y, one			or Town, State		er or norer re	sale Nambel,
E 3	29a. CERTIFIER	TIFYING PHY	SICIAN: To the best of	of my knowled	doe denti	b occum	el at the tim	o deta	and alone and d	us to the or	uno(s) and me		eted.	
ANT: If I	anni .													and menner as stated.
	296. SIGNATURE AND TITLE	OF CERTIFI	ER /	//	/	7	10	_	29c. LICENSE N	UMBER		29d. DA	TE SIGNED	(Month, Day, Year)
MPOR O BE	Mass	11	14	1	/	M	//		0011	120	)	1	7 10	ly 1990
2	30. NAME AND ADDRESS OF										Delever			
	Walter E. (							Roa	d, Whea	aton,	MD 20	902		
	31. DATE FILED (Month, Day,	DO	12. Regray TR	Davids	TURE	mel a De	,							
	II OUL - /	90	1	- Into	A hand by	Charles .	90							

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1 - FOR STATE OF MARYLAN	D / DEPAR CERTIF				ENTAL HYGIENI REG. NO.	E	
	1. DECEGENT'S NAME (First, Middle, Last)					2. OATE OF DEATH		3. TIME OF DEATH
	GEORGIE A. LIGHTFO	OT				July "	6 19	00800 "
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yr	s. last birthday)	IF UNDER 1 YE			7. DATE OF BIRTH (Month, Day, Year)	6.	BIRTHPLACE (State or Foreign Country)
	213-48-1628 10 m2 XF 9	YRS.	MONTHS DA	rs Hours	MIN.			EORGTA
	9e. FACILITY NAME (If not institution, give street and number)			VN OR LOCATI	ON OF DEA		9c. COUNTY	
l e	Peninsula General Hospital		Sali	sbury			Wic	omico
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY							10d. INSIDE CITY
E	MARYLAND MONTGOMERY		SILVER					LIMITS?
	10e. STREET AND NUMBER		SILVER	10f. ZIP COD			10g. CITIZEN	OF WHAT COUNTRY?
EB/	1508 GRACE CHURCH ROAD	508 GRACE CHURCH ROAD 20910 USA						
FUNERAL	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED  13. WAS DECEDENT OF HISPANIC ORIGIN? (Specilly Yee or No— II yes, specilly Cuben, Mexicen, Puerto Ricen, etc.)  14. RACE — American Ind Black, Whita, etc.						RACE — American Indian, Black, White, etc.	
BY F	1 Never Merried 2 Merried IF YES 2  3 Wildowed 4 Olvorced IF YES, GIVE WAR OR DATES	XINO		YES 2 NO		Puerto Ricen, etc.)		Specify:
ED B	A .						1	WHITE
E	(Specify only highest grade completed)	(Give kind of a life, Do NOT us	vork done durin	most of worki	ng	16b. KIND OF BUS	INESS/INDUS	TRY
밀	Elementary/Secondary (0-12) College (1-4 or 5+)	HOME	MAZED					
COMPLET	17. FATHER'S NAME (First, Middle, Last)	(ATP(C))	MAKER	18. MOT	HER'S NAM	E (First, Middle, Malden	Surname)	
Ŭ W	LEVI EDWARDS			SAR	VII VV	N ELIZABE	תונו נות	NOCY
00	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (St			oute Number, City or Town		
2	EDNA MAY LIGHTFOOT	1508	GRACE	CHURCH	ROAD	STLVER	SPRING	
	EDNA MAY LIGHTFOOT  1508 GRACE CHURCH ROAD STLVER SPRING MARYLAND  20e. METHOD OF DISPOSITION 20e. METHOD OF DISPOSITION 3 Gramovel from State other place)  20b. PLACE OF DISPOSITION (Name of cemetery, crametory or other place)							
	4 Donetion 6 Other (Specify) FORT LINCOLN CEMETERY BRENTWOOD, MARYLAND							
	21. SIGNATURE OF FUNERAL SERVICE LICENSIE 22. NAME AND ADDRESS OF FACILITY							
	FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD. W. SIL SPR. MD. 20901							
П	22 PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximats							
1 4	Onset and Death							
	disease or condition resulting in death)							
	DUE TO (OR AS A CONSEQUENCE OF):							
NO	Sequentially list conditions, Due TO (OR AS A CO	MSECUENCE O	n.					
CERTIFICATION	if sny, lasding to immediate cause. Enter UNDERLYING							į.
윤	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CO	INSEQUENCE O	F):					
1	resulting in death) LAST							
	PART II. Other significant conditions contributing to death but	200 200 100	la Aba wada	lula a acusa	eliza la D	Part I. 24e, WAS AN	***********	
NA I	BROKEN HIPCLEARED BY MEDIC	_				PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEDI		BULKEL		//10/9	U	1 [] YES 2	□ NO	OF DEATH?
Σ	JAOK	DOLKEL	1, 110			_		1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	-		6. PLACE OF I	DEATH (Chec	ck only one)		
Sic	EXAMINER?  1 ▼ YES 2 □ NO 1 □ Inpetiant 2 □ ER/Outpetle	ent 3 🗆 DOA	OTHER:			Other (Specify)		
¥	27. MANNER OF DEATH 26a. OATE OF INJURY	26b. TIN	E OF 28	INJURY AT		26d. OESCRIBE HOW I	NJURY OCCUP	REO
ВУР	1 Natural 5 Pending (Month, Day, Year)	I IN.	M 1	WORK?	□ NO			
	2 Accident Investigation 3 Suicide 6 Could not be building, etc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, lectory, office building, etc. (Specify)  28l. LOCATION (Street and Number or Rural Route Number, City or Town, State)						Rural Route Number,	
IE	4 Homicide determined							
COMPLET	29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge	ge, death occum	ed at the time	date and place	e, end due t	o the cause(e) and mar	nner as stated.	
OM	one) 2 MEDICAL EXAMINER: On the basis of examination or	nd/or investigation	on, in my opin	on, death occu	red at the t	lme, date and place, an	d due to the c	ause(e) end manner as stated,
m C	29b. SIGNATURE AND VITLE OF CENTIFIER			29c. LIC	ENSE NUMI	BER	29d. DATE S	IGNED (Month, Day, Year)
00	Medz			1	250	69	D 7	-16-90
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH			,				
1	John Hedger 111 DAVIS		SAlis	sury	me	4,		
	31. DATE FILED (Month, 1967) 32. REGISTRAR'S SIGNATI	JRE		1				
	I D'UII IZ C' A '							

A\*

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: It liem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
--

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	C			F DEATH	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	UERITE L	VELL	L		2. DATE OF GEATH	1990YEAR	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 5. SI	EX 6. AGE (In yrs. In	-	IF UNDER 1 YEAR		7. DATE OF BIRTH	6. BIR	THPLACE (State or Foreign NNSYLVANIA		
TOR	9a. FACILITY NAME (if not institution, give street at 314 SPRINGDALE RD. RESIDENCE OF DECEMENT	id number)			N OR LOCATION OF DE WINDSOR	ATN	9c. COUNTY OF CARRO			
DIRECTOR		MD 106. COUNTY CARROLL 100-CET TOWN ON DOOR 100.								
FUNERAL	314 SPRINGDALE RD.				10f. ZIP CODE 217	776	10g. CITIZEN OF	TWIAT COUNTRY?		
3 Wildowed M Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify ]  15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.)						Ble	CE American Indian, ack, White, etc. WHITE			
							siness/industry RECTOR/H	OSPITAL		
BE CON	17. FATHER'S NAME (First, Middle, Last) WILLIS G. WERT  18. MOTHER'S NAME (First, Middle, Melden Surmame) MARY AIKEN									
2										
20a. METHOD OF DISPOSITION BURIAL  1   Burlal 2   Cremation 3   Removal from State  20b. PLACE OF DISPOSITION (Name of cametery, crematory or other place). CREEK CEMETERY  20c. LOCATION — City or Town, State  NR. NEW WINDSOR							WINDSOR, MD			
	21. SIGNATURE OF FUNE BAL SERVICE LICENIES	NEW WINDSOR, MD								
	23. PART I. Enter the diseasee, Dr comp shock, or heert fellure. List of IMMEDIATE CAUSE (Final			not enter the	mode of dying, suc	h ss cardiec or resp	iretory errest,	Approximete Interval Between Onset and Desth		
	The state of the s	ABDOMINADUE TO (DR AS A CONS	eouence o	CAR	CINOMA	TO\$15		WEEKS		
NOI	Sequentially list conditions, If eny, leading to immediate  CARCINOMA OF THE PANCREAS  MONTHS									
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (DR AS A CONS	EDUENCE O	F):						
MEDICAL C	PART II. Other significant conditions con	ntributing to deeth but not	resulting	in the under	iying cause given in	Part I. 24a. WAS AP PERFO 1 TYES	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			2	6. PLACE OF DEATH (Ch	neck only one)				
SIC		SPITAL: Inpatient 2 PER/Outpatient	3 🗆 DOA	OTHER: 4   Nursing	Home 5 - Residence	8 Other (Specify)				
	27. MANNER OF DEATH  1 Matural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIR	JURY	INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCURED			
28e PLACE OF INJURY — At home form street factory office 28f LOCATION (Street and							al Route Number,			
COMPLETED	one)	To the best of my knowledge, the basis of examination and/o						e(a) and manner as stated.		
BE	296. BIGMATURE AND TITLE OF CERTIFIER	home	0		DIO 16			IED (Month, Day, Year)		
70	30 NAME AND ADDRESS DF PERSON WHO CO	MPLETED CAUSE OF DEATH (1)	27) (1/10)	e, Print)	& A	NCHOP.	2000	21157		
	30-RIAME AND ADDRESS OF PERPONEND COMPLETED CAUSE OF DEATH(ITEM 27) (Typo, Print)  WINCENT J. FLOCED JA WESTMINSTER UD 21157  31. DATE FILED (Month, Day, Year)  32. REGISTRAN'S SIGNATURE  JUL 25 90  32. REGISTRAN'S SIGNATURE									

pinous:

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 be filled within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burlal, cremation, or removal.	MPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ence.	
	HE CE	THE filed	IMPO	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.													
1. DECEOENT'S NAME (First,	Middle, Last)							2. DATE OF DEATH 3. TIME OF OEATH					
Lee Henr	ry Long	Sr.						Ju]		3 10	990	6:00	Ам
4. SOCIAL SECURITY NUMBER	ER 5	. SEX 6. A	GE (In yrs. Is	est birthday)		R 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH		a. BIRTH	PLACE (State or I	
218-14-1097	.8-14-1097   1XXM 2   F   65 YRS.   MONTHS   DAYS   HO				HOURS MIN.	Apri	1, Day, Year)	1925	Countr	arvland			
9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION						OR LOCATION OF DE		,	9c. COUN				
Baltimore Co		eneral Ho	sp.			Rand	lal1stowr	1		Bal	ltim	ore	
10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION							ION					10d. INSIDE CIT	Υ
Maryland 100. STREET AND NUMBER							town			10a. CITIZ	EN OF V	1 TYES 2 N	NO
105 Chart	lev Dr	ive					21136				US		
11. MARITAL STATUS			ER IN U.S. A	RMED	13	WAS DEC	ENDENT OF HISPAN		17 /Specify Ve	s or No.		E — American Inc	lian
1 Never Married 2 X Married FORCES? 1 YES 2 NO If yes, s					If yes, sp	2 X NO Specifi	n, Puarto		or No-	Speci	c, White, etc.	reart,	
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (She kind of work done during most of life. Do NOT use refined,)							168	. KIND OF BU	SINESS/INDU				
Elementary/Secondary (0-	12)	College (1-4 or 5 +)			esma								
17. FATHER'S NAME (First, Mic	ddle, Last)			503			18. MOTHER'S NA	ME (First	Mickelle Malrie	Surpame			
Charles		Q.					Elsie			Junaine)			
19a. INFORMANT'S NAME (TV		6		Ob MAILING	ADDRES	Chand a				On an Time	0-4-1		
Joan Patricia Long 1906. MAILING ADDRESS (Street and Nu 1906. MAILING ADDRESS (STREET AND NU 1906. MAILING ADDRESS (STREET								sters!			21136		
20 METHOD OF DISPOSITION		В			_			Vel					
1 ABurial 2 Cremation 3 Removal from State other place)								CATION — C					
4 Donetton 5 Dotter (Specify) All Saints Cemetery Reisterstown, Md.  21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY													
21. SIGNATURE OF FORENAL	SERVICE LICEN	SEE O			22	. NAME AF	NU AUDRESS OF FA	CILITY	1182	4 Reis	ster	stown R	d.
lector.	2/	> (	Len	C	E	line	Funeral	Ноп	e Rei	sterst	own	, Md.21	136
IMMEDIATE CAUSE (Find disease or condition resulting in death)  Sequentially list condition if any, leading to immediate. Enter UNDERLYII	ons, b.	DUE TO (OR	AS A CONSI	EOUENCE O	r):	بالد	250	6	دىك				
CAUSE (Disease or injuithst initiated events resulting in deeth) LAST		DUE TO (OR	AS A CONSI	EOUENCE O	F):								
PART II. Other eignifican	nt conditions	contributing to dee	th but not	reculting	in the u	nderlyln	g cause given in	Part i.	24s. WAS AI PERFO	RMED?	24b	WERE AUTOPSY AMILABLE PRIO COMPLETION OF OF DEATH?	R TO
												1 YES 2	NO
25. WAS CASE REFERRED TO	_						ACE OF DEATH (Ch	eck only o	70)				
1 XES 2 NO		IOSPITAL:	Outpatient	3 Q DOX	OTHE		e 5 🗆 Residence	6 🗆 Oth	er (Specify)				
27. MANNER OF DEATH		26a. DATE OF INJU	JRY	28b. TIM	E OF	28c. INJ	URY AT	_	SCRIBE HOW	INJURY OCC	UREO		
	Pending nvestigation	(Month, Day, Ye	rear)	IN	JURY		YES 2 NO						
3 Suicide 8 Could get by 26s. PLACE OF INJURY — At home, farm, street, factory, office 26f. LOCATION (Street and Number or Rural Route Number,													
	letarmined	building, atc.	(specify)						or Town, State				
one)		N: To the best of my I										and manner as	stated
29b. SIGNATURE AND TITLE											-		
101018	CHIEFER						29c. LICENSE NUI			29d. OATE	SIGNED	(Month, Day, Yea	7)
30. NAME AND ADDRESS OF	DEDOON WITH	COMPLETES STATES		-	0.1		ソノイノ	7 2		1 1	17,	1190	
								1.1				0	
Robert B. K				0 Lib	erty	Rd.	Kanda	llst	own, l	1d. 2	113	3	
31. JUL 25 90	rodr)	JR. REDISTRAR'S	- And	402									

_	
	Ì
ເດົ	
4	
=	
1314	
~	
2	
ĕ	
റ്	
~	
0	
10	
8	
×	
<b>*</b>	
$\approx$	
ŭ	
~	
Ξ.	
7	
$\geq$	
7	
OF VITAL RECORDS, P.O. BOX	
<u></u>	
O	
Z	
0	
70	
=	
2	
0	
DIVISION	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MA	ARYLAND / DEPARTMENT OF H CERTIFICATE OF	HEALTH AND MENTAL HYGIENE DEATH REG. NO.
die, Last) MARJORIE	ARVINELLE LLOYD	2. DATE OF DEATH MONTH DAY 7.4 /// - 9

	FOR 1 - STATE REGISTRAR	STATE OF MARY			HEALTH AND F DEATH	MEN	TAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Lest)	MARJORIE A	RVINELLE	LLOY	D		ATE OF DEATH DAY	90	YEAR	3. TIME OF DEATH	
1	4. SOCIAL SECURITY NUMBER 427 66 4000	1200	E (In yrs. lest birthday) 7 YRS.	IF ONDER 1 YEAR MONTHS DAYS		(#	ATE OF BIRTH Month, Day, Year) AN. 27,19	333	Countr	PLACE (State or Foreign	
	9a. FACELITY NAME (If not institution, give	Account to the second		-11	OR LOCATION OF D	_		9c. COU	NTY OF D	EATH	
CTO	(HOME) 2509 JAME		I as an	Y. TOWN OR LO	E HILLS,			PRI	NCE (	EORGES	
DIRECTOR	MARYLAND PRI	NCE GEORGES		APLE HI						10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
	10e. STREET AND NUMBER		•		101. ZIP CODE					/HAT COUNTRY?	
FUNERAL	2509 JAMESON STR  11. MARITAL STATUS  1 Never Merried 2 X Merried	12. WAS DECEDENT EVER			20748 ECENDENT OF HISPA specify Cuban, Mexic				14. RACE	STATES  — American Indian, t, White, etc.	
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OF	DATES **	1 🗆 Y	ES 2 NO Spec				Speci	BLACK	
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	(1-4 or 8+)		work done during se retired.)	most of working		18b. KIND OF BUS		DUSTRY		
MPL	12 17. FATHER'S NAME (First, Middle, Last)	2	CHILD CA	ARE OPE		AME /S	DAY CAI				
BE CO	HELON WELSH						CLARK	surname)			
10 B	19e. INFORMANT'S NAME (Type/Print)	(IIIICD AND)			ST., TEME					207//9	
	JAMES H. LLOYD  200. METHOD OF DISPOSITION	(HUSBAND)	20b. PLACE OF DISPO						City or To		
- 1	1 Burlel 2 Cremation 3 Rai 4 Donation 5 Other (Specify) 21, SIGNATURE OF EUNERAL SERVICE L		A.S.POPE		L GARDENS			LPHI	, MA	RYLAND	
	Mey Y	lose &	/ 7 M8	59 ALE	XANDER S. 7 Pennsy.	. P	OPE FUNE	RAL ue.S	HOME E DC	20020	
	23. PART I. Enter the diagases, or shock, or heart fellure	r complications that cause. List only one cause of								Approximats Interval Between	
	iMMEDIATE CAUSE (Final disease or condition resulting in death)		S A CONSEQUENCE							Onset and Death	
NO	Sequentially list conditions,  Due TO (OR AS A CONSEQUENCE OF):										
CATIC	If sny, leading to immediate cause. Enter UNDERLYING	G. OH A	S A CONSEQUENCE (	)r): 							
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in daeth) LAST	DUE TO (OR A	S A CONSEQUENCE (	OF):							
	PART II. Other eignificant condition	ons contributing to deat	h but not reaulting	in the underly	ring ceusa given i	n Part	I. 24e. WAS AN		241	. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO	
PHYSICIAN: MEDICAL						—	1 🗆 YES 2	1 NO		OF DEATH?	
N.											
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINEN?  1 DES 2 NO	HOSPITAL:		OTHER:	PLACE OF DEATH (		, , , , , , , , , , , , , , , , , , , ,				
ЭНХВ	27. MANNER OF DEATH	1 Inpatient 2 ER/C	RY 28b. TI		Iome 5 Mesidence 8NJURY AT WORK?	_	1. DESCRIBE HOW I	NJURY O	CCUREO		
ВУ	1 Millural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not b	28e, PLACE OF INJ	URY At home, ferm.	M 1	YES 2 NO	281	LOCATION (Street	and Numb	er or Rural	Route Number,	
TED	4 Homicide 6 Could not b	building, etc. (	Specify)				City or Town, State)	20-000			
COMPLETED	(Critick Orlly	YStCIAN: To the best of my kinner: On the beste of examin								e) and menner as stated.	
BE C	29b. SIGNATURE AND TITLE OF CERTIE	JER June	1		29c, LICENSE N	UMBER	1	29d. DA	TE SIGNE	O (Month, Day, Year)	
5	30. NAME/AND ADDRESS OF PERSON V	WHO COMPLETED CAUSE OF	OEATH (ITEM 27)	ni, Printi	1120	ro	1 4				
	AUEUS FO P. ROD	12. REGISTRAR'S S	5009 Kay	Jusa (	1. C/ Sp	mo	95, ml	20	748		
	III 1 8 '90		widson-Aand	ملك	• •						

DHMH-18 Rev 1/89

Ď	ifical
Ö	cert
9	death
S	节
E	that
SECO	requires
-	WE
M	E E
OF VIT	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. B	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifical
	HOSPITAL
	THE
	2

DIVISION OF VITAL RECORDS, P.O. BOX 131-0;
To THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the law requires that the death certificate be executed with the flux attending physician and completely filted in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filted within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR	STATE OF MARYLA		T OF HEALTH AND	MENTAL HYGIENI REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)	James Gr	ier Long,	III	2. DATE OF DEATH MONTH DAY	YEAR 90	3. TIME OF DEATH  729 Am	
4. SOCIAL SECURITY NUMBER 191-22-9330	5. SEX 6. AGE (In	ys. last birthday) IF UND	ER 1 YEAR F UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day Year)	3. BIRT	APLACE (State or Foreign	
9a. FACILITY NAME (If not institution, give s MAKCOM Grow	Medical Ca	fr. 96. CIT	Andrews A	Thas FB	9c. COUNTY OF I		
10a. STATE 10b. COUNT Marvland Prin		10c. CITY, TOWN				10d. INSIDE CITY LIMITS? 1  YES 2 NO	
100. STREET AND NUMBER 5306 Loraine Dr	ce George's ive5306 LORRA	<u>.</u>	Springs 10f. ZIP CODE 207	48	10g. CITIZEN OF	WHAT COUNTRY?	
11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN I FORCES? 1 - YES IF YES, GIVE WAR OR DAT	2 NO	WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic  1 YES 2 NO Speci	an, Puerto Rican, atc.)	Spec		
15. DECEDENT'S EDU (Specify only highest grade Elementapy/Secondary (0-12)	1951-1954  CATION		during most of working	16b. KIND OF BUS	INESS/INDUSTRY	asian	
17. FATHER'S NAME (First, Middle, Leat) James Grier Ion	3	Engineer	Management Configuration 18. MOTHER'S N.	On US GOV		Navy Dept.	
19a. INFORMANT'S NAME (Type/Print) Betty Ann Long	a II	196. MAILINO ADDRE	SS (Street and Number or Rural		ackson I, State, Zip Code)		
20a-METHOD OF DISPOSITION  1 Description   D	oval from Stata	PLACE OF DISPOSITION (I	Name of cemetery, crematory or		CATION — City or T		
21. SIGNATURE OF FUNDRAL SERVICE LIC	ENSEE	22	onal Cemeter	Lee		rginia Home, Inc. inton, Md 20	
Sequentieny list conditions,	DUE TO (OR AS A CO)  DUE TO (OR AS A CO)  DUE TO (OR AS A CO)	Praire De Consequence of:  Me Aufui  Consequence of:	Ath - Asy, o Schrabic C	stoke andis vosse	un Dese	Onset and Death	
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE OF):					
PART II. Other significant condition	s contributing to deeth bu	t not resulting in the t	underlying cause given in	Part I. 24a. WAS AN PERFOR	MED?	b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL:  OTHER:							
27. MANNER OF DEATH  1 Netural 6 Pending	(Month, Day, Year) INJURY WORK?						
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide datarmined	tent investigation  de 6 Could not be building, etc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28f. LOCATION (Street and Number or Rural Route Number, City or Fewn State)						
(encon only	CIAN: To the best of my knowle R: On the basis of axamination					a) and manner as stated.	
296. SIGNATURE AND TITLE OF CERTIFIE	B m		29c. LICENSE NU D /7/	MBER 16 2	29d, DATE SIGNE	(Month, Day, Year)	
30. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAUSE OF OEAT  Hoy MO  72. REGISTRAR'S SIGNA	BSSE CRA	in Arry	Ofner M	mellon	KUJ 20772	
1111 a 2 200		m Pandell			,		

DHMH-16 Rev 1/89

•

Pages 1

permit.

**burial-transit** 

ched for use as the

36	deta		000
6	2		76
TO THE HOSPITAL OR ALTENDING PHYSICIAN: The Jaw requires that the death certificate be executed within 35 hours after death. Page b may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be deta		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at onc
8	901		90
May	or. p.		Ist
age o	direct		ar mi
Jeam. P	funeral		xamin
mer	the	noval.	cal e
nrs o	in b	ren r	edi
01	filled	Du, O	he m
THU.	nely	mati	7, 2
M	трр	. Cre	ever
CUTE	03 p	unial	tle i
8	n ar	to	ma
9	Sicia	Drior	Tat
2	P.	ane g	her
Cen	ding	- A	10 1
eam	affen	ntal i	× 0
96	\$	Me	를
Tall I	1 5	and	W
SS	igne	ealth	20
mba	en s	H Jo	NOW.
ME	s be	ept.	23 8
9	te ha	rte D	He
AN:	tifica	e Sta	10 10
SIS	Cer	中中	d, c
H	r this	h wi	arke
DING	Afte	deat	E
EN	DR.	after	1 82
OR A	)IREC	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	em
B	AL C	72 h	=
Sp	NER	thin	N.
EE	E FU	d wil	RTA
H	H	file	400
7	2	2	=

BE

2

29b. SIGNATURE AND TITLE OF CERTIFIER

SILIO

GESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. AEGISTRAD'S SIGNATURE Julia Daydson-Randall

ALIFMAN,

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH MONTH 3. TIME OF DEATH LONG EDWARD J. 90 10:52 AM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) B. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR | IF UNDER 24 HRS. 7 DATE OF BIRTH DAYS HOURS 1 XX M 2 | F 73 577-09-6538 VRC 9-14-16 Ma'. 9a. FACILITY NAME (If not institution, give street and number) 9h CITY TOWN OR LOCATION OF OFATH 9c. COUNTY OF DEATH DIRECTOR SOUTHERN MD HOSPITAL CLINTON PRINCEGEORGES RESIDENCE OF DECEDENT 10a. STATE 10d. INSIDE CITY LIMITS? 1 YES 2 NO 10h COUNTY 10c. CITY, TOWN OR LOCATION Md. P.G. Temple Hills 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g CITIZEN OF WHAT COUNTRY? 20748 USA 4815 Old Branch Avenue 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 220 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puerto Rican, atc.) 1 YES ZOJO Specify: BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY Elamentary/Secondary (0-12) Collage (1-4 or 5+) Washington Gas 9 0 Welder 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Daniel T. Long Amy M. Wood BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Same as 10a-10f. Kathryn M. LOng 20a. METNOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of comatery, crematory or 20c. LOCATION -- City or Town, State Bryantown, Md. 4 Opnation 5 Other (Specify) Mary's Church Cemetery 22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, Inc. 21. SIGNATURE OF FUNERAL 6633 OLd Alexander Ferry Road Clinton Maryland 20735 the diseases, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or hasrt failure. List only one cause on sech line. Interval Batwean IMMEDIATE CAUSE (Final Onset and Death disease or condition ARCINUMA
DUE TO (OR AS A CONSEQUENCE OF) resulting in deeth) CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseasa or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO OBSTRUCTIVE COMPLETION OF CAUSE OF DEATH? 1 | YES 2 | NO CORUNARY ARTERY 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER:
4 | Nursing Home 5 | Rasidence 6 | Other (Specify) 1 - Inpetient 2 ER/Outpetient 3 - DOA 27. MANNER OF DEATN 28a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Netural Accident 8 Pending М 1 YES 2 NO BY Investigation 28a. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be datermined COMPLETED 4 Nomicide 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated.

29d. DATE SIGNED (Month, Day, Year)

20

12906

#602

8926 WOUDYARD

0.0111.50

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crem. IMPORTANT: If Hem 28 is marked, or Item 23 shows any Injury, or other traumatic event,

	3 should	e State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
	2,		
	Pages 1		
	permit.		
	-transit		
11300	Dunia		
2	the		
2000	as as		
5	r use		
-	of be		
2	tache		Ce.
2	e de		t on
5	d bit		e pe
0.000010	shot		OT I
2	De 5		0 11
	r, pa		d is
9	ecto		E
5	al di		ner
	uner		me
	the	Mal.	6
3	70	remo	dica
-	led i	1, 04	Ĕ
Ì	ify fill	ation	the
	plete	crem	ent.
	E00	rial,	20
	and	ng o	mati
2	iclan	rior 1	Iraci
1	phys	ne p	101
3	ding	4ygie	r of
2000	after	ntal	٧. ٥
2	the	Me	nja
17.47	A P	and I	AU
25	Signe	lealth	28
200	Ben s	of h	shov
The first industrial than the formation of the formation	as b	Jept.	ire item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
2	ate h	ate [	EE.
	Liffice	Si	11 7

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H			IYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) RANDLE DOUGLAS L					2. DATE OF MONTH JULY	DEATH DAY	1990	3. TIME OF DEATH 0400 a M		
	4. SOCIAL SECURITY NUMBER  424-30-8640  98. FACILITY NAME (If not institution, give	5. SEX 1 M 2 F	IF UNDER 1 YEAR HONTHS DAYS	HOURS MIN.	7. DATE OF BIRTN (Month, Dey, Year) 4-6-31  9e, COUNTY OF DEATH						
TOR	Malcolm Grow USA				Springs			P.G.			
DIRECTOR	10e. STATE 10b. COUNT	P.G.		TOWN OR LOCAT	ION				10d. INSIDE CITY LIMITS? 1  YES XX NO		
	10e. STREET AND NUMBER	A 202		101	101, ZIP CODE				F WHAT COUNTRY?		
BY FUNERAL	4812 Eastern La  11. MARITAL STATUS  1   Never Married 2  Married 3   Widowed 4  Divorced	12. WAS DECEDENT EVER IN FORCES? XX YES	2 NO	If yes, sp	20746 ENDENT OF HISPAN BOTH Cuban, Maxica 2000 Specific	n, Puerto Rica	Specify Yes or No n, atc.)	BI	ACE — American Indian, ack, White, etc.		
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	de completed)  College (1-4 or 5+)		ork done during mo retired.)	ON st of working	16b, KII	NO OF BUSINES				
COMP	12 17. FATHER'S NAME (First, Middle, Last) Randle Luke						School  Ne, Maiden Surna OWN		en		
TO BE	198. INFORMANT'S NAME (Type/Print)  Svat Luke				nd Number or Rural	Route Number,	City or Town, Ste		746		
	20a, METHOD OF DISPOSITION  1 Surfact 2 Cremation 3 Res 4 Donation 5 Other (Specify)	Nat'1 C	netery, crematory or emetery			ATION — City or Town, State Lington, Va.					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, Inc. 6633 Old Alexander Ferry Road Clinton, Maryland 20735										
CERTIFICATION	ahock, or heert fellure. Liet only one cause on each line.  Interval Between Onset and Death  CARDIO PULMONARY ARREST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
	that initiated events resulting in death) LAST  d.  PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS										
PHYSICIAN: MEDICAL	VE 2 □ NO COMPLETE OF DEATH								AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL:  OTHER:										
/ PHYS	1 YES 2 NO  27. MANNER OF CEATH  1 Natural 6 Pending Investigation	1 Inpatient 2 ER/Outg	OF 28c. INJ	URY AT PRICE 2 NO	Y	(pecify) IBE NOW INJUR	Y OCCURED				
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)										
COMPLETED	cool	'SICIAN: To the best of my know							e(a) and manner as stated.		
BE	29b, SIGNATURE AND TITLE OF CERTIF	Mh Cht	USAC	M	29c. LICENSE NU		•	July	11, 1990		
10	30. NAME AND ADDRESS OF PERSON'V RONALD D. WONG,	CAPT, USAF, M	C (ITEM 27) (Type,		LM GROW WS AFB,				ER		
	JUL 16 90	Julia Davidson	- Aandell								

ID.	
(0)	
=	,
13146,	
_	
3	
Garage .	
4	
-	
_	
$\leq$	
<b>D</b>	
P.O. BOX	3
_0	
$\circ$	
-	
Lil.	
40	
U)	
0	
RECORDS,	
-	
0	
13	
0	
LU	
000	
UL.	
. VITAL	
-	
-	ı
$\vdash$	
_	
>	
	١,
14	١.
1	
0	
-	
_	
NOF	
0	
U	
-	
S	
-	
-	
0	
DIVISION	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
R: After er death
sometimes are a few to the form the same interest and an extension and the same interest

1 - FOR STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.	
1. DECEDENT'S NAME (First, Middle 4. SOCIAL SECURITY NUMBER 250-32-9164)	20 CCS	Live	NDER 1 YEAR IF UNDER 24 HRS.	2. DATE OF DEATH MONTH  7. DATE OF BIRTH (Month, Rey., Mail) 7. DATE OF DIRTH (Month,	YEAR 3. TIME OF DEATH   9 9 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
98. FACILITY NAME (If not institution of the company of the compan	in, give street and number)	AleHono,	CITY, TOWN OR LOCATION OF	DEATH / 90	Maryland c. COUNTY OF DEATH  FINCE CLY 9 1  10d. INSIDE CITY X LIMITS?
100. STREET AND NUMBER 401 Greenhill			101. ZIP CODE 20707	1.23	1 M YES 2 NO D9. CITIZEN OF WHAT COUNTRY? USA
11. MARITAL STATUS 1 Never Merried 2 Merrie 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN	2 [A] NO		ANIC ORIGIN? (Specify Yes or I can, Puarto Rican, etc.)	
15. DECEDEN' (Specify only higher (Specify only higher Elementary/Secondary (0-12)	T'S EDUCATION est grade completed)  College (1-4 or 5+)	18e. DECEDENT'S USU. (Give kind of work of life. Do NOT use reti	16b. KIND OF BUSINE  COSINETIC  NAME (First, Middle, Melden Surr	S	
William E. Mus	~	19b. MAILING ADD	Samant RESS (Street and Number or Aur enhill Ave. L	tha H. Walker  H House Number, City or Town, Si	
Ernie Livesay  200 METHOD OF DISPOSITION 10 Burlel 2 Cremention 3	200		enhill Ave. L Name of company cremetor o hicum Chapel		and 20707  NON-CRY OF TOWN, State SV1110, ND
23. PART I. Enter the disease shock or heart f	es, or complications that caused failure. List only one cause on e	tha death. Do not e		Fleck Fu oring Rd. La	meral Home, Inc. urel, MD 20707 pry arrest, Approximate interval Betwee
IMMEDIATE CAUSE (Final disasse or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disasse or injury that initiated avents resulting in death) LAST	a.	CONSEQUENCE OF):	yo Edud	al Bis	rease s.
PART II. Other algnificant co	TOPSY 24b. WERE AUTOPSY FINDING DP AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO				
25. WAS CASE REFERRED TO MED EXAMINER? YES 2 NO	HOSPITAL:		26. PLACE OF DEATH (		
27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Dey, Year) Igation	28b. TIME OF INJURY	Nursing Nome 5 Residence 28c. INJURY AT WORK? M 1 YES 2 NO	a 8 Other (Specify)  28d. DESCRIBE NOW INJU	JRY OCCURED
3 Suicide 8 Could 4 Homicide determ	not be building, atc. (Spec	— At home, farm, street	t, factory, office	281. LOCATION (Street and City or Town, State)	Number or Rural Route Number,
one)	G PHYSICIAN: To the best of my know				r as stated, lua to the cause(a) and menner as stated.
29b. SIGNATURE AND TITLE OF C	SON WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Prin	29c. LICENSE N	1UMBER 20	9d. DATE SIGNED (Morth, Day, Year)
31. DATE FILED (Month, Day, Year) JUL 1 9 90	32. REGISTRAR'S SIGN	ATURE			DHMH-16 Rev

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
•	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

1 - STATE REGISTRAR	Adiable Local		С	ERTIF	ICATE	OF	DEATH		REG. NO	).		3. TIME OF DEATH
									MONTH	DAY	YEAR	
	Elmer W. Lytle, Jr.						100000	$\overline{}$	uly 19	) [	990	12:50 A.
4. SOCIAL SECURITY NUMI		S. SEX	8. AGE (In yrs. la		IF UNDER	1 YEAR DAYS	HOURS 1		Month, Day, Year)		Count	
219-36-2428		1 M 2 - F	52	YRS.				M	ay 24,			ryland
9a. FACILITY NAME (If not in	stitution, give s	atreet and number)			9b. CITY	TOWN C	R LOCATION	OF DEATH	_	9c. COI	UNTY OF E	PEATH
Residence:		ewis Stre	eet		На	vre	de Gr	ace	_	Н	arfo	rd
10e. STATE	10b. COUNT	Υ		10c, CIT	Y, TOWN C	R LOCAT	ION					10d. INSIDE CITY LIMITS?
Maryland	На	arford			Hav	re o	le Gra	ce				1 X YES 2 NO
10e. STREET AND NUMBER						101	ZIP CODE			10g. Cl	TIZEN OF	WHAT COUNTRY?
711 Lewis S	treet						2107				U.S.	
11. MARITAL STATUS		12. WAS DECEDED	NT EVER IN U.S. A	RMED					RIGIN? (Specify Y	ne or No—	14. RAC Blac	E — Americen Indien, k, White, atc.
1 Never Married 2 2 3 Widowed 4 Dive		IF YES, GIVE	WAR OR DATES				2 XNO				Spec	
15. DEC	EDENT'S EDU	JCATION	16a, D	ECEDENT'S	USUAL O	CCUPATIO	N		16b. KIND OF B	USINESS/JA	QUSTRY	
(Specify on	y highest grade			Give kind of e. Do NOT u	work done se retired.)	during mo	st of working		Farmers	Home A	Admini	stration
Elementary/Secondary (		College (1-4 or 8 Two Years		onet	cueto	. T.	spect	0.75	Dept. of	Agric	cultur	œe
15. DEC (Specify on Elementary/Secondary (1		INO TEALS		OHSU	ucto	'L TI	19 bec L	U L	Chrester First, Middle, Melde			
IV. FAITHER S NAME (FIRST, A		6					IO. MOTHE			ii oumeme)		
Elmer W.		, Sr.							a Baker			
19a. INFORMANT'S NAME (			1						Number, City or To			
Deanna S.									Grace,			
20a METHOD OF DISPOSIT	ION	mount from Ctata	20b. PLACE	OF DISPO	SITION (Na	me of cer	netery, cremate	ory or	20c. L	OCATION -	- City or T	own, State
4 Donation 5 Othe		noval from State			1emor	ial	Garde	ns	Abe	erdee	n. M.	aryland
21. SIGNATURE OF FUNERA	L SERVICE L	CENSEE	,	1	22.	NAME A	ID ADDRESS	OF FACILITY	ΓY			
1	~/	· Plest	-20	X_					on & Sor ryland	ı Fun	eral	Home
23. PART I. Enter the c shock, or I IMMEDIATE CAUSE (FI disease or condition resulting in death)	eert fellure.	. List only one ce	use on each lin	10.							rrest,	Approximate interval Between Onset and Deat
IMMEDIATE CAUSE (Final disease or condition resulting in death)  e.												
Sequentially list condi if sny, leading to imme cause. Enter UNDERLY CAUSE (Disesse or in) that initiated events resulting in death) LAS	resulting in destri) LASI											
	ant conditio	ns contributing t	o death but not	resulting	in the u	nderiyin	g cause giv	en in Par		AN AUTOPS	Y 24	b. WERE AUTOPSY FINDINGS
									PERF	ORMED?	-	AMILABLE PRIOR TO COMPLETION OF CAUSE
								-	- I 1 YES	2 NO		OF DEATH?
									-		- 1	1 YES 2 NO
25. WAS CASE REFERRED EXAMINER?	O MEDICAL	HOSPITAL:			OTHE		ACE OF DEA	TH (Check	only one)			
1 TYES 2 NO			☐ ER/Outpatient	3 🗆 DOA			e 5 🕅 Resi	dence 6	Other (Specify)			
25. WAS CASE REFERRED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5	Pending		Dey, Year)	28b. TI	ME OF IJURY M	W	URY AT ORK?	_	d. DESCRIBE HOV	V INJURY C	CCURED	
2 Accident investigation 3 Suicide 8 Could not be determined 4 Homicide determined   28a. PLACE OF INJURY — At home, farm, street, factory, office   28f. LOCATION (Street and Number or Rural Route Num City or Town, State)							Route Number,					
29e. CERTIFIER (Check only one) 1 CEF		SICIAN: To the best of										(a) and menner as stated,
29e. CERTIFIER (Check only one)  29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and one)  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29c. LICENSE NUMBER  29c. LICENSE NUMBER  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)									29d. D.	TE SIGNE	(Month, Day, Year)	
Warren R. I	esch,	M.D., 20	02 South	Mai	n Str	eet	, Bel	Air,	Maryla	nd 2	1014	,
1												
31. DATE FILED (Month, Day JUL 2(		32. REGISTE	PAR'S SIGNATURE		e_							

+1 VA
grates

. 31

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Jours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be netified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

		RECTOR
	l	0
		FUNERAL
	ı	BY
		ETED.
- manual		COMPL
100	l	SE (
2000	l	10
9	1	
200	۱	
Country on		
1	-	
0		
610010		
0.10.	1	Z

STATE	0F	MARYLAND .	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
		C	ERTIFICATE	O	F DEAT	H		REG. NO.

RAYMOND Chester Lewis  1. DECEDENT NAME (Pick Mode), Last)  1. DECEDENT NAME (Pick Mode), Last)  1. DECEDENT NAME (Pick Mode), Last)  1. DECEDENT NAME (Pick Mode), Last)  1. DECEDENT NAME (Pick Mode), Last)  1. DECEDENT NAME (Pick Mode), Last)  1. DECEDENT SUBJECT CONTROL OF DEATH OCCUPY WITH ON THE STORY OF THE MODE NAME (Pick Mode), Market of Development of the Mode), Deceded the General of the Mode), Deceded the Maryland 21550  1. DECEDENT SEDIENCE OF DECEDENTY  1. DECEDENT SUBJECT DECEDENTY SUBJECT DECEDENT SUBJECT DECEDE	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL HYGIEN		
214-12-3422						2. DATE OF DEATH	DAY YEAT	3. TIME OF DEATH 2:43 A
Garrett County Memorial Hospital Oakland, Maryland 21550 Garrett  REEDIONCE OF DECEDENT  100. COUNTY MD Garrett 100. COUNTY Rt. 1 Box 375A Oakland, Md. 21550   100. Report of the county of the count	214-12-3422	ùXXM 2 □ F				(Month, Day, Year)	Co	
Specify   Directed   Directed   William   If YES 2 M NO Specify   Specify   White   William   Specify   White   William   Specify   White   William   Specify   White   William   Specify   White   Specify   White   Specify   White   Specify   White   Specify   White   Specify   White   Specify   White   Specify   White   Specify   White   Specify   White   Specify   White   Specify   White   Specify   White   Specify   White   Specify   White   Specify   White   Specify   White   Specify   White   Specify   Specify   White   Specify   White   Specify   White   Specify   Specify   White   Specify   White   Specify   White   Specify   Specify   White   Specify   White   Specify   White   Specify   Specify   White   Specify   White   Specify   White   Specify   Specify   White   White   Specify   White   Specify   White   Specify   White   White   Specify   White   Specify   White   Specify   White   White   Specify	Garrett County	Memorial Hosp						
Specify   Directed   Directed   William   If YES 2 M NO Specify   Specify   White   William   Specify   White   William   Specify   White   William   Specify   White   William   Specify   White   Specify   White   Specify   White   Specify   White   Specify   White   Specify   White   Specify   White   Specify   White   Specify   White   Specify   White   Specify   White   Specify   White   Specify   White   Specify   White   Specify   White   Specify   White   Specify   White   Specify   White   Specify   Specify   White   Specify   White   Specify   White   Specify   Specify   White   Specify   White   Specify   White   Specify   Specify   White   Specify   White   Specify   White   Specify   Specify   White   Specify   White   Specify   White   Specify   Specify   White   White   Specify   White   Specify   White   Specify   White   White   Specify   White   Specify   White   Specify   White   White   Specify	10e. STATE 10b. COL	UNTY				kland, Md	. 21550	10d. INSIDE CITY LIMITS? 1 YES 2 X NO
Specify   Directed   Directed   William   If YES 2 M NO Specify   Specify   White   William   Specify   White   William   Specify   White   William   Specify   White   William   Specify   White   Specify   White   Specify   White   Specify   White   Specify   White   Specify   White   Specify   White   Specify   White   Specify   White   Specify   White   Specify   White   Specify   White   Specify   White   Specify   White   Specify   White   Specify   White   Specify   White   Specify   White   Specify   Specify   White   Specify   White   Specify   White   Specify   Specify   White   Specify   White   Specify   White   Specify   Specify   White   Specify   White   Specify   White   Specify   Specify   White   Specify   White   Specify   White   Specify   Specify   White   White   Specify   White   Specify   White   Specify   White   White   Specify   White   Specify   White   Specify   White   White   Specify		75A Oaklar	nd, Md.					
15. DECEDENT'S EDUCATION  (Subset) of Depochy only Paper grade completed    Sementary (Sepoch) only Paper grade completed   Sementary (Sepoch) only Paper grade completed   Sementary (Sepoch) only Paper grade completed   Sementary (Sepoch) only Paper grade completed   Sementary (Sepoch) only Paper grade completed   Sementary (Sepoch) only Paper grade on Sumber (Size state of work done studing most of working   Sementary (Sepoch) only Paper grade on Sumber (Size state on Sumber or Parul Fouth Number, City or Rown, State, 2p Code)   Emory Edward Lewis	1 Never Married 2 Married	FORCES? 1 X YES	2 NO	If yes, spec	ity Cuban, Maxican	, Puerto Rican, etc.)	В	leck, White, etc.
EMOTY Edward Lewis  196. MAILING ADDRESS (Street and Number or Partal Pouts Number, City or Rown, State, Zp Code)  Rt. 1 Box 375A Oakland, Maryland 21550  206. METHOD OF DISPOSITION 1 XI Burds 1 2   Cremation 3   Removal from State 4   Donation 8   Other (Spoody)  21. SIGNATURE OF THE ALL REMINICEALCENSEE  22. NAME AND ADDRESS OF FACILITY 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory streat, including in death)  23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory streat, including in death)  24. Date to (or As A conscouence OF):  25. PART II. Other significant conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death)  25. WAS CASE REFERENCE TO MEDICAL EXAMINERY 1   Yes 2   NO  26. DUE TO (or As A conscouence OF):  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH 28. PLACE OF MAINTY At home from streat latter of the part of	(Specify only highest g	rade completed)	(Give kind of work of life, Do NOT use reti	done during most				
Han NPORMANTS NAME (7) per four. State 2 p. Code)  Edwin A. Lewis  Rt. 1 Box 375A Oakland, Maryland 21550  Bis. METHOD OF Disposition 18 Butter 2 committees and Proceedings of the Copenty 18 Butter 2 committees and Proceedings of the Copenty 19 Disposition 1 control to the Copenty 19 Disposition 1 control to the Copenty 10 Disposition 1 control to the Copenty 10 Disposition 1 control to the Copenty 10 Disposition 1 control to the Copenty 10 Disposition 1 control to the Copenty 10 Disposition 1 control to the Copenty 10 Disposition 2 control to the Copenty 10 Disposition 2 control to the Copenty 11 Disposition 2 control to the Copenty 12 NAME AND ADDRESS OF FACILITY 12 Disposition 2 control to the Copenty 13 Disposition 2 control to the Copenty 14 Copent 2 control to the Copenty 15 Disposition 2 control to the Copenty 16 Disposition 2 control to the Copenty 16 Disposition 2 control to the Copenty 17 Disposition 2 control to the Copenty 18 Disposition 2 control to the Copenty 19 Disposition 2	17. FATNER'S NAME (First, Middle, Last)			T	IS. MOTHER'S NAM			
Edwin A. Lewis  Do. METHOD OF DISPOSITION  Do. METHOD OF DISPOSITION  A. Corporation  Do. Disposition  Do. Do. Box 243  Durst Funeral Home - Oakland, Md. 21550  Do. Box 243  Do. Do. Box 243  Do. Do. Box 243  Do. Do. Box 243  Do. Do. Box 243  Do. Do. Box 243  Do. Do. Box 243  Do. Do. Box 243  Do. Do. Box 243  Do. Do. Box 243  Do. Do. Box 243  Do. Do. Box 243  Do. Do. Box 243  Do. Do. Box 243  Do. Do. Box 243  Do. Do. Box 243  Do. Do. Box 243  Do. Do. Box 243  Do. Box 243	Emory Edw	ard Lewis			Mary	Hardesty		
20b. PLACE OF DISPOSITION (Name of cemelon); counsidory or 1N Burfet 2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	RESS (Street end	Number or Rural R	loute Number, City or Tox	wn, State, Zip Code)	
1 Notes 12 Commenton 3  □ Removal from State	Edwin A. Lewis		Rt. 1	Box 37	5A 0a	kland, Mar	ryland 2	1550
MO0167  Durst Funeral Home - Oakland, Md. 21556  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory streat, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A	1 X Buriel 2 Cremetion 3   F	temoval from Stata	other place)					
23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory streat, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR	21. SIGNATURE OF FUNERAL SERVICE	411 1	M00167			Ρ.		
If any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A	shock, or heart failu IMMEDIATE CAUSE (Final disease or condition	aavc.(a C	esch line.	, ,			piratory screet,	Approximate interval Betwee Onset and Deat
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  27. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  28. DATE OF INJURY  Month, Day, Vear)  28. DATE OF INJURY  (Month, Day, Vear)  1 YES 2 NO  28. DATE OF INJURY  (Month, Day, Vear)  28. DATE OF INJURY  (Month, Day, Vear)  28. DATE OF INJURY  (Month, Day, Vear)  1 YES 2 NO  28. DATE OF INJURY  (Month, Day, Vear)  1 YES 2 NO  28. DATE OF INJURY  (Month, Day, Vear)  1 YES 2 NO  28. DATE OF INJURY  (Month, Day, Vear)  1 YES 2 NO  28. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)	If any, leading to immediate cause. Emsr UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):					
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural  2 Accident  3 Suicide  4 Mornicide  28. PLACE OF RIJURY — At home, farm, street, factory, office  29a. CERTIFIER  (Check only  1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data end placa, and due to the cause(s) end manner as stated.				ne underlying	cause given in	PERFO	RMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
27. MANNER OF DEATH  1					CE OF DEATH (Che	ock only one)		
1 Netural 5 Pending Investigation 2 Accident 3 Suicide 4 Homicide 8 Could not be detarmined 2. Certifying Physician: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(s) end manner as stated.	1 TES 2 NO	Inpatient 2 ER/Out	petient 3 DOA 4		5 🗆 Residence	8 Other (Specify)		
3 Suicide 4 Homicide  a Could not be detarmined  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  29e. CERTIFIER (Check only)  Check only  Check only  CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(s) end manner as stated.	1 Netural 5 Pending	(Month, Day, Year)	28b. TIME OF INJURY	WOR	(7	28d. OESCRIBE NOW	INJURY OCCURED	
(Check only 1 (C		building, etc. (Spe	Y — At home, farm, street ecity)	t, factory, offica				ral Route Number,
Ill and the capacity and my opinions or the time, once and proce, and out to the capacity and market as	(Check only 1 Ex CERTIFYING PI							se(s) and manner as stated.
29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, You D 2, 39.79) 7/5/90	296. SAGMATUREJAND TITLE OF CERT	The contract of the contract o					29d. DATE 9/GF	(Month, Day, Year)
Robert A. Goralski, M.D. 311 N. Fourth St. Oakland, Md. 21550							1. 21550	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 neurs after death. Page 6 may be retained by the hosp TO THE FUNEAL DIRECTIVE After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filled within 72 hours after death with the State begt, of Health and Mental Hygiere prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
--

	FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPAI CERTIF				AENT/	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)							E OF DEATH		YEAR	3. TIME OF DEATH
	CHARLES	EDD 1	ARGE				MON.	JLY 20.		TEAM	7:00pm M
3			(In yrs. last birthday)	IF UNDER		IF UNDER 24 HRS.	7. DAT	E OF BIRTH		8. BIRTI	IPLACE (State or Foreign
8	411-28-9379	Ū∭ M 2 □ F	69 YRS.	MONTHS	DAYS	HOURS MIN.			921		ENN.
	9a. FACILITY NAME (If not institution, give street	et and number)		9b. CITY,	TOWN DR	LOCATION OF DE			9c. COU	NTY OF E	EATH
FUNERAL DIRECTOR	AMT DOCTOR S HOS	PITAL OF P	.G. CO.		T.A	NHAM-SE	ABR	ООК	PRI	NCE	GEORGES' CO.
Ä I	10a. STATE 10b. COUNTY		10c. Cl	TY, TOWN D	R LOCATIO	ON .					10d. INSIDE CITY LIMITS?
5	MD. PRINC	E GEORGES		HYAT	TSVI	LE					1 X YES 2 NO
AL	10e. STREET AND NUMBER				10f. 2	ZIP CODE			10g. CITI	ZEN OF	WHAT COUNTRY?
<b>5</b>	3904 JEFFERSON	ST.				20781			U	S.A	
ĕ I	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YES IF YES, GIVE WAR OR	S 2 NO	1	f yes, spec	NOENT OF HISPAN Hity Cuban, Mexican NO Specify	n, Puerto		or No—		E — American Indien, k, White, etc. #y: WHITE
8	15. DECEDENT'S EDUCA	TION	18a. DECEDENT	S USUAL OC	CCUPATION	al maddes	16	Sb. KIND OF BUS	INESS/INC	USTRY	
Fi.	(Specify only highest grade on Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT (	work done o use retired.)	uumig most	u working					
릴	12		IN	VESTI	GATO!	R		M. V	.A.		
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)					18. MOTHER'S NAI	ME (First	, Middle, Maiden S	Surname)		
BE C	ROBERT LARG	E				JO	MINA	A D	EBUS	K	
8	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS	(Street and	d Number or Rural F	Route Nu	mber, City or Town	, State, Zip	Code)	
5	ESTHER L. LARG	E	<u> </u>	SAME	AS	ITEM #	10				
	20e. METHOD OF DISPOSITION 1 Disposition 3 Greenward Remove	2	0b. PLACE OF DISPO	SITION (Na	me of ceme	itery, crematory or		20c. LOC	ATION —	City or T	own, State
	4 Donation 5 Other (Specify)	a nom state		COLN	CEME!	TERY		BR	ENTW	OOD.	MD.
	21. SIGNATURE OF FUNERAL SERVICE LICES	NSEE		22.	NAME AND	ADDRESS OF FAC	CILITY				20737
	1 24 al Ch	ambushes	M0009	T <sub>u</sub> T	W	CHAMBEE	פ ת	O TNC	PT	ומיתד	DALE, MD.
	23. PART I. Enter the diseases, or co- shock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	at only one cause on	each line.	lles							Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST		A CONSEQUENCE								
MEDICAL	PART II. Other significant constitions  The tasto the constitution of the constitution	Contributing to death		in the un	nderlying	cause given in	Part I.	24s. WAS AN PERFOR	MED?	24	b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
X	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	UODDITA!		Lacro		CE OF DEATH (C)	eck anly	one)		115	
Sic		HOSPITAL:	utpatient 3 🗆 DOA	4 Nur		5 🗆 Residence	5 🗆 Ot	her (Specify)			
Y PHYSICIAN:	27. MANNER OF DEATH  1 Natural 5 Pending Investigation	28a. DATE OF INJUR (Month, Day, Year		ME OF JURY M	28c. INJU WOF 1   Y	RY AT RK? ES 2 NO	28d. C	EŞCRIBE HOW II	NJURY OC	CURED	
red BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJU- building, etc. (S)	RY — At home, ferm pecify)	, street, fact	tory, office			OCATION (Street a ity or Town, State)	ind Numbe	r or Rural	Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	IAN: To the best of my kno									(e) and menner as stated.
띪	296. SIGHATURE AND TITLE OF CHITTERS	300				29c. LICENSE NUI	MBER	2	29d. DAT	E SIGNE	21/80 mars
2	HARVEY /C	472en	DEATH (ITEM AT) (TH	pe, Print)	U	600xa	u	Ad C	lei	ton	121
	31. DATE FILED (Morith, Day, Year)	32. REGISTRAR'S SIL	MIDDON-ROOM	600						7	

DHMH-15 Rev 1/89

. -Nig gette viktor og til en ti

## after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146

BALLIMORE, MARTLAND 21203-3140	24 Tours after death. Page 6 may be retained by the hospital or attending physician.	UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should thin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 13149,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nouns after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.

12

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F		<b>DEPARTMENT</b>				<b>MENTAL</b>	HYGI	ENE
		 ì	ERTIFICATE	0	F DEAT	r <del>H</del>		REG.	NO.
		 _					_		

•	FOR STATE REGISTRAR	STATE OF N					EALTH AND DEATH	MEN	REG. NO.			
ì	1. DECEDENT'S NAME (First, Middle, Last)								ATE OF OEATH			3. TIME OF DEATH
	Edith	Ma	v		M	cNei	nev		ly 16, 1		YEAR	11:30 P. M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER		IF UNDER 24 HRS.	_	TE OF BIRTH		a. BIRTH	PLACE (State or Foreign
	216-46-9722	1 M 2x F	89	YRS.	MONTHS	DAYS	HOURS MIN.	(M	lonth, Day, Year)	001	Countr	γ)
	9e. FACILITY NAME (If not institution, give st				Ob CITY	TOWN O	R LOCATION OF C		ch 9, 19		V1TOF D	ginia
œ								CAIN				
2	5301 McKinley St	reet			Ве	thes	aa			MC	ntgo	mery
<u> </u>	10s. STATE 10b. COUNTY	,		10c, CIT	Y, TOWN C	R LOCAT	ION					10d. INSIDE CITY
DIRECTOR	Maryland Mont	tgomery		_	Beth	nesd	a					1 YES 2X NO
甘	10e. STREET AND NUMBER					101	ZIP CODE			10g. CIT	ZEN OF V	VHAT COUNTRY?
FUNERAL	5301 McKinley St	reet					20814			Uni	ted :	States
3	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1							IGIN? (Specify Yee	or No-	14. RACE	American Indian, c, White, etc.
BY F	1 Never Merried 2 X Merried 3 Widowed 4 Divorced	IF YES, GIVE W					city Cuben, Mexic 2 X NO Speci		no recen, etc.)		Speci	fy:
		J										White
E I	15. DECEDENT'S EOUC (Specify only highest grade		16a,	OECEOENT'S (Give kind of	work done				16b. KIND OF BUS	INESS/INC	DUSTRY	
۳	Elementary/Secondery (0-12)	College (1-4 or 5 +	-)	ille. Do NOT u		,						
COMPLETED	12			н	omema	iker			Own H			
8	17. FATHER'S NAME (First, Middle, Last)								st, Middle, Melden	Sumeme)		
BE	Vance B. Harper								ammel			
၀	19e. INFORMANT'S NAME (Type/Print)	Tee							lumber, City or Town			1.4
	Harry J. McNerney	, UI.	1					ве	thesda,		208.	
	20e. METHOD OF OISPOSITION 1 X Burlel 2 Cremetion 3 Remo	oval trom State	othe	r place)			netery, cremetory or				City or To	
	4 Donation 5 Other (Specify)	ENSEE	Gate	OI N			metery	ACH ITY				ng, MD
	Daniel J	4	IV.	100198	Ro	ber	t A. Pun	phr	ey Fune	ral	Home,	/ 20814-3501
	Kanny	man										20814-3501
	23. PART i. Enter the diseases, or of shock, or heart failure.				not enter	the mo	de of dying, au	ch aa d	cardiac or respi	ratory ar	rest,	Approximate interval Batween
	IMMEDIATE CAUSE (Final											Onset and Death
	disease or condition resulting in death)					nt B	reast w	ith				
	A	DUE TO	(OR AS A CON	ISEOUENCE O	F):							
N	Sequentially list conditions,	metast	CASIS T	o lun	gs,	lumb	ar spina	al c	ord, rig	ht k	nee	
Ĕ	if any, leading to immediata cause. Enter UNDERLYING	DOE 10	(UR AS A CON	ISECUENCE C	nry:							
5	CAUSE (Disease or injury	c. DUE TO	(OR AS A CON	ISFOUENCE O	HF)·							
Ē	that initiated events resulting in death) LAST		,		. ,.							
CERTIFICATION		d										
CAL	PART II. Other aignificant condition	a contributing to	death but no	ot resulting	in the ur	nderlyin	g cause given in	Part i	. 24a, WAS AN PERFOR		24b	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
20	Hypertension								1 TYES 2	Ж] но		COMPLETION OF CAUSE OF DEATH?
ME	Ischemic Heart	Disease										1 - YES 2 - NO
ž	Acute Pulmonary	y Edema										
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ОТНЕ		ACE OF DEATH (C	heck on	ly one)			
PHYSICIAN: MEDI	1 TYES 2 NO	1 - Inpatient 2	☐ ER/Outpatien	t 3 🗆 DOA	4 Nur	eing Horr	e 5 X Reeldence	6 🗆 0	Other (Specify)			
F	27. MANNER OF DEATH	28e. DATE OF (Month, D	INJURY Pay, Ybar)	28b. TII	ME OF JURY	28c. INJ WC	URY AT RK?	28d.	DESCRIBE HOW II	NJURY OC	CURED	
ВУ	1 Natural 5 Pending 2 Accident Investigation				М	1 🗆	YES 2 NO					
	3 Suicide 8 Could not be		of INJURY — A etc. (Specify)	t home, term,	street, fac	tory, offic	•		LOCATION (Street & City or Town, State)		or Rural	Route Number,
	4 Homicide determined											
COMPLETED	29e. CERTIFIER 1 X CERTIFYING PHYSI	CIAN: To the best of	my knowledge	, death occur	red at the	time, date	end place, end du	e to the	cause(e) end mar	ner as sta	rted.	
OM	one) 2 MEDICAL EXAMINE	R: On the basis of s	xaminetion end	t/or Investigati	on, in my	opinion, c	eath occured at th	e time,	date end place, en	d due to t	he ceuse(	e) end menner ee stated.
	296 SIGNATURE AND TITLE OF CERTIFIE	1	•				29c. LICENSE N	JMBER		29d. DA	TE SIGNED	(Month, Day, Year)
BE (	Koland	mper	ral V	MA			D6 5	1	16	<b>▶</b> <sub>J</sub>	ulv	17, 1990
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAU	SE OF DEATH	(ITEM 27) (Typ			120					,
ļ	Roland Imperial	M.D., 49	77 Bat	tery I	ane,	Bet	hesda,	Mar	yland 2	0910	)	
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	AR'S SIGNATUR	E	0							
l	nu 1 Q 'QN	quan	Davidson	Manack	F.							

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	-= "	be filed within 72 hours after death with the state Dept. Of releatin and Mental hyglene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
---	------	--	--

								90	21466
	1 - FOR STATE REGISTRAR	TE OF MARYLAND / Ce	DEPARTMEN ERTIFICAT				YGIENE EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)  IRFNE & V, VIROY	NJAcgan MO	RGAN			2. DATE OF C	еатн 22 <b>дау</b> д 99	0 YEAR 3.	SOUPM M
	4. SOCIAL SECURITY NUMBER 5. SEX 214-728-5936-59/6 1 □ 1	FEMALE 6 767	YRS, MONTHS		IF UNDER 24 HRS, HOURS MIN.		1923/923	a. BIRTHPL Country MARYL	ACE (State or Foreign AND
IOR	9a. FACILITY NAME (If not institution, give street and CARROLL/COUNTY, GRAFR RESIDENCE OF DECEDENT	NAMA HOSP pital			NSTER			REOLL REOLL	
DIRECTOR	1991 BTATE 10b. COUNTY ROL	L	NEW WI	NDSOK	ON				INSIDE CITY
	109 STREET AND NUMBER			10f.	ZIP CODE 2177	'6	10g. C	TIZEN OF WHY	A COUNTRY?
BY FUNERAL	1 Name Married 2 Married FO	S DECEDENT EVER IN U.S. AR RCES? 1 TYES 2 TO VESTINE WAR OR DATES			NDENT OF HISPANI	, Puerto Rican		14. RACE — Black, V Specify	American Indian, thite, etc.
TED	15. DECEDENT'S EDUCATION (Specify only highest grade complete	(G	CEDENT'S USUAL ( ive kind of work done . Do NOT use retired.)	OCCUPATION during most	of working	16b. KJN	D OF BUSINESS/II	NDUSTRY	
COMPLETED	6	90 (1-4 or 5+) NU:	RSE/COMP.	ANION			HOME CA		
BE CO	JOHN WILLIAM IBEX					E V. 1	IUSBAUM		
5	199. INFORMANT'S NAME (Type/Print) MABEL V. WELLS		19 MAIN			W WINI		Zip Code) MD	21776
	20a. METHOD OF DISPOSITION BURLAL  1 General Disposition Control Disposition  4 Donation 5 Disposity	ZOU. PERCE	OF DISPOSITION (A		etery, crematory or		NR. I		, State TOWN , MD
	21. SIGNAYURI OF FUNERAL SERVICE LICENSEE	Harple	] 22	. NAME AND	NEW WI			TZLER	& SONS
	23. PART I. Enter the disesses, or compile shock, or heert fellure. List on IMMEDIATE CAUSE (Finel disesse or condition resulting in deeth)	CARDIO pulmor	WARY BR		e of dyling, such	aa cerdiac	or respiratory	arrest,	Approximata Interval Between Onset and Death
2		CLASS IV							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING	ACUTE AN	OUENCE OF):	MYO	CARDIAL I	NFARE	1100		
TIFIC	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	OUENCE OF):						
CER	d	Rewellin				m. i.			<u> </u>
DICAL	PART II. Other significant conditions control	nbuting to deeth but not	resulting in the C	Underlying	cause given in		PERFORMED?  YES 2 NO	A	TERE AUTOPSY FINDINGS VALLABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
. ME						-		1	YES 2 NO
				26. PL/	ACE OF DEATH (Che	eck only one)			
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	PITAL:	OTHE						
HYSICIA	EXAMINER?  1 YES 2 NO 1 NO	sa. DATE OF INJURY	28b. TIME OF	28c, INJU	5 Residence		ecity) BE HOW INJURY (	OCCURED	
BY PHYSICIAN: MEDICAL	EXAMINER?  1	8a. DATE OF INJURY (Month, Day Year)	28b. TIME OF INJURY	28c. INJU WOF 1 Y	IRY AT	26d. DESCRI	BE HOW INJURY (		de Municipal
ED BY	EXAMINER?  1	apatient 2 ☐ ER/Outpatient :  8a. DATE OF INJURY (Month, Pay, Year)	28b. TIME OF INJURY	28c. INJU WOF 1 Y	IRY AT	28d. DESCRI			ite Number,
ED BY	EXAMINER?  1 YES 2 NO  1 Ir  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 8 Could not be detarmined  29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To	8a. DATE OF INJURY (Month, Day Year)  8a. PLACE OF INJURY — At h	DDA 4 No 28b. TIME OF INJURY M Dome, farm, street, fe	28c. INJU WOF 1 YOUR YOUR YOUR YOUR YOUR YOUR YOUR YOUR	RY AT RK? ES 2 NO	281. LOCATIO City or R	N (Street and Num wn, State)	ber or Rural Roo	
BE COMPLETED BY	EXAMINER?  1 VES 2 NO  1 In VES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  2 Accident  3 Suicide 8 Could not be detarmined  29a. CERTIFIER (Check only One)  2 MEDICAL EXAMINER: On the Could not be detarmined  29b. SIGNATURE AND TITLE OF CERTIFIER	Ba. DATE OF INJURY (Month, per, year)  Be. PLACE OF INJURY — All houlding, etc. (Specify)  by the best of my knowledge, d	DDA 4 No 28b. TIME OF INJURY M Dome, farm, street, fe	28c. INJU WOF 1 YOUR YOUR YOUR YOUR YOUR YOUR YOUR YOUR	RY AT RK? ES 2 NO	281. LOCATIC City or R to the cause(e time, date and	N (Street and Num N, State)  and manner as a place, and due to	ber or Rural Rocated.	
E COMPLETED BY	EXAMINER?  1 VES 2 NO  1 In VES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  2 Accident  3 Suicide 8 Could not be detarmined  29a. CERTIFIER (Check only One)  2 MEDICAL EXAMINER: On the Could not be detarmined  29b. SIGNATURE AND TITLE OF CERTIFIER	Be. DATE OF INJURY (Month, Day, Year)  Be. PLACE OF INJURY — At he building, etc. (Specify)  of the best of my knowledge, do no basia of examination and/or place of the best of my knowledge.	DDA 4 No. 1 No. 28b. TIME OF INJURY M. M. Ome, farm, street, fe eath occurred at the Investigation, in my	28c. INJU WOF 1 V V V V V V V V V V V V V V V V V V	RY AT RK? ES 2 NO  and place, and due ath occured at the 29c. LICENSE NUM  D3166	28d. DESCRI  281. LOCATIC City or R  to the cause(s) time, date and	N (Street and Num wn, Stete)  and manner as a place, and due to	stated,  the cause(a) a	and manner as stated.  North, Day, Year)

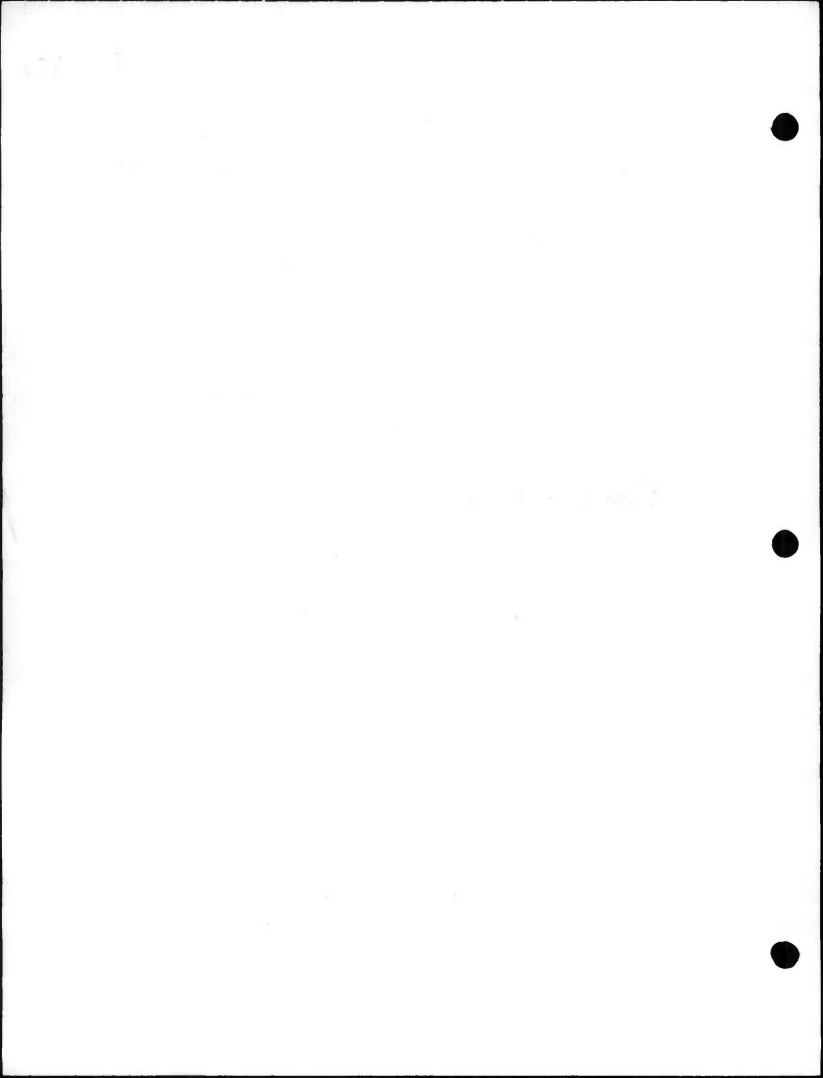
6819528 MR#00-36-07 MORGAN, IRENE V .U4 GALVIN 01-2-23 F 07-07-9 07-07-90

DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

or attending physician.	attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		
ained by the hospita	should be detached		lifled at once.
ithin 24 hours after death. Page 6 may be retained t	ral director, page 5 s		ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
24 hours after death	filled in by the funer	emation, or removal.	he medical exam
be executed within 2	ian and completely	r to burial, crematic	sumatic event, the
ne death certificate	the attending physic	Mental Hygiene pric	njury, or other tra
AN: The law requires that the death certificate be executed v	rtificate has been signed by the atte	Dept. of Health and	23 shows any in
0	fler this certificate I	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to	marked, or item
THE HOSPITAL OR ATTENDING PHYS	JERAL DIRECTOR: After this	nin 72 hours after de	IPORTANT: If Item 28 is marked
SOH BILLER	STATE FUN	be filed with	IMPORTAN

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTMENT CERTIFICAT			REG. NO.		
	1. DECEOENT'S NAME (First, Middle, Last)		4			2. DATE OF DEATH	YEAR	3. TIME OF DEATH
	DONALD	E.	MARC	EY		7. 10	. 90	7.50 " M
			In yrs. last birthday) IF UNI		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF SIRTH (Month, Day, Year)	Cour	THPLACE (State or Foreign http)
		<b>⊠</b> M 2 □ F 49	YRS.			June 28, 1		rginia
~	9a. FACILITY NAME (If not institution, give atreet	t and number)	9b. C	TY, TOWN OR	LOCATION OF DE		9c. COUNTY OF	OEATH
DIRECTOR	RESIDENCE OF DECEMENT	D Tros	PITAL	0	40100	)	P. 6	5. County
EC	10a. STATE 10b. COUNTY		10c. CITY, TOW	N OR LOCATIO	ON			10d. INSIDE CITY
	Maryland Charle	es	Wal	dorf				LIMITS?
	10e. STREET AND NUMBER	-	•	10f. 2	ZIP CODE 206	12	10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	30 Abell Way			_	200	J3	U.S.	.A.
5		2. WAS DECEDENT EVER IN FORCES? 1/2 YES	U.S. ARMEO			C ORIGIN? (Specify Yea , Puerto Rican, etc.)	or No- 14. RAG	CE — American Indian, ck, White, etc.
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	3/24/60 - 9			NO Specify:		1177	White
	15. DECEDENT'S EDUCAT		16a. DECEDENT'S USUAL	OCCUPATION	4	16b, KIND OF SUS	INESS (INDICATE)	WIIICC
I	(Specify only highest grade con	mpleted)	(Give kind of work do life. Do NOT use retire	ne during most	of working	100, KIND OF 303	INCOS/INDOS/IN	
PLE	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Fireman			Prince G	eorge F	ire Dept.
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAM	NE (First, Middle, Maiden S		
Ö	Elmer Ma	arcey			Ste	11a V.	Jarrel:	1
) BE	19s. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDR	ESS (Street and	d Number or Rural R	oute Number, City or Town	, State, Zip Code)	
5	Wilma F. Marcey		30 Abell	Way,	Waldorf	, Maryland	20603	
	20s. METHOD OF DISPOSITION 1 IX Burisl 2 □ Cremation 3 □ Remove	20b	. PLACE OF DISPOSITION	(Name of ceme	etery, cremetory or		CATION — City or	
	4 Donation 5 Other (Specify)	THOM State	National Me				ls Churc	ch, Va.
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE //		Georg	andress of Fac	las Funera	1 Home	
	Heorge !-	* Kala	1)			ll Rd. Oxo		Md.
	23. PART I. Enter the discesses, or con			ter the mod	ie of dying, such	as cardiac or reaple	ratory arrest,	Approximate
	ahock, or 66ert fellure. Lis IMMEDIATE CAUSE (Finel	л only one cause on e	ecn line.					Interval Between Onset and Death
	diseese or condition resulting in death)	Card	10-Reso	town	11-0	Arres	+	
	Treating in death)	DUE TO (OR AS A	CONSEQUENCE OF):					
Z	Convention liet conditions (b.	Eng?	10-12esp 1 consequence of): Stage	Ren	ial 1	Disease		
TIC	Sequentially list conditions, If eny, leeding to immediate	DUE TO (OT AS A	CONSEQUENCE OF):	_ \	1.0	ascelar	0:	
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	01/2/21	LONGERHENCE DEL	bre	ired C	ascure	Ulsees	L
E	that initiated events reaulting in death) LAST	1	etcs.	Mal	11.2.0			į
CERTIFICATION	d.	10(65	16.463		010107			
	PART II. Other algnificant conditions	contributing to death b	out not reaulting in the	underlying	cause given in	Part I. 24a. WAS AN PERFOR		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
DIC						1 YES 2	K NO	COMPLETION OF CAUSE OF DEATH?
ME						_		1 - YES 2 - NO
PHYSICIAN: MEDICAL								
CA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTH	26. PLA	ACE OF DEATH (Chi	ck only one)		
YSI	1 - YES 2 NO 1	Inpetient 2 - ER/Outs	patient 3 DOA 4 D	Nursing Home		6 Other (Specify)		
F	27. MANNER OF DEATH  1 Netural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c, INJU WOR	RK?	28d. DESCRISE HOW II	NJURY OCCURED	
BY	2 Accident Investigation	20. 01.405.05 0.01			ES 2 NO			
	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Spec	f — At home, farm, street, clfy)	ractory, office		28f. LOCATION (Street a City or Town, State)	ind Number or Huri	If Moute Number,
ET	no certifier of							
COMPLETED	(Check only	AN: To the best of my know	-		•			day and any
	2 MEDICAL EXAMINER:	On the basis of examination	n and/or investigation, in r	ny opinion, de	ern occured at the		d dua to the cause	e(s) and manner as stated.
Ö								
ш	29b. SIGNATURE AND TITLE OF CERTIFIER	$\overline{q}$	0,0		29c. LICENSE NUM	IBER	29d. DATE SIGN	ED (Month, Day, Year)
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	~ 5	Silve		D 16	646	29d. DATE SIGNI	ED (Month, Day, Year)
ш	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO			130	D16	646	16	ED (Month, Day, Year)  TUY90  2025-
BE	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE		ig B	D16	646	29d. DATE SIGN	ED (Morth, Day, Year)  TUY90  20735



TO BE COMPLET	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
i examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
the funeral director, page 5 should be detached for u.val.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.
er death. Page 6 may be retained by the hospital or	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jurs after death. Page 6 may be retained by the hospital or

JUL 16 '90

	1 - STATE REGISTRAR	STATE OF MA			ICAT				MENTAL	REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)							MONTH DAY YEAR			L TIME OF DEATH		
R	ALMA MATILDA MELCHIOR  4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (in vrs. last birthday) IF UND								JULY 8 19				9:25 am
	470-09-8836	5. SEX 6	. AGE (In yrs. lest	YRS.	MONTHS	DAYS	HOURS	MIN.	7. DATE OF	BIRTH Bay, Year) 8-09		Country)	ACE (State or Foreign
		0-03-0030			TOWN C	D I OCATI	ON OF DE		0-09	Do COUNTY		dinn.	
						Camp Springs				9c. COUNTY OF DEATH P.G.			M PI
DIRECTOR	RESIDENCE OF DECEDENT					Cally Springs				F.G.			
SE C	10e. STATE 10b. COUNTY			10c. CITY, TOWN OR LOCATION							- 1	Od. INSIDE CITY	
	Md. P.G.			Upper Marlboro							1	☐ YES XXXXVO	
AL	10e. STREET AND NUMBER					10f. ZIP CODE					- 11		AT COUNTRY?
FUNERAL	7507 Healy Place					20772					USA	A	
5	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 2 YES NOT NOT NOT NOT NOT NOT NOT NOT NOT NOT							n. Puerto Ricen. etc.) Blac			Black,	CE — American Indian, ck, White, etc.	
BY	IF YES, GIVE WAR OR DATES				1 YES 2 NO Specify:				y:	Specify			White
								I INESS/INDUS					
	(Specify only highest grad	pecify only highest grade completed) (Give kind of work do				lone during most of working							
P	12	0	Но	mema	memaker			0	Own Home				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MQT	HER'S NA	ME (First, Mic	idle, Meiden	Surname)		
BE C	Unknown Anderson	n					Un	nom	m				
TO B	19a. INFORMANT'S NAME (Type/Print)		19b	. MAILING	3 ADDRES	S (Street a	nd Numbe	r or Rural i	Route Number	City or Town	n, State, Zip Co	ode)	
F	Bryson P. Melch	ior		Same	as	10a-	-10f.						
2	20e, METHOD OF DISPOSITION 21-21 Burial 2 Cremation 3 Ran	novel from State	20b. PLACE (	OF DISPO	SITION (N	(Name of cemetery, crematory or				20c. LOCATION — City or Town, State			
	4 Donation 5 Other (Specify) Arlington Nat								Arlington, Va.				
	22. NAME AND ADDRESS OF FACILITY LOO FUNCTION HOME, INC. 6633 Old Alexander Ferry Road								, Inc.				
	· llacum 1 4				- 1	Clinton, Maryland 20735							
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,												
	IMMEDIATE CAUSE (Finel									İ			Interval Between Onset and Death
	disease or condition HEART DISEAS			E WITH PRIOR MYOCARDIA				L INF	L INFARCTION			JAN 89	
		DUE TO (O	R AS A CONSEC	DUENCE C	OF):								
N	Sequentially list conditions,	Sequentially list conditions 6. CONGESTIVE HEART FAILURE JAN 89									JAN 89		
T	If any, leading to immediate												
S	CAUSE (Disease or Injury  C.  DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	that initiated events resulting in death) LAST												
S	d												
CAL	PART II. Other aignificant condition			_				_	Part I. 2	4a. WAS AN			VERE AUTOPSY FINDINGS
	RIGHT FEMORAL NECK FRACTURE - POST-OPERATIVE PIN										COMPLETION OF CAUSE OF DEATH?		
MED	PLACEMENT- JULY 90											1 ☐ YES 2 🔯 NO	
ż	DIABETES MELLITUS												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ОТНЕ		ACE OF D	DEATH (Ch	eck only one)				
YSI	1 ☐ YES 2 🔀 NO	44	11 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify)										
	27. MANNER OF DEATH  28a. DATE OF INJURY (Month, Dey, Year)  28b. TIME OF INJURY					26c. INJURY AT WORK?			28d. DEŞCRIBE HOW INJURY OCCURED				
BY	2 Accident Investigation 3 Suicide 8 Could not be determined determined				eterat de	M 1 YES 2 NO 261. L			ON LOCATION CO				
ED					street, tac					I. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED	AAA CERTIFIER												
MP	(Check only 1 A CENTIFTING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.												
Ö	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.												
BE	29b. SIGNATURE AND CALLE OF CENTIFIE	/11/					29c. LIC	29c. LICENSE NUMBER 29d			29d, DATE S	. DATE SIGNED (Month, Day, Year)	
10	1911/16 - Ulsi	2-10	05.004										. 1990
	30. JAME AND ADDRESS OF PERSON W		•		e, Print)						ICAL (	CENT	ER
	JEFFREY M CUSICE	CAPT, U	SAF, MC			AND	REWS	AFE	MD	20331	-5300		

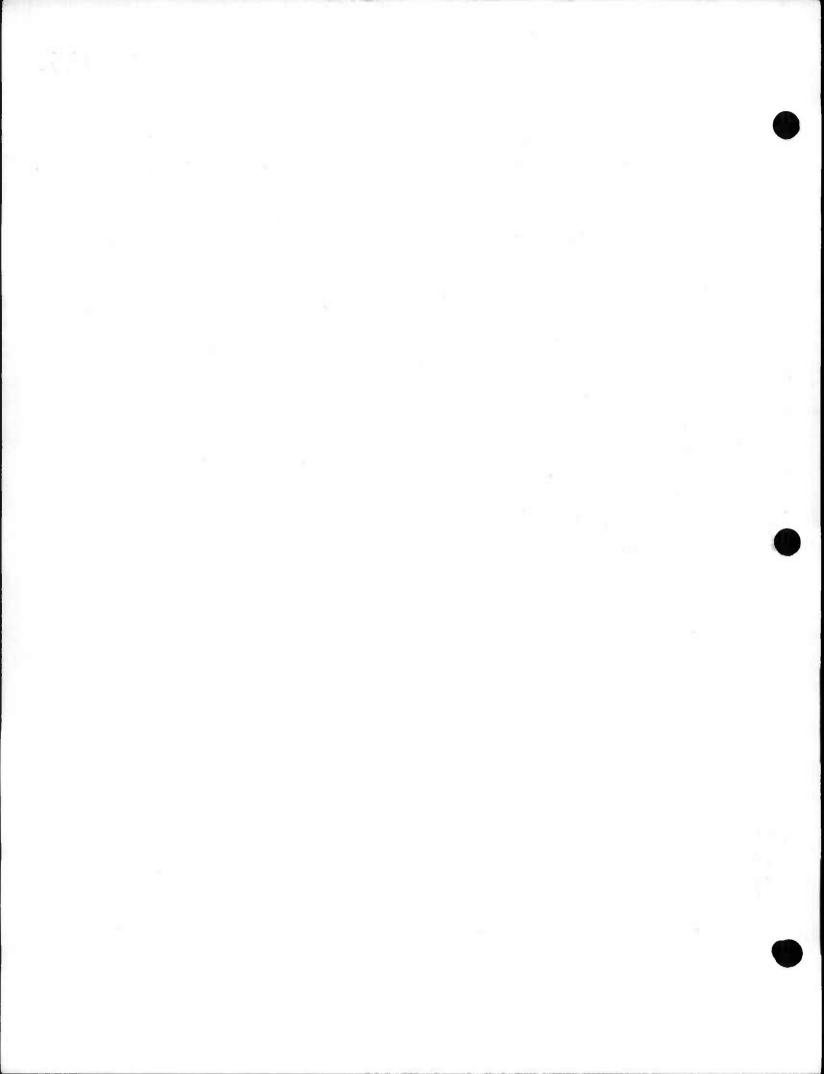
×

il:

## DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
	Pages 1	
	t permit.	
slcian.	ial-transi	
iding phy	s the bur	
or aften	or use as	
hospita	stached f	DC.P.
ed by the	op pe de	and and no
be retain	ole 5 short	e notifie
е в тау	ector, pai	must b
ath. Page	ineral dir	aminer
after de	by the fu	lical ex
24 nours	filled in ion, or re	he men
d within	ompletely I, cremat	event
e execute	an and co	umatic
tificate b	g physicia	ther tra
death cer	attendin	מא טג ט
that the	ed by the	any init
requires	een signe of Healt	chowe
The law	nte has b	om 23
HYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	certifica th the Sta	or Hom 23 chave any injury or other traumatic event the medical examiner must be notified at once.
DING PHY	TOR: After this after death with	marke
ATTEN	UNECTOR: Aft ours after dea	a 28 is
SPITAL OR	IERAL DI	T. 16 10a
E HOS	# FUN	DOTAL

	FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - REGISTRAR CERTIFICATE OF DEATH REG. NO.								
	1. OECEDENT'S NAME (First, Middle, Last)	MECAI	~		2. DATE OF DEATH  MONTH  DAY  YEAR  1. TIME OF DEATH  LG  1. TOP M				
				NDER 1 YEAR   IF UNDER 24 HRS.	7. DATE OF BIRTH		PLACE (State or Foreign		
		□ M 2 🕱 F	80 YRS. MONT		JAN 26,19	910 Not	0		
2	96. FACILITY NAME (If not inetitution, give street and number)  9b. CITY, TOWN OR LOCATION OF DE					Represe Colores			
010	RESIDENCE OF DECEDENT  100. STATE  100. CITY, TOWN OR LOCATION  101. INSIDE CITY  102. CITY, TOWN OR LOCATION  103. INSIDE CITY								
TO BE COMPLETED BY FUNERAL DIRECTOR	MARYLAND PRINC	e Geore		JTON			10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
	100. STREET AND NOMBER	9106 PINE VIEW LANE 227					HAT COUNTRY?		
	11. MARITAL STATUS 12.	WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DECENDENT OF HISPAN If yee, specify Cuben, Maxice		or No— 14. RACE Black	— American Indian, , White, etc.		
	1 Never Merried 2 Merried 3 Wildowed 4 Divorced  IF YES, GIVE WAR OR DATES			1 YES 2 NO Specify	Speci	BLACK			
	15. DECEDENT'S EDUCATIO (Specify only highest grade comp	AL OCCUPATION lone during most of working	one during most of working						
	Elementary/Secondary (0-12) College (1-4 or 5+)			DIAN	COTT	TON MILL			
	17. FATHER'S NAME (First, Middle, Lest)  18. MOTHER'S NAME (First, Middle, Maiden Surmame)  ARTELIA THOMPSON								
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	RESS (Street and Number or Rural I					
	WISEMANTHO		2327	CHESTERST	, S.W. WA	SH-, D.C			
	20e. METHOD OF DISPOSITION 1 風 Buriel 2 □ Cremetion 3 □ Removal 4 □ Donetion 5 □ Other (Specify)	from State		MEMORUL R		CATION — City or To			
	1 PR Burlet 2 Cremetion 3   Removal from State 4   Donetion 5   Other (Specify)   HARMONY MEMORIAL PARK LANDOVER, MD  21. SIGNATURE OF FUNERAL SERVICE LICENSEE   22. NAME AND ADDRESS OF FACILITY PROTON FUNCL HOLD								
	nehn & Lucal 2205 Shirlington Rd, ALINGTON VA.								
	23. PART I. Enter the diseases, or companies to the second shock, or heart feliure. List		the deeth. Do not e				Approximate interval Between		
	IMMEDIATE CAUSE (Finel disease or condition								
	resulting in deeth)	DUE TO (OR AS A	CONSEQUENCE OF		^				
NO	Sequentially list conditions,  DUE TO COR AS A CONSEQUÊNCE OF:								
CAT	if sny, leeding to immediate cause. Enter UNDERLYING								
CERTIFICATION	oue to (off As A CONSEQUENCE OF): resulting in death) LAST								
	PART ii. Other significant conditions or	ontributing to daeth by	at not resulting in th	e underlying cause given in	Part I 24a WAS AN	ALTTOPSV 24h	WEDE AUTOPSY FINDINGS		
PHYSICIAN: MEDICAL	PART ii. Other significant conditions, contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED?  24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATHS.								
MED	Aresta - AS An Political 1 YES 2 NO OF DEATH?								
ž	multiple CMB								
ICI/		OSPITAL:		26. PLACE OF DEATH (Ch					
HYS	27. MANNER OF DEATH	□ Inpatient 2 □ ER/Outp 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	Nursing Home 8 Residence 28c. INJURY AT WORK?	28d. DESCRIBE HOW II	NJURY OCCURED			
ВУ Р	1 Natural 8 Pending 2 Accident Investigation			M 1 YES 2 NO					
ETED	3 Suicide 8 Could not be 4 Homicide determined	26e. PŁACE OF INJURY building, atc. (Spec	— At home, ferm, atree	t, factory, office	281. LOCATION (Street a City or Town, State)	and Number or Rural i	Route Number,		
Ë	29e. CERTIFIER  Charle cat. 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end manner se stated.								
COMPL	(Check only one)  2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) end menner as stated.								
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. OATE SIGNED (Month, Day, Year)								
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)								
	REZA MOSTARN 4235 26 CAM MM 20746								
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN.	ATURE						
	11 19 90 Julia Davidson-Rondelle								



Pages 1, 2, 3 should

BE

2

31. DATE FILED (Month, Day,

JUL 2

'90

n.	ansit permi	
ng physicia	the burial-tr	
or attend	for use as	
the hospita	detached	once.
etained by	ed pinous	otified at
6 may be	ctor, page 5	nust be n
eath. Page	funeral dire	xaminer r
ours after o	d in by the or removal.	medical e
within 24	npletely fille cremation,	vent, the
se executed	ian and con ir to burial.	umatic e
certificate	ding physic Avaiene pric	r other tr
if the death	by the atter	/ Injury, o
requires that	een signed of Health	shows an
N: The faw	State Deor.	Item 23
<b>B PHYSICIA</b>	er this certi	arked, or
TO THE MOSPITAL DR ATTENDING PHYSICIAN: The taw requires that the death certificate be executed within 25 mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per hand and within 72 hours after death with the State Dent. of Health and Mental Moleine prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
DSPITAL DR	INERAL DIR	NT: If Iter
TO THE HC	THE FU	IMPORTA

COMPLETED

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last, 2. DATE OF DEATH 3. TIME OF DEATH 1.20 A 90 MATTHEWS 201 7. DATE OF BIRTH (Month, Day, Year)
Dec. 16, 4. SOCIAL SECURITY NUMBER 5. SEX 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 196-01-3605 1 M 2 XF 1905 Pennsylvania 9a. FACILITY NAME (If not institution, give 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH ·G. tOSP MAL DIRECTOR COUNT RESIDENCE OF D Prince George's 10c. CTV, TOWN OR LOCATION
Upper Marlboro Maryland 10d. INSIDE CITY 1XXYES 2 □ NO 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 20772 U.S.A. 6520 Rosemont St. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married SpecMy:White BY 3 Widowed 4 Divorced 16e, DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16h. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) Clerical Worker Federal Government 12 18. MOTHER'S NAME (First, Middle, Maiden Surname) 17. FATHER'S NAME (First, Middle, Lest) Evans Margaret Matthews James BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 6520 Rosemont St., Upper Marlboro, Md. 20772 Nelle R. Kern 20a. METHOD OF DISPOSITION
1 □ Burlel 2 ※ Cremation 3 □ Rem
4 □ Donation 5 □ Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION — City or Town, State Metropolitan Crematory Alexandria, Virginia 22. NAME AND ADDRESS OF FACILITY
George P. Kalas Funeral Home 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 6160 Oxon Hill Rd. Oxon Hill, Md. 23. PART 1. Enter the dispases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or reapiratory arrest, abook, or heart fellure. List only one cause on each line. Approximate Interval Between Onset and Death IMMEDIATE CAUSE (Finel HRONIC OBSTRUCTIVE PHLMONARY DISEASE disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF) RESPIRATORY FAILURE PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury QUE TO (OR AS A CONSEQUENCE OF): thet initieted events resulting in deeth) LAST PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? ATHERDSUE POTIC HRARIDISEASE 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 A Inpatient 2 ER/Outpatient 3 DOA OTHER: 1 TES 2 NO 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED Netural
Accident 5 Pending investigation 1 YES 2 NO BY 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 6 Could not be COMPLETED 4 Homicide 29a. CERTIFIER

1 MCCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and m 29d. DATE SIGNEO (Month, Day, West)

7 2-0 90 29c. LICENSE NUMBER

MD. FACC

3

30. NAME AND ABORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MD

32. REGISTRAR'S SIGNATURE

13

MITANI

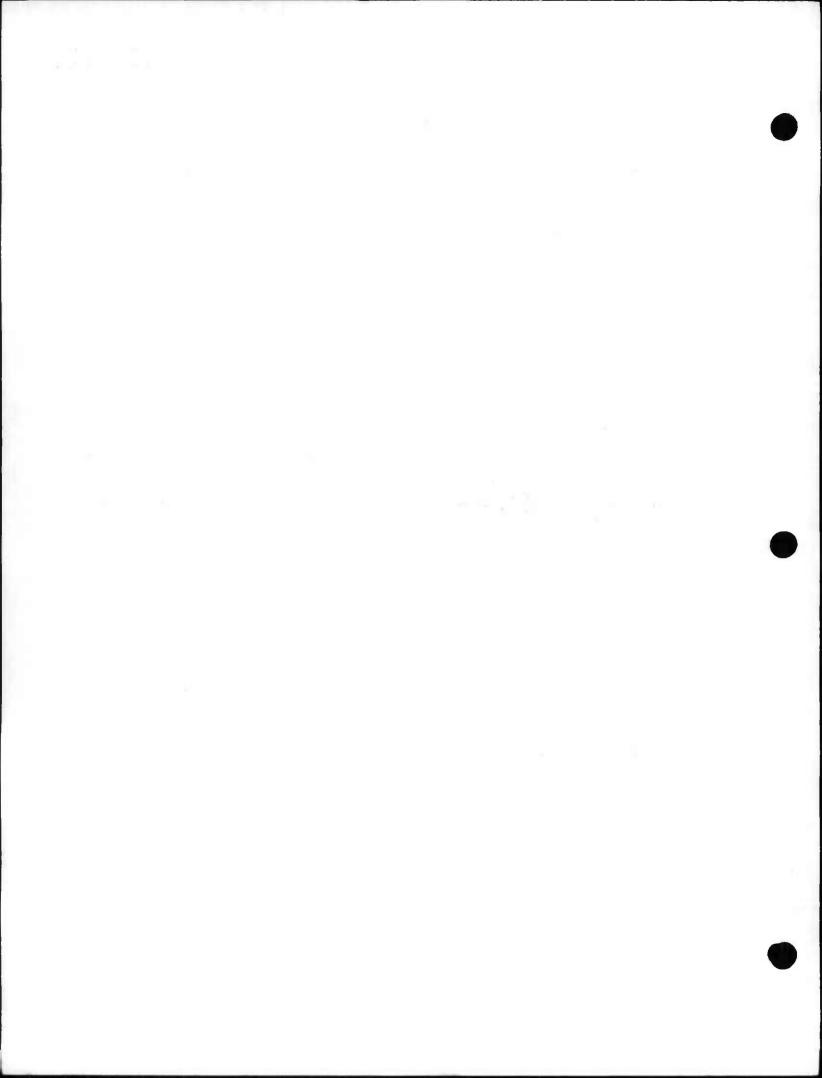
7/20/

CLINION MD. 2673I

27744

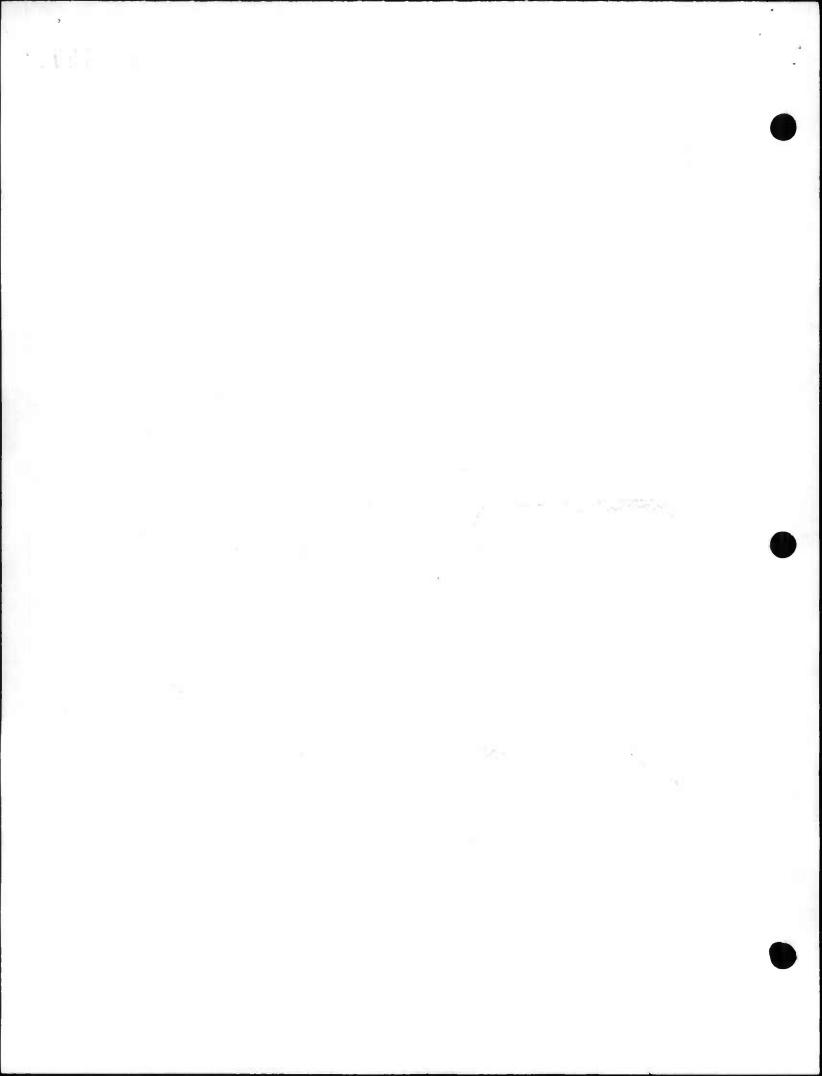
15 CATAWAY

ROAD



IG PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	ter this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should and Mental Motiene prior to burial, cremation, or removal.	narked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requi	TO THE FUNERAL DIRECTOR: After this certificate has been a before within 72 hours after death with the State Deot. of H	- =

1	FOR STATE REGISTRAR	STATE OF MARY		MENT OF I		ENTAL HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	Julia J. McC	lockov			l-	July 19	1990 YEA	1:20 MA
- 1	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH		IRTHPLACE (State or Foreign
		1 M 2 X F		MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	Co	ountry)
1	168-16-3256		86 YHS.					. Ireland
	9e. FACILITY NAME (If not institution, give	street end number)		9b. CITY, TOWN	OR LOCATION OF DEAT	ТН	9c. COUNTY O	IF DEATH
<b>6</b>	76 Kirks Mill	Lane		North	East		Ceci	.1
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE 10e. COUNT		Lacare	. TOWN OR LOCA				10d, INSIDE CITY
								LIMITS?
		ecil	N	orth E				1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER			10	. ZIP CODE		10g. CITIZEN C	OF WHAT COUNTRY?
5 H	76 Kirks Mill	Lane			21901		U.S.	.A.
3	11. MARITAL STATUS	12. WAS DECEDENT EVER				ORIGIN? (Specify Yee	or No- 14. R	RACE — American Indien, Black, White, atc.
	1 Never Merried 2 Merried	FORCES? 1 YE			ecify Cuben, Mexican, 2 2 NO Specify:	Puerto Hican, etc.)		Specify:
B	3∑ Widowed 4 □ Divorced						i i	White
	15. DECEDENT'S EDI (Specify only highest grad	UCATION (e. completed)	16a. DECEDENT'S	USUAL OCCUPATI ork done during m		16b. KIND OF BUS	INESS/INDUSTR	ty.
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	e retired.)	or working			
릴	12	N/A	Hom	emaker		Home	e	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					E (First, Middle, Maiden	_	
0	John McDevitt	-			Kathl	Leen O'R	eillv	
H	19e. INFORMANT'S NAME (Type/Print)		19b, MAILING	ADDRESS (Street		oute Number, City or Town		a)
2	Edward McClosk		76 Vi	mlea Ma	ll Tana	Nonth	Post	MD 21901
	20a, METHOD OF DISPOSITION		06. PLACE OF DISPOS				CATION — City of	
- 1	12 Burial 2 Cremetion 3 - Plan		other place)				-	
1	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE L	cemen	St. Doll		Cemeter		rrader	phia, PA
	11 500000000000000000000000000000000000	7///				ineral H	ome	
	*//da/ X					St. Nor		st, MD 21901
	23. PART I. Enter the diseasea, or							Approximate
		. List only one cause		)		1		Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition								
ł	resulting in death)	QUE TO JOR A	A CONTEQUENCE OF	9	7	/ - (		<del>                                     </del>
_	_		1 H	_	(			
8	Sequentially list conditions,	b. DUE TO (OR A	S A CONSEQUENCE OF	n:				
E	If any, leading to immediate cause, Enter UNDERLYING			5				
윤	CAUSE (Disease or Injury	C. OUE TO (OR A	S A CONSEQUENCE OF	<u></u>		·		
Ē	that initiated events resulting in death) LAST			,				
CERTIFICATION		d						
AL C	PART II. Other aignificant condition	one contributing to deat	but not reaulting i	n the underlyle	ng cause given in P			24b. WERE AUTOPSY FINDINGS
5						PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
						1 YES 2		OF DEATH?
Σ						-   '		1 - YES 2 - WG
PHYSICIAN: MEDIC			-					
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF OEATH (Chec	ck only one)		
YS	1 TES 1 WO		utpatient 3 DOA	4 - Nursing Ho		Other (Specify)		
표	1 Natural 5 Pending	26s. DATE OF INJUF (Month, Day, Yes	28b. TIM	URY W	ORK?	28d. DESCRIBE HOW I	NJURY OCCURE	.D
BY	Agoldent Investigation	-			YES 2 NO			
	3 Suicide 6 Could not be	28e. PLACE OF INJU building, etc. (5	JRY — At home, farm, : Specify)	street, factory, off	ce	281. LOCATION (Street City or Town, State)		ural Route Number,
COMPLETED	4 Homicide determined							
٦٦	29s. CERTIFIER 1 DERTIFYING PHY	SIGNAN: To the best of my kr	gwledge, death occurr	ed at the time, da	e end place, end due t	to the cause(e) end me	nner ee stated.	
ž	foreign mill	7- /	1					uge(e) end menner es stated.
8	9 /							
BE	200. SIGNATURE AND THE OF CENTUR	7 (/			29c. LICENSE NUM		29d. DATE S	Murch (Dec. Year)
P	00	7			D-28339	<del></del>	-11	4/7 ()
	30. NAME AND ADDRESS OF PENSON V	VHO COMPLETEO CADSELDE	DEATH (ITEM 27) (Type	, Print)				
	31. DATE FILED (Magin Day Year)	GLIVE DELLARS	GN CONFERENCE					
	JUL 27 30	0						



	Ī	fille on.	9
	HESPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24th	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation.	RTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the
	d wi	cre	94
	cute	or ial	tic
	900	to t	E
	e b	sicia	123
1	ficat	e g	he
ì	certi	y gie	9
	ath	tal H	0 '
-	e de	Men	5
	t th	by	F
	S th	Ped	37
	uire	Sign	M.
!	De.	Deen .	5
	MB	as L	23
	The	ate h	E
	AN:	tifica e St	1 1
	SICI	# Ce	d, 0
	F	this this	The same
	NG	oath	E
	END	R. A	-
1	E	S aft	1 28
i	8	Plour Pour	Item
	둳	32	=
	8	E PE	K
	Ŧ	E }	E

世世是

222

1470 A

mapetis

90

	pluo		
	3 8		
	1, 2,		
	Sages		
	mit.		
	t per		
dil.	transi		
and a second	urlat		
2	the b		
Attent	Se 98		
5	for us		
niden.	ched		<b>e</b> j
917	deta		ONC
200	ed bi		d at
DIAM IN	Shor		otiffe
8	age 5		be n
0	tor. p		net
200	direc		er m
dill.	neral		amin
20 102	the fi	oval.	al ex
113 41	In by	Гещ	edici
5	Filled	on, or	m al
DIIII 6	etely	ematic	nt, th
200	idmo	al, cri	949
Mecui	and	pari	natic
200	ician	rior to	Iraun
N CAR	phys	ene p	ther
in Cer	endin	Hyd	0 10
200	he aft	Venta	EJ.
IN THE	by th	and	ny in
The law requires that the beath certaincate be executed what 2-mouns are beath. Fegs o may be retained by the inspiral of attending	igned	ealth	VS 31
n Day	neen s	10 H	shov
e iaw	has	Dept	1 23
	<b>Ficate</b>	State	Hen
SICE	his certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3	hours after death with the State Dept. of Health and Mental Hygiene prior to	item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must b
E	DIRECTOR: After this ce	th wit	arke
Ž	R: Afte	r dea	Is m
A IE	ECTOF	s afte	1 28
E	DIR	POU	Iten

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH OUTLER July 15, 1990 ELLEN 5:41pm M BARBARA 6. AGE (In yrs. last birthday) A SOCIAL SECURITY NUMBER 5 SEY IF UNDER 1 YEAR IF UNDER 24 HRS. 7 DATE OF BIRTH 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS 1 M 2 LE 217 32 3412 53 YRS. Nov. 4 1936 Maryland 9s. FACILITY NAME (If not institution, give street and number) ON CITY TOWN OR LOCATION OF DEATH Se COUNTY OF DEATH DIRECTOR AMI DOCTORS' HOSPITAL OF P.G. CO LANHAM-SEABROOK PRINCE GEORGE'S CO. RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Prince George's Lanham 1 YES 2 NO FUNERAL 10a, STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 5636 Westgate Road 20706 United States 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 If yes, specify Cuban, Mexican, Pu 1 ☐ YES 2 ☑ NO Specify: 1 Never Married 2 Married ΒY 3 Widowed 4 Divorced White 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) COMPLETED 16h KIND OF BUSINESS/INDUSTRY 15. DECEDENT'S EDUCATION (Specify only highe ndery (0-12) College (1-4 or 5+) 12 Program Analyst Insurance 17, FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname Howard Sweeney Ada G. Mulligan BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 Louie J. Outler 5636 Westgate Road Lanham Maryland 20s. METHOD OF DISPOSITION 26c. LOCATION — City or Town, State 20b. PLACE OF DISPOSITION (Name of cametery crametery or 20a. METHOD OF DISPOSITION

1 X Burial 2 Cremation 3 Rer

4 Donation 6 Other (Specify) Fort Lincoln Cemetery Brentwood Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Beall-Evans Funeral Home, P.A. Pres tung 16000 Annapolis Rd. Bowie Maryland 20715 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate shock, or heart fellure. List only one cause on each line. Interval Between Onset and Death **IMMEDIATE CAUSE (Finel** acute myocardia co30 mins disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF) Ca 12hrs respirato CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING Ca 3.5 hrs **CAUSE (Disease or Injury** DUE TO (OR AS A CONSEQUENCE OF): unknow that initiated events 0 resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 | NO OF DEATH? TYES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL:
1 Inpatient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated, 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) BE 16 90 9

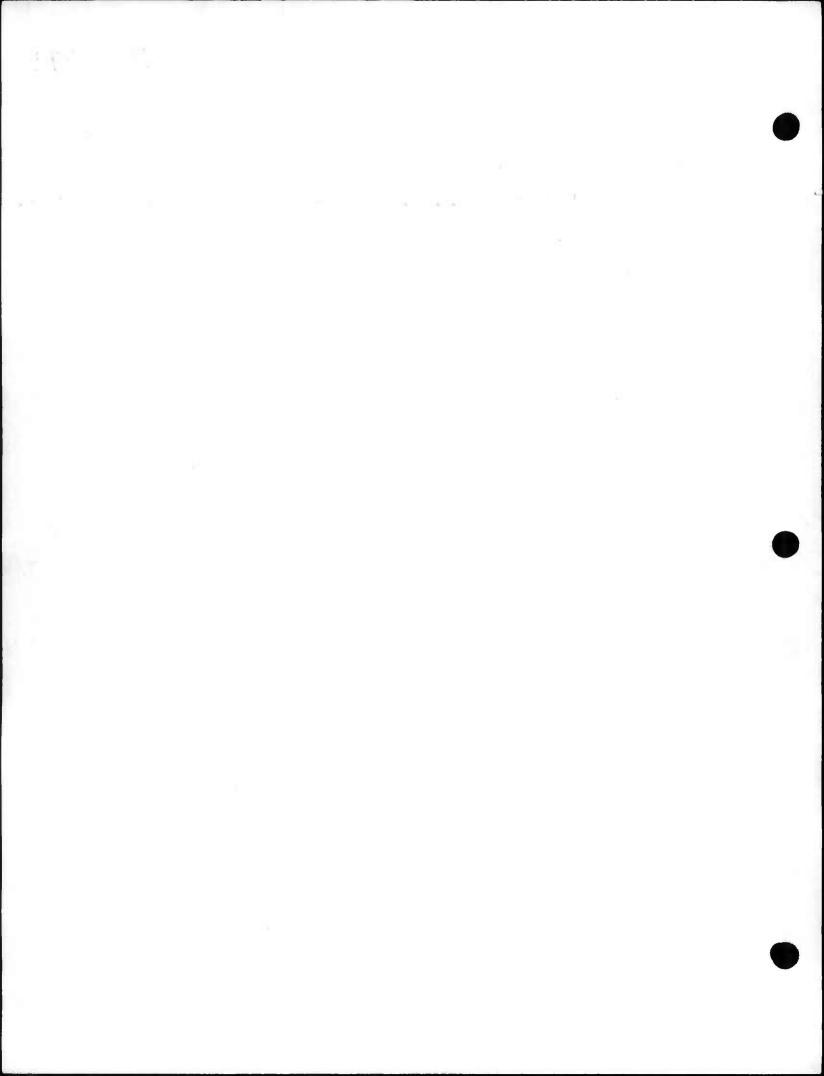
ADDRESS OF PERSON WHO COMPUETED CAUSE OF DEATH (ITEM 27) (Type, Ph

32. REGISTRAR'S SIGNATURE

a Davidson-Mandalle

ham

**DHMH-16 Rev 1/89** 



	24
o,	within
2	executed
<	pe
VIIAL RECORDS, F.O. BOA 13140,	certificate
	death
0	the
É	that
200	requires
AL	The law
70	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24
DIVISION OF	ATTENDING
5	OR
	SPITAL

B. HORNER

£" 2"3

'90

POWER

32. REGISTRAR'S SIGNATURE
Juna Davidson-Randell

100

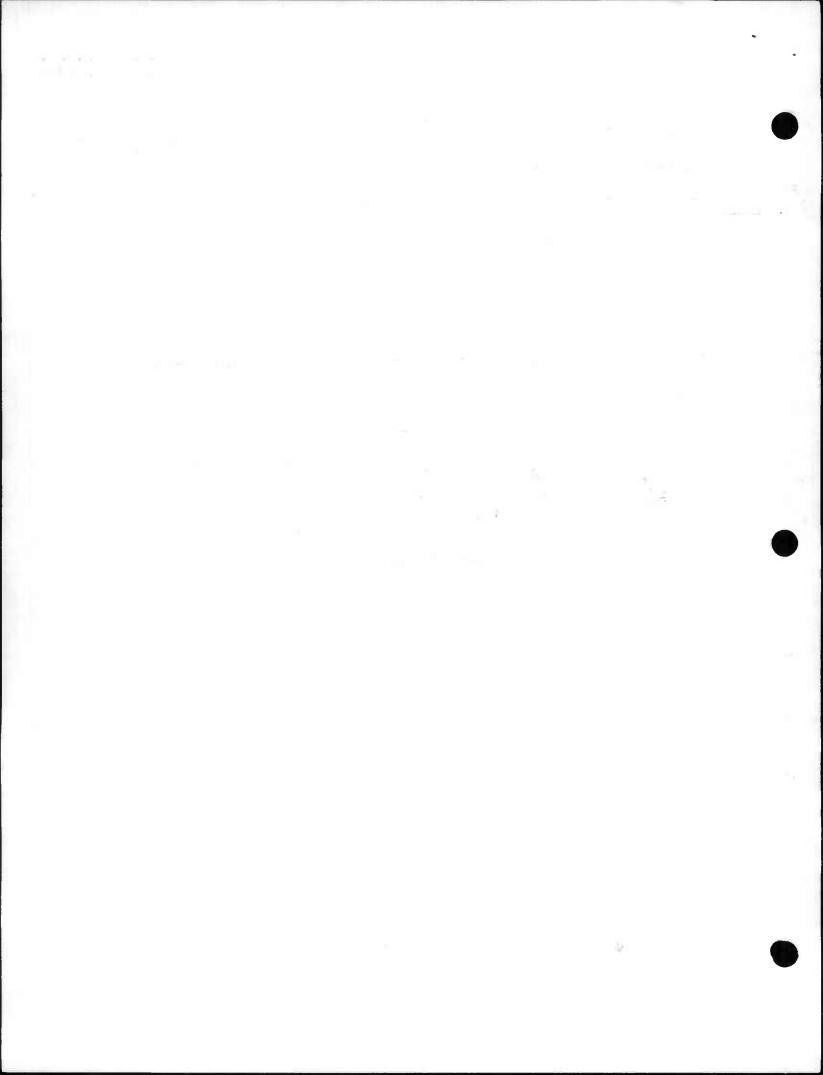
Wm.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH BEG NO 1. OECEDENT'S NAME (FIRST, Middle, Last)

ROBERT

OBENT Louis 2. DATE OF DEATH 3. TIME OF DEATH BRIEN PAR PAR 3 7. DATE OF BIRTH
(Month, Day, Year)
SEPT. 29,1929 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 8. BIRTHPLACE (St IF UNDER 24 HRS. 289-24-9543 1 NM 2 F YRS. OHIO 9a. FACILITY NAME (If not institution, give street and number, DIRECTOR Peninsula General Hospital Salisbury, MD Wicomico RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a. STATE 10h COUNTY 10d. INSIDE CITY MARYLAND WORCESTER BERLIN 1 YES 2 NO 10e. STREET AND NUMBER 101, ZIP CODE 100 CITIZEN OF WHAT COUNTRY? FUNERAL 85 OCEAN PARKWAY 21811 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yea, specify Cuban, Maxican, Puerto Rican, etc.)
1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 \( \times \) YES 2 \( \times \) NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married Specify: BY 3 Widowed 4 Divorced WHITE KOREAN WAR COMPLETED 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16h KIND OF BUSINESS/INOUSTRY Elementary/Secondary (0-12) ge (1-4 or 5+) AUDITOR 6 FEDERAL GOVERNMENT 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ROBERT B. O'BRIEN MARGARET DEWAN BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 MARIAN G. O'BRIEN BOX 3068A, BERLIN, MD 21811 20s. METHOD OF DISPOSITION 1 Burial 2 Cremetion 3 A Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION - City or Town, State ARLINGTON MEMORIAL GARDENS MT. HEALTHY, OHIO 4 Donation 5 Other (Specify) 22. NAME AND ADDRESS OF FACILITY ZELLER FUNERAL HOME 21, SIGNATURE OF FUNERAL SERVICE LICENSU 20 O. BOX 207, EAST NEW MARKET, 21631 Approximate 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory arrest, shock, or heart fellure. List pnly one cause on each line. interval Between Onset and Death **IMMEDIATE CAUSE (Finel** porcolor diseese or condition resulting in deeth) repul DUE TO (OR AS A CONSEQUENCE OF NO Sequentially list conditione, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATI cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): thet initieted events resulting in deeth) LAST PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS 24s. WAS AN AUTOPSY MEDICAL PERFORMED? AWAS ARLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 T NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Dinpatient 2 ER/Outpatient 3 DOA OTHER: 1 | YES 2 | MO 4 - Nursing Home 5 - Residence 6 - Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation М 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 🔲 Homicide 29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month Day Year) 29c. LICENSE NUMBER BE 120 Ke ! M 2 30. NAME AND ADDRESS OF PERSON WHD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

SALISBURY



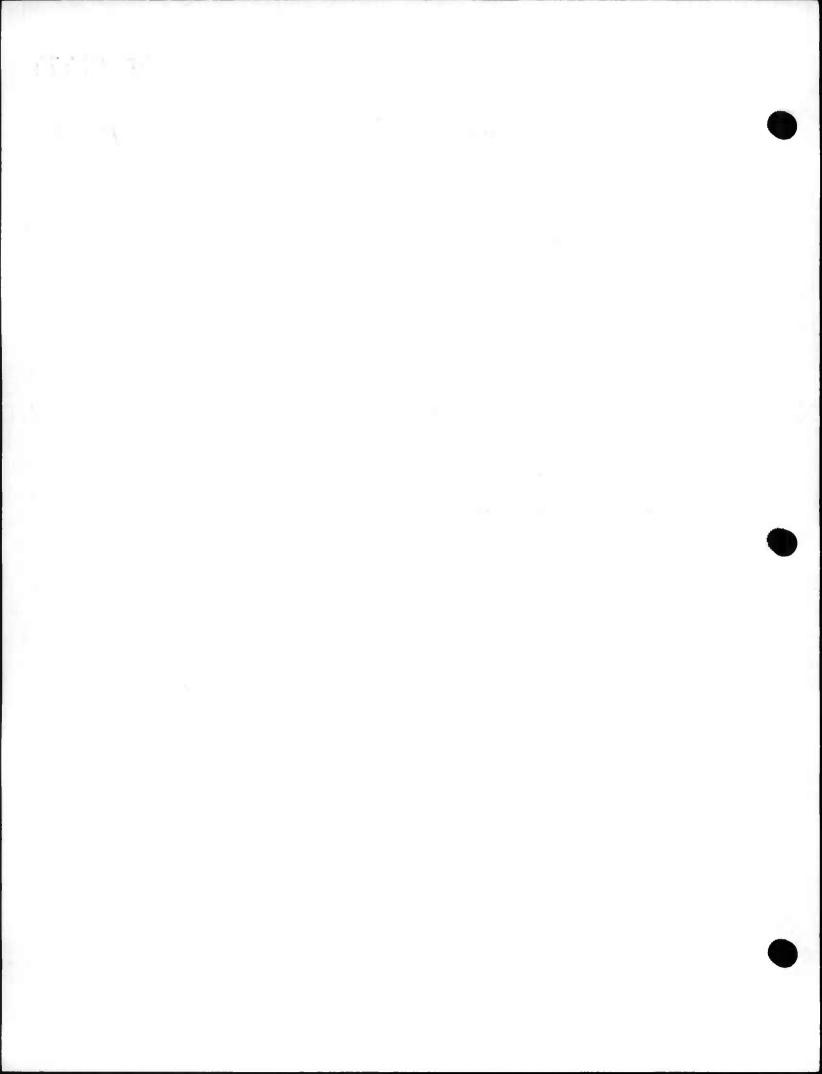
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete the flact writtin 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, crem	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event

1	E		
HOUGHT, INC. INC. INC. INC. INC. INC. INC. INC.	ils certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tra		
	the state		
	SE		
	88		
5	Por		
	8		
	ach		69
2	del		6
-	2		#
3	ouk		ied ied
	S		픙
3	ge 5		9
-	Pa		72
)	Clor		Ē
3	dire		10
	JE J		를
	fu		хап
,		Dya!	<u>e</u>
1	9	E.e.	die die
	u p	6	E
	fille	00 0	he
	tely	mat	7,
	H Pie	S	Vell
-	8	rial,	3
	and	PE 0	nati
2	ian	27 70	Jie .
2	NSic	Ĕ	#
5	100	ene	E e
3	din	S	0
200	atter	草	y, 0
5	36	Men	3
	1	pur	-
5	peu	£	an
5	Sig	Hea	1
20	een	6	sho
10124	as b	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ied, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
2	te h	te [	E
	fical	Sta	=
200	Cert	the	9
É	100	É	P

STATE OF MARYLAND / DEPARTMENT O	F HEALTH AND	MENTAL HYGIENE
CERTIFICATE (	OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL	HYGIENI REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)  IRVIN W.	ORNDORF	F			2. DATE MONTH JULY		1990	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 577-32-3652		, , , , , , , , , , , , , , , , , , ,	IF UNDER 1 YEAR NONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH	6.1	BIRTHPLACE (State or Foreign Country) ASHINGTON, D.C.
OR		treet and number) TREET		KENSING	TON	EATH		MONTO	OF DEATH GOMERY
DIRECTOR	RESIDENCE OF DECEDENT  100. STATE  10b. COUNTY  MARYLAND	, MONTGOMERY		TOWN OR LOCAT					10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL D	106. STREET AND NUMBER 4416 COLFAX	STREET			ZIP CODE	95		10g. CITIZEN	OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Avera Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DO WWI	2 NO ATES	If yes, sp	ENDENT OF NISPAI colfy Cuban, Mexica 2 X NO Specifi	n, Puerto f	? (Specify Yea Rican, etc.)	or No.— 14.	RACE — American Indian, Black, White, atc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION	16a. DECEDENT'S U (Give kind of wo life. Do NOT use	ork done during mo ratired.)	st of worlding		KIND OF BUS		TRY
	12 17. FATHER'S NAME (First, Middle, Leist) RILEY ORNDORFF		RECEIVIN	IG MANAC	18. MOTNER'S NA LUCY	ME (First, I	ETAIL  Middle, Maiden		
TO BE	190. INFORMANT'S NAME (Type/Print) MARGUERITE ORNDOR		The second secon		nd Number or Rural	Route Numi	ber, City or Town		LAND 20895
	20e. METHOD OF DISPOSITION  1 TyBuriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	PLACE OF DISPOSI Officer place) PARKLAUN	CEMETER	RY		ROC	CKVILLI	or Town, State E, MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSUS /		FRANC 500 UI	S J. COI	CHITY LLINS Y BLV	FUNEI D., W.	RAL HON	ME, INC. SP., MD 2090:
CERTIFICATION	Approximate interval Between Onest and Death of Cause (Final disease or condition resulting in death)  Approximate interval Between Onest and Death of Cause (Final disease or condition resulting in death)  Due To (OR AS A CONSEQUENCE OF):  Due To (OR AS A CONSEQUENCE OF):  Due To (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL C	PART II. Other aignificant condition	na contributing to death b		the underlyin	g cause given in	Part I.	24s. WAS AN PERFOR 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  28. PLACE OF DEATN (Check only one)  OTHER:									
	1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	1 Inpatient 2 ER/Outs 28e. DATE OF INJURY (Month, Day, Year)		4 Nursing Nor OF 28c. IN- JRY W	IURY AT DRK?		or (Specify) SCRIBE NOW I	NJURY OCCUP	RED
TED BY	1   Padding					Rural Route Number,			
COMPLETED	one)	SICIAN: To the bast of my know ER: On the basis of examination							cause(s) end manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIE	ollen			Dog	MBER	)	29d. DATE S	IGNED (Month, Day, Year)
	RICHARD H. POLLEN MS (2420 CONFECTIONS AN TENSINATURE  31. DATE FILEO (MONTH), Day, 1804)  32. REGISTRAR'S SIGNATURE  FUNDA Javidana Bando 00.								

12+1



Pages 1, 2, 3 should

permit.

physician. burial-transit p

of ag

ttendi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as it		
0, 3	SU YC		
spital	bed ft		
e ho	etach		nce.
S S	pe q		at o
ned	pino		led
retail	5 sh		litor
A pe	age		be
Ha	lor. p		ust
9 901	Jirec		E
ج. ح	eral (		nlne
deat	S (F	_:	exar
after	y th	THOVA	cal
SING	ii.	Ir red	nedi
24 h	filled	OU.	he n
This series	etely	mati	at, 1
M pa	ршр	, cr	evel
ecute	D D	priva	atic
96	an a	2 10	En
ate	hysic	buo :	ir tr
ertific	ng pi	giene	othe
ath o	tendi	효	0
e de	he at	Ment	inny
at th	5	and	N in
es th	gned	alth	8 an
adnin	S La	of He	how
J WE	s be	ept.	3 8
The	te ha	ite D	E
AN:	tifica	e Sta	r he
YSICI	De0 5	th th	0 0
PH 5	it this	ψW	arke
DIN	Afte	deat	E
TEN	108	after	28
JR A	IREC	DUITS	em
TAL (	AL C	12 P	H
OSP	INER	ithi	IN
王里	五五	w be	DRITT
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or atten	TO TI	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
		-	

2

31. DATE FILED (Month, Day, Year)

'90 9 1

15

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH DAY 1. OECEDENT'S NAME (First, Middle, Last, 3. TIME OF DEATH YEAR Dora M. Peck July 17, 1990 P M 3:15 A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. 1 M 2 XXF 235-26-2175 March 4, 1915 West Virginia 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 4804 Strathmore Avenue Garrett Park Montgomery RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Garrett Park 1 - YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE 20896 4804 Strathmore Avenue United States 12. WAS DECEDENT EVER IN U.S. ARMED 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 If yes, specify Cuban, Mexican, Puerto Rici
1 TES 2 NO Specify: 1 Never Married 2 Married Specify: В 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest gr Elementary/Secondary (0-12) College (1-4 or 5+) 11 Salesperson Department Store 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) William F. Robertson Pearl Mullens BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Floute Number, City or Town, State, Zip Code) 29150 2 Dorothy M. Roberts 214 North Salem Street, Sumter, South Carolina 20a, METHOD OF DISPOSITION
1 \( \text{N} \) Burial 2 \( \text{Commands} \) Commatten 3 \( \text{Removal from State} \)
4 \( \text{Donalion} \) Donalion 5 \( \text{Other (Specify)} \) 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION - City or Town, State Resthaven Memorial Park Princeton, West Virginia 21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY M00381 Robert A. Pumphrey Funeral Home/ Bethesda-Chevy Chase, Inc. 7557 Avenue, Bethesda, Maryland 20814 Barbara Go Mc Mullen Laurence Wisconsin Approximate 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fallure. List pnly one cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Fine) disesse or condition breast caveinoma 18 mo · metastatic resulting in death) DUE TO (OR AS A CONSEQUENCE OF): NO Sequentisity liet conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate CERTIFICAT ceuse. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS 24a. WAS AN AUTOPSY MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 X NO OF DEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 TES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 🏋 Residence 8 🗆 Other (Specily) 4 Nural 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 X Natural 5 Pending 1 YES 2 NO BY Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be determined COMPLETED 4 Homicide 29a, CERTIFIER 1 💢 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 🖟 🔲 MEOICAL/EXAMINER: On the basis of examination and/or investigation, in my opinion, do red at the time, date and place, and due to the cause(a) and menner as stated. USE AND TITLE OF CERTIFIER 29d, DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER. BE 1

Kathryn Siena Kirwin, M.D. 10400 Connecticut Avenue, #606, Kensington, MD 20895 32. REGISTRAR'S SIGNATURE

gruna Daydoon Randelle

OF PERSON WHO COMPLETED CAUSE-OF DEATH (ITEM 27) (Type, Print)

DHMH-18 Rev 1/89

July 18,

1, 2, 3;

Pages 1

permit.

use as the bunial-transit

for

	D		
	4		-3
	tac		3
	de		5
	2		=
	9		-
	3		9
	퓻		蓋
	10		9
	0		Ξ
	90		ă
	12		15
	9		3
	2		
1	ö		6
	1		든
	8		E
	2		2
	the ch	न	720
	×	9	23
	0	Se .	ᇴ
	-	6	me
	9	-	60
	4	000	Ĕ
O LIE MONTHAL ON ALL LINGUISM CONTRACTOR OF THE MONTHAL CONTRACTOR OF	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	let et	ie	E
	E	0	×
	8	B	-
	2	à	ž
	2	0	T 3
	8	1	3
	io.	9.	5
	3	0	be
	3	BU6	he
	9	gie	10
•	pu	Ŧ	-
1	Te	F	9
1	60	BITT	5
9	the	Z	른
	2	8	1
9	10	2	d'
	90	듶	6
5	. Di	69	2
5	63	I	6
3	8	0	S
	0	B	3
2	138	8	2
	83	e	E
	Cal	Sta	1
1	Tif.	60	-
2	90	£	-
2	90	5	Pe
	5	3	분
2	10	tte.	6
-	AH	de	- 25
É	ò	-	=
í	2	at a	28
č	EC	50	-
Ę	8	100	9
,	0	K	=
ξ	3	2	22
	83	C	-
3	Z	5	3
Ė	is.	3	E
H	뿌	8	9
=		Ų.	T
5	2	8	2

2 2 3

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 225p Rice YEAR FRANCE E PRICE - comaes 5. SEX 6. AGE (In yrs. last birthday) 7. OATE OF BIRTH 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign (Month, Day, Year) 60-01-3053 1 M 2 F MONTHS DAYS HOURS MIN. 08-28-9a. FACILITY NAME (If not institution, give street and nu 9b. CITY, TOWN OR LOCATION OF CEATH 9c. COUNTY OF DEATH BANTIMORE CO. BEN. HOSP DIRECTOR RANDALLSTOWN BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10d. INSIDE CITY 10a, STATE 10c. CITY, TOWN OR LOCATION CARROLL 10e. STREET AND NUMBER 1 DYES 2 NO ESVILLE 101. ZIP CODE FUNERAL 21784. 7200 THIRD AVE 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yea, specify Cytan, Maxican, Puerto Rican, etc.) 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. If yes, specify Cubs 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: Spog BY 3 Widowed 4 Divorced ETED. 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5 +) HOME MAKER COMPL FLEH 17. FATHER'S NAME (First, Middle Last) 18. MOTHER'S NAME (First Middle Maiden Surname) LICE M.J. ELLIS BE 19a. INFORMANT'S NAME (Type/Pr 19b. MAILING ADDRESS (Street and Number OBEET 0 SKEVILLO 40.21784 APT. B-113 20a. METHOD OF DISPOSITION
1 Disposition 3 Removal from State 20b. PLACE OF DISPOSITION (Name of co. 20c. LOCATION - City or Town, State CARROLL CARMATORY HAMOSTERO, 4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HAMANT F. H. BOX 195 23. PART I. Enter the classes, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximata intarvai Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition\_ immed cardiai arrest reauiting in death) DUE TO (OR AS A CONSEQUENCE OF): sepsis CERTIFICATION Sequentieity list conditions, OUE TO (OR AS A CONSEQUENCE OF): if any, isading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury 480 UTI LLUMONIA OF DUE TO (OR AS A CONSEQUENCE OF) that initiated events years resulting in death) LAST dementia bedbound PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL PERFORMED1 AVAILABLE PRIOR TO Gracture and deep COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? throm bosis Last 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Minpetiont 2 ER/Outpetiont 3 DOA OTHER: 1 TYES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural Pending 1 YES 2 NO BY Investigation 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 6 Could not be determined COMPLETED 4 Homicide 1 🛒 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE D3440 00 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Allan Richmond 1645 Libert. MID 20 Eldersburg 2178 JUL 26 '90 32. REGISTRAR'S SIGNATURE Pandale

DHMH-16 Rev 1/89

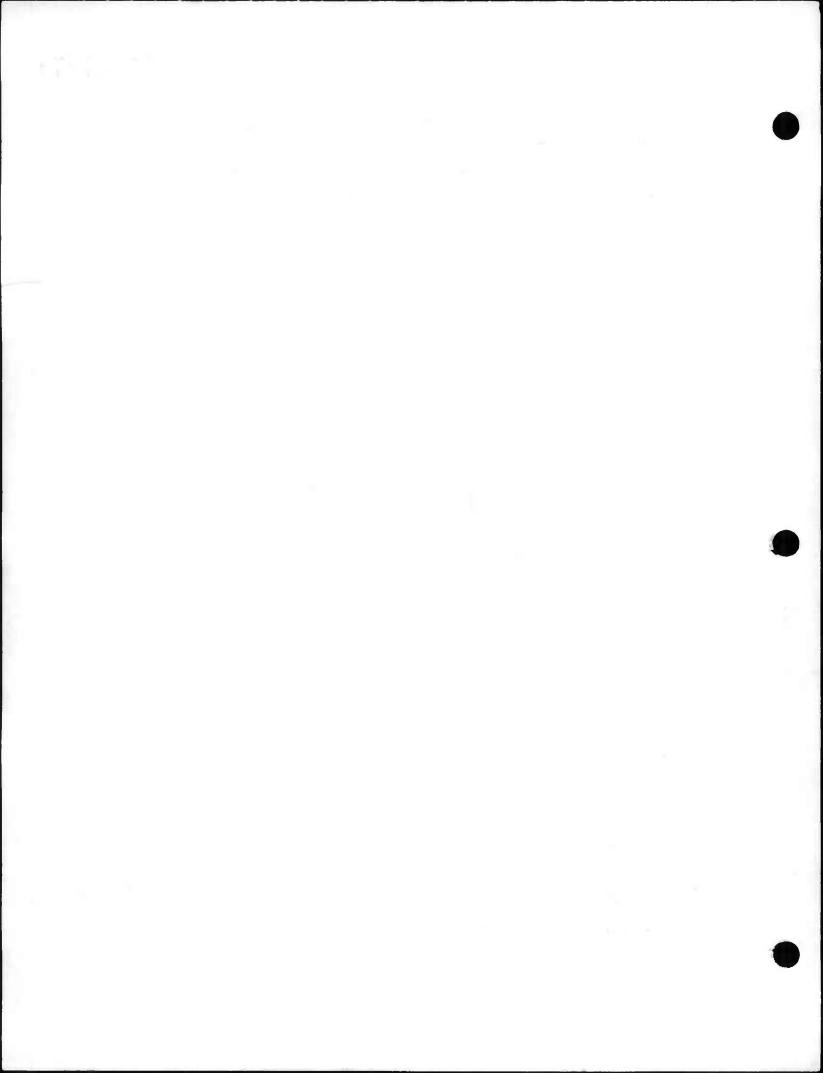
## BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the four factor. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI	MENT OF H	EALTH AND M	IENTAL HYGIENI REG. NO.	E					
	1. DECEDENT'S NAME (First, Middle, Last)		Picke		/	2. OATE OF CEATH MONTH	- 90 YEAR	3. TIME OF CEATN 426P M				
	The state of the s	1 D M 2 F 8	O YRS.	F UNDER YEAR ONTHS DAYS	HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) Dec. 2,19	09 Pen	TINPLACE (State or Foreign intry) nsylvania				
OB	AMI Doctor's Hospi			Lanham	R LOCATION OF DEA	ATH	Prince	George				
DIRECTOR	Texas 10b. COUNTY			h Richl	and Hills	6	10d. INSIDE CITY LIMITS?  1)E YES 2 NO					
FUNERAL	10m STREET AND NUMBER 7313 Timberidge Dr	ive			ZIP CODE 6180		10g. CITIZEN OF WHAT COUNTRY? United States					
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 - NO	If yes, spi	ENDENT OF HISPANI icity Cuban, Mexican 2 NO Specify:		Sp	ACE — American Indian, ack, White, atc. ecify: UCASIAN				
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondery (0-12) 8 th	ATION ompleted) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use i Homemake	rk done during mo retired.)	N st of working	Own Hom		,				
COME	17. FATHER'S NAME (First, Middle, Last) Merle Spencer		Homemake		16. MOTNER'S NAM	NE (First, Middle, Maiden						
TO BE	19a. INFORMANT'S NAME (Type/Print) Marilyn J. Robinso	n	196. MAILING A Same as		nd Number or Rural Re	oute Number, City or Town	n, State, Zip Code)					
	20s. METNOD OF DISPOSITION  1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \											
	21. SIGNATURE OF FUNERAL SERVICE LICE  RObert E. E		res.	Bea11		uneral Hom is Rd. Bow		0715				
	23. PART I. Enter the diseases, or co shock, or heert fellure. Li IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	Astrus	ech iine.			as cardiac or respi		Approximata interval Between Onset and Death				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseasa or injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
ÄL	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  AMAILABLE PRIOR TO COMPLETION OF CAUSE DE DEATH?  1 YES 2 NO											
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATN (Che	ick only one)						
YSIC	1 A YES 2 NO	HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/Out	patient 3 DOA 4		e 5 🗆 Residence							
ВУ РН	27. MANNER OF DEATN  1 Natural 5 Pending 2 Accident investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	M 1 🗆	PRK? YES 2 NO	28d. DESCRIBE NOW I	NJURY OCCURED	)				
	3 Suicide 8 Could not be 4 Homicida datarmined	28e. PLACE OF INJUR building, atc. (Spe					and Number or Ru	rel Route Number,				
COMPLETED	COROCK OTHY	CIAN: To the best of my known on the bests of axeminate						se(a) and manner as stated.				
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIES	duques V	NA		29c LICENSE NUM D = 21 2	1 3-0	29d. DATE SIGN	NED (Month, Day, Year) 4-90				
-	Mususto P. Rock	Educa 2 M	EATN (ITEM 27) (Type, 1	Raybe	um CK. G	o Suny,	me ou	748				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG		0	V	0 //						



IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and competery filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Hours after death. Page 6 may be retained by the hosp

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
AR	CERTIFICATE OF DEATH	REG. NO.
NAME (First, Middle, Last)		2. DATE OF DEATH

_	1	FOR STATE REGISTRAR		STATE OF N	MARYLAN	D / DEPAR					IENTAL HYGIEN REG. NO			
	1	1. DECEDENT'S NAME (First, M OLIVER	$\rho_{l}$	ERRY							7-1	<del>a</del> –	90	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER	E.	5. SEX /		rs. lest birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)	1	Countr	
<b>S</b>	ŀ	220-05-5840 9a. FACILITY NAME (If not instit	tution, also si		76	Tho.	9b CITY	TOWN C	R LOCATIO				MAK INTY OF D	YLAND
	5	WASHINGTON AL	DVENT		ITAL				PARK	J. O. D.			TGOM	
) liberation	3	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY				10c. CIT	Y, TOWN C	R LOCAT	ION				T	10d. INSIDE CITY
84 G	5	MARYLAND MONTGOMERY				SIL	VER :	SPRI	NG					LIMITS? 1 YES 2 NO
permit.		10e. STREET AND NUMBER						10f	. ZIP CODE			10g. CI	TIZEN OF W	HAT COUNTRY?
urial-transit		1135 UNIVERS	ITY B							902			USA	
r use as the burial-transit	- 11	11. MARITAL STATUS 1 Never Married 2 M 3 X Widowed 4 Divorce		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES :	2 X NO	1	yes, spe		n, Maxican	C ORIGIN? (Specify Ya , Puarto Rican, atc.)	a or No-	Speci	
88 2		15. DECED (Specify only h	ENT'S EDU		16	Sa. DECEDENT'S (Give kind of	USUAL O	CUPATIO	ON st of workin	a	16b. KIND OF BU	SINESS/IN	-	HITE
į u		Elementary/Secondary (0-12	-	College (1-4 or 5	·)	COOK	se retired.)							
once.	5	17. FATHER'S NAME (First, Midd							18. MOTH	IER'S NAR	E (First, Middle, Maider	Surname)		
8 K		STEPHEN 199. INFORMANT'S NAME (Type		PERRY		T 405 144 II III	ADDRES	(Discount or			NIA F.		RRY	
	2	LOUIS E. PER		R. (NEPH)	EW)						PHILADE			NN. 19149
ctor, page must be	ľ	20a. METHOD OF DISPOSITION 1  Burlal 2 X Cremation	N		20b. Pl	LACE OF DISPO			_				- City or To	
2 -		4 Donation 5 Other (S	pecify)		_ ME	TROPOLI	_	_				EXAND	RIA,	VIRGINIA
the funeral di wal.		21. SIGNATIONS OF FUNSIFIAL	11)C	TOS	0		FR	ANCI	S J.	COL	LINS FUNE	RAL H	HOME,	INC.
moval ical	1	23. PART I. Enter the disc	nases, or a	opplications the	it caused the	he death, Do	not anter	tha mo	TVER	SITY ng, suct	BLVD . W.	STL.	SPR.	MD 20901 Approximate Interval Between
ne ou		IMMEDIATE CAUSE (Final disease or condition 1 CAUSE ALTERNATION 1												
		resulting in death)		DUE TO	(OR AS A C	ONSEQUENCE O	f):	^	,					
and con burial.	5	Sequentially list condition	ns,	· lor	UAZ	ONSEQUENCE O	9	Po	INLY	2				30 mi
physician and one prior to buria	Ę	if any, leading to immedicause. Enter UNDERLYIN	G	AHLO	, serl	enotic		RAR	T	Fire	1000			2040
		CAUSE (Disease or injury that initiated events resulting in death) LAST		DUE TO	(OR AS A C	ONSEQUENCE O								70
DE P	5	resulting in death) LAST		a. DIA	BEFE	s W	EH	LIT	25					3090
y the	" И	PART II. Other significant		7 /		not resulting		/1			Part I. 24a. WAS AI PERFO	N AUTOPSY	7 24b	. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO
8 E 6		Atherose	yero	the pe	phe	cer VC	iscu	sey.	بتلا	can	1 - YES	2 NO		OMPLETION OF CAUSE OF DEATH?
5 5 5		Chame	. 0	si mee	ul	mra	7795	- 6	TIRE	che	-			1 YES 2 NO
Per Dep		25. WAS CASE REFERRED TO	MEDICAL					26. PI	LACE OF D	EATH (Chi	ck only one)			
the State		EXAMINER?		HOSPITAL:	ER/Outpati	ent 3 🗆 DOA	OTHEI		ne 5 🗆 Re	eldence	8 Other (Specify)			
= 2 4	- 10	27. MANNER OF DEATH  1 Natural 5 P	ending vestigation	28a. DATE Of (Month, I		28b. TH	JURY M	WC	PURY AT ORK? YES 2	] NO	28d. DESCRIBE HOW	INJURY O	CCURED	
A D S	5	3 Suicide 8 C	ould not be		of INJURY	At home, farm,	street, fac	ory, offic	:0		28f. LOCATION (Street City or Town, State		er or Rural i	Route Number,
		29s. CERTIFIER (Check only	YING PHYS	CIAN: To the best of	f my knowled	lge, death occur	red at the I	lme, data	and place	, and dua	to the cause(a) and ma	enner as si	ated.	
FUNERAL WITHIN 72 TANT: If	5	one) 2 MEDIC	AL EXAMINE	R: On the beels of a	maminetion e	nd/or investigati	on, in my (	pinion, d	leath occur	red at the	time, data and place, a	and due to	the cause(	a) and menner as stated
HE FOR THE	H	Mr Helel	ZZ	tather	145	ATTEM	ING	im	29c, LICI	23	104	\$9d. DA	7	19/80
5 8 8 C	-	30. NAME AND ADDRESS OF	PERSON WI	O COMPLETED CAU	SE OF DEAT	H (ITEM 27) (Typ	n, Print)	7: 1	0 1	400	L	75.0	1	Proce 11-
		31. DATE FILED (Month), Day, Ye	100	32. REGISTR	AR'S SIGNAT	URE		rul	UC	MER	OFT ILAS	IAK	NUA	THEL, PHI)
		JUL 24	90	Gulia	Davidse	m-Randa	02.							
58TL	0													OHMH-16 Re

0253673 00186 PERRY, 00186 6-13-30 N 07 11-30-13 # 076Y

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mous after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. urs after death. Page 6 may be retained by the hospital or attending physician. IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS P.O. BOX 13146.

	4 180
ŝ	within 2
12140	executed
, r.o. 50A	law requires that the death certificate be executed within 2
	death
2	that the
2	requires
7	he law
DIVISION OF VITAL RECORDS	PITAL OR ATTENDING PHYSICIAN: The law
NICION	ATTENDING
5	PITAL DR

	FOR 1 - STATE	STATE OF MA	ARYLAND /	DEPAR	TMEN	r of H	EALTH	AND I	MENTAL H	IYGIEN	E	90	21479
	1 - REGISTRAR			ERTIF						EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								2. OATE OF I	DEATH	IA.	YEAR 3.	TIME OF DEATH
	Sister MAR	LA CARMEN	RUIZ,	OSSE	•				July	22,		1990	11:45 PM
	4. SOCIAL SECURITY NUMBER	5. SEX (	8. AGE (In yrs. las	l birthday)	IF UNDER		IF UNDER	24 HRS. MIN.	7. DATE OF E (Month, Da			8. BIRTHPLA Country)	NCE (State or Foreign
21	2-84-6651	1 M 2	57	YRS.	MONTHS	DAYS	HOURS	MIN.	Nov. 1		932	Spa	in
	9a. FACILITY NAME (If not institution, give str	eet and number)			9b. CITY	, TOWN O	R LOCATIO	ON OF OE	ATH		9c. COU	NTY OF DEAT	н
OR I	19101 Georgia Av	7enue				Bro	okev:	ille			Me	ontgom	ery
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY			Diameter.		OR LOCAT							
뿔				IOC. CIT				4					d. INSIDE CITY LIMITS?
۵	Maryland Mo	ontgomery		L	В		evil				40- CIT	IZEN OF WHA	YES 2 NO
RA							2083				100	pain	COONTRY
NE	19101 Georgia Ave	12. WAS DECEDENT	ENER IN II O AR	****	140				110 OPIONE 10			-	
	1 Never Merried 2 Merried	FORCES? 1	YES 2	NED NO		If yes, spe	ecity Cube	n, Mexice	IIC ORIGIN? (S n, Puerto Rice	pecity Yee n, etc.)	or No-		American Indian, hite, etc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WA	R OR DATES			1 X YES	2   NO	Specify	r:			Specify:	White
	15. DECEDENT'S EDUC		16a. DE	CEDENT'S	USUAL O	CCUPATIO	)N		16b. KIN	ID OF BUS	SINESS/INC	DUSTRY	
E	(Specify only highest grade	College (1-4 or 5+)	(G	ive kind of Do NOT u									
PL	1-12	Solida (1-1 St S T)	S	iste	r (R	elig	ious	Nun	ı)				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTI	HER'S NA	ME (First, Midd	le, Maiden	Surname)		
	Rafael Ruiz						Enc	arna	cion	Pedr	OS		
BE	Rafael Ruiz  Encarnacion Pedros  196. INPORMANI'S NAME (Type/Print)  196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)												
5	Sr. Margarita Jaime, O.S.S.E. 19101 Georgia Ave., Brookeville, MD 20833												
	20e. METHOD OF DISPOSITION 20e. LOCATION — 20e. LOCATION — 20e. LOCATION —								City or Town,	State			
	1 X Burlel 2   Cremetion 3   Removal from State   other place)   Gate of Heaven Cemetery   Silver Sprin									Sprine	. Md.		
	21. SIGNATURE OF FUNERAL SERVICE LEC	ENSEE			22.	NAME AN	ID ADDRE	SS OF FA	CILITY			DP L TILL	J IId
	1/1/2016 8	11/1	11						Funer				
	22 PADT i Fotos the diseases of a	amplications that	anused the di	oth Do									d. 20904 Approximata
	ehock, or haart fallure. List only ona ceuse on esch lina.											interval Between	
	IMMEDIATE CAUSE (Final disease or condition		( )									Onset and Dasti	
	reaulting in death)	b.	DUE TO (OR AS A CONSCOUENCE OF):							Lyeur			
		002 10 (	DOL TO (OT NO A GOTOLOGIAGE OF).										
ERTIFICATION	Sequentielly liet conditione,	DUE TO (	OR AS A CONSE	OUENCE O	F):								
ATI	if any, laeding to immediata cause. Enter UNDERLYING				,								İ
FIC	CAUSE (Disease or injury that initiated events	DUE TO (	OR AS A CONSE	OUENCE O	F):								
H	resulting in daeth) LAST												
CE		J											†
	PART ii. Other significant condition	a contributing to c	deeth but not	resuiting	in the u	ndarlyln	g cause	given in	Part I. 24	a. WAS AN	AUTOPSY		ERE AUTOPSY FINDINGS ALLABLE PRIOR TO
SIC.									1	YES 2		CC	MPLETION OF CAUSE DEATH?
ME												1	YES 2 NO
ä													
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF D	DEATH (Ch	eck only one)				
Sic	1 WES 2 NO	1   Inpetient 2	ER/Outpatient	3 🗆 DOA	OTHE 4 □ Nu		10 5 R	eeldence	6 C Other (S	pecify)			
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	28a. DATE OF I (Month, Da		28b. TIR	ME OF	28c. INJ WC	IURY AT		20d. DESCR	BE HOW	NJURY OC	CURED	
ВУ	1 Natural 5 Pending 2 Accident Investigation				M	1 🔲	YES 2	NO					
	3 Suicide 8 Could not be		INJURY - At he	ome, farm,	atroot, fac	ctory, offic	e			ON (Street own, State)		or Rural Rou	te Number,
TE	4 Homicide detarmined		uilding, atc. (Specify)										
PLE	29e. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the best of r	my knowledge, d	eath occur	red at the	time, dete	end place	e, end due	to the cause(	e) end me	nner ee sta	nted.	
COMPLETED	One) 2 MEDICAL EXAMINE	R: On the basis of axi	aminetion and/or	Investigati	on, In my	opinion, d	leath occu	red at the	time, date and	d place, ar	nd due to t	ha cause(a) a	nd manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER						29c. LIC	ENSE NUI	MBER		29d. DA	TE SIGNED (M	ogth, Day, Year)
BE	0 V						In	12	AA		1	1/22	190

29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE N
BRYCE RRESSEL, M. D. 2141 K Street, NV	ı #603

DKYCL NGCS

31. DATE FILED (MONTH, Day, Year)

JUL 24 90

2

31. REGISTRAR'S SIGNATURE
Julia Javidson-Randolle

Washington, DC

29d. DATE SIGNED (Mogth, Day, Year) 23

90

Pages 1, 2, 3 should

permit.

burial-transit attending physician.

use as the

detached

2

page 5 should

director,

funeral death.

n by the i after

THE

223

hospital or for

retained by the

2

Page 6 may

_	all a	P. P.
	LI S	ling physician and completely filled in by tygiene prior to burial, cremation, or remov
	2	led o
	28	y f
	this.	eme
2	≯ p	E 5
	15	2 1
-	exec	and o
<	2	or to
2	ate	pri
4	tiffe	o pt
5	8	H din
Š.	ath	ta
ñ	op a	Wen
Š	#	30
ב	tha	20 4
?	res	eath
Ú	700	L Jo
	*	8 5
Ţ	e	De O
I	F	ate
5	AN	tific e S
L	SIC	E Ce
)	F	this
2	S	ter hat
2	9	A P
n	E	afte
DIVISION OF VITAL RECORDS, F.O. DOA 19139,	S.	FE (
2	0.7	2 2
	ĕ	PA L
	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by t within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to bunal, cremation, or remo
	-	u. ×

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH NAME. 3. TIME OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) Louise Regis July 19, 1990 5:30 P. A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTN (Month, Day, Year 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS MIN. 1 M 2XXF 84 YRS. 22, 014-07-6650 Feb. 1906 Italy 9c. COUNTY OF DEATH 9e. FACILITY NAME (If not institution, give street and no 9h. CITY, TOWN OR LOCATION OF DEATN Shadi DIRECTOR arove Rockville Montgomery RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Palm Beach Florida Hypoluxo 1 YES 2 KNO 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 8117 Ambach Way 33416 United States 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 2 X NO 1 Never Married 2 Married Specify: BY 3 🔀 Widowed 4 🗌 Divorced White ETED. 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY 15. DECEDENT'S EDUCATION (Specify only highest grade compl Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 12 Homemaker Own Home once. 18. MOTHER'S NAME (First, Middle, Maiden Surname) 17. FATHER'S NAME (First, Middle, Last) Cesare Leo 듅 Faustina Menga BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Norma E. Fuccillo 11801 Seven Locks Road, Rockville, MD. 20854 Pe 20c. LOCATION — City or Town, State
Fall River, 20a. METNOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20a. METNOD OF DISPOSITION

1 X Burial 2 Cremation 3 Ramoval from State

4 Donation 8 Other (Specify) must Patrick's Cemetery Massachusetts 22. NAME AND ADDRESS OF FACILITY Robert A. Pumphrey Funeral Home/Rockville, Inc. 300 W. Montgomery 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner Rel M00348 Avenue, Rockville, MD. 20850-2805 medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximata** shock, or haart failure. List only one cause on each line. Onset and Death IMMEDIATE CAUSE (Final the disease or condition mine resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): 0 a car traumatic CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, laading to immediata cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events other DUE TO (OF) AS A CONSEQUENCE OF reaulting in death) LAST 6 Injury, PART ii. Other significant conditions contributing to death but not re cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AILABLE PRI COMPLETION OF CAUSE any 1 TES 2XXNO OF DEATH? shows 1 | YES 2 NO PHYSICIAN: Dept. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? State L 28. PLACE OF DEATN (Check only one) HOSPITAL: OTHER: 1 YES 2 NO Inpetient 2 - ER/Outpetient 3 - DOA ng Home 5 - Residence 8 - Other (Specify) 4 🗌 Nura 9 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE NOW INJURY OCCURED marked, Natural 5 Pending Investigation м 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 66 8 Could not be ETED after 28 i 4 Nomicide Hem 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. COMPL 3 P = 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner as stated MPORTANT 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE -19-90

D35792

W, EDMONSTON

SWAROOP 31. DATE FILED (Month, Day, Year)

24

90

2

32. JEGISTRAB'S SIGNATURE
Juna Daydron Aundell

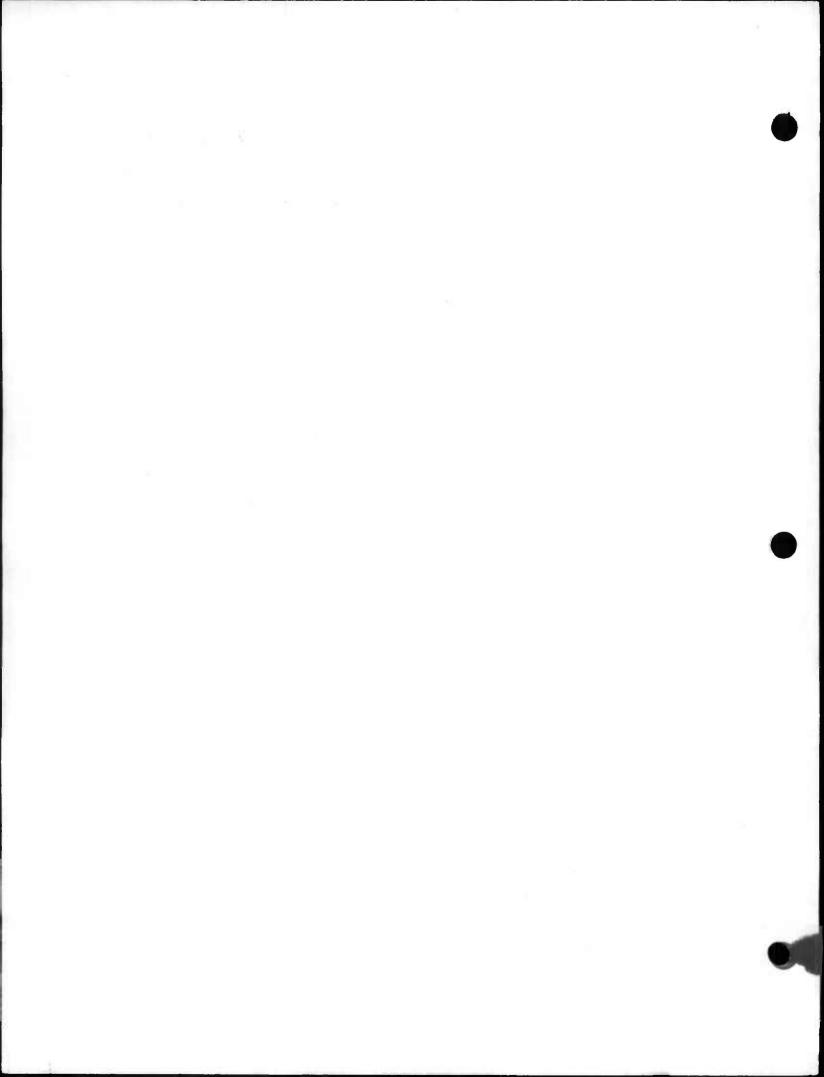
30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

SUDHAKAR

MI

4504

Dr

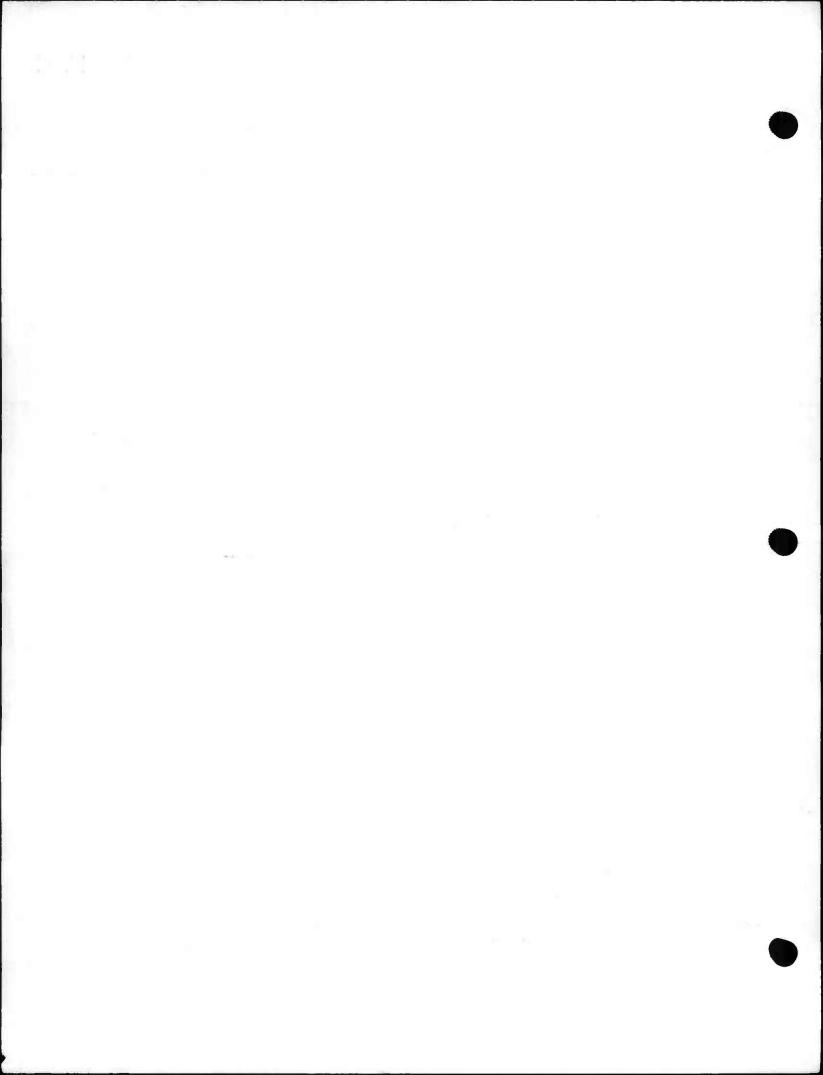


TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within Zensurs after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO	).						
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY YEA	3. TIME OF DEATH					
	PATRICI	A PLATT	RII	NGLER		7-17-90	11:05PM M						
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	6. BI	RTHPLACE (State or Foreign					
	214-36-2828	1 □ M 2 🖔 F	50 YRS.	NTHS DAYS	HOURS MIN.			shington, D.C.					
	9a. FACILITY NAME (If not institution, give street	et and number)		. CITY, TOWN O	R LOCATION OF DE	ATH	9c. COUNTY O	F DEATH					
DIRECTOR	1610 Annapolis Road, Lot #25 Odenton Anne Arund												
<u>ا</u> ي	10a. STATE 10b. COUNTY			OWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?					
	Maryland Mon	tgomery	Silve	er Spri	ng			1 ☐ YES 2 📉 NO					
FUNERAL	10e. STREET AND NUMBER			10f	ZIP CODE		10g. CITIZEN C	OF WHAT COUNTRY?					
E	8107 Eastern Avenu	е		2	1910		United	States					
5		12. WAS DECEDENT EVER FORCES? 1 YES				HC ORIGIN? (Specify Yon, Puerto Rican, atc.)	e or No- 14. F	ACE — American Indian, lleck, White, atc.					
à l	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR I		1 TYES	2 NO Specify	C C C C C C C C C C C C C C C C C C C	s	pocity:					
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or	ITION	16a. DECEDENT'S US			16b. KIND OF B	JSINESS/INDUSTR	Y					
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT use n	etired.)	st of working	Apartm	ents &						
릴	12	1	Resident	Manage	r	Condom							
Š	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maide	n Sumame)						
BE	Louis Platt				Mearle	King							
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AL	DRESS (Street a	nd Number or Rural F	Route Number, City or To	wn, State, Zip Code	)					
٩	Lisa Ringler		8107 Ea	stern	Avenue.	Silver Sp	ring, MI	21910					
	20a. METHOD OF DISPOSITION 1 M Buriel 2 Cremetion 3 Remov	rel from State	b. PLACE OF DISPOSITI	ON (Name of cer	netery, cremetory or	20c. L	OCATION — City of	r Town, State					
	4 Donation 5 Other (Specify)	G	ate of Hea	ven Ce	metery	Sil	ver Spri	ng, Maryland					
	21. SIGNATURE OF FUNERAL SERVICE LICE	NGA .		22. NAME A	ID ADDRESS OF FA	CILITY Robert	A. Pump	hrey Funeral Montgomery 0850					
	Daviel E.	BARU	M00803	Home/	Rockvill	e, Inc. 3	00 West	Montgomery					
	23. PART I. Enter the diaeases, or co ahock, or heart failure. Li	lat only one cause on	aach line.	antar tha mo	da of dylng, auc	h aa cardlac or res	piratory arrest,	Approximata Interval Between					
	immediate cause (Final disease or condition resulting in death)  POSITIONAL ASPHYXIA  Arteriosclerotic cardiovascular disease												
	reaulting in death) a.			ardiova	scular d	150350							
	DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	Sequentially list conditions, Due TO (OR AS A CONSEQUENCE OF):												
AT	cause. Enter UNDERLYING	If any, leading to immediate											
잂	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS	A CONSEQUENCE OF):										
H	resulting in death) LAST												
DICAL	PART II. Other aignificant conditions	contributing to death	but not reaulting in	the underlyin	g cause given in		N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO					
ă	ETHANOL ABUSE					1 (XX)(ES	2 🗆 NO	COMPLETION OF CAUSE OF DEATH?					
ME								XX YES 2 NO					
PHYSICIAN: ME													
5		HOSPITAL:		26. PI	LACE OF DEATH (Ch	eck only one)							
YS		1 Inpatient 2 ER/Ou	ripetiant 3 DOA 4	☐ Nursing Hon		6 Other (Specify)							
F	27. MANNER OF DEATH  XXX Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)		WC WC	ORK?	28d. DESCRIBE HOV		EDGE BETWEEN					
BY	2 Accident Investigation	7-16-90	unk		YES 2 NO	BED AND	WALL						
	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Sc		eet, factory, offic	•	28f. LOCATION (Street City or Town, Sta		NAPOLIS, ROAD					
E	722-11	HOME (b	edroom)			ODENTON,	AATCO.,						
COMPLETED	1 CERTIFYING PHYSIC												
O	XXXX MEDICAL EXAMINER	On the basis of examinat	ion and/or investigation,	in my opinion, o	leath occured at the	time, data and pieca,	and due to the ca	use(a) and manner as stated.					
	296 SHONATURE AND TITLES OF CERTIFIER				29c. LICENSE NUI	MBER	29d. DATE SIG	INED (Month, Day, Year)					
) BE	J.M.				OCME		•	7-18-90					
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, P	rint)									
	JAMES KAPLAN, MD		111 Per	n Stre	et.Balti	more,MD 2	1201	VC					
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG											
	MH 1 0 100	1 1. 7. 1. 1	77 1 000										



DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	mit. Pages 1, 2, 3 should	
by the hospital or attending physician.	be detached for use as the burial-transit p	at once.
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a mount after death. Page 6 may be relained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should have a few death with the State pent of Health and Mental Hydinine nick to burial cremation, or removal.	ted, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
e death certificate be executed within 24 in	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 he attending physician and completely filled in by the 1 he attended within 20 hours after death with the State Dent of Health and Mental Holleng price to build: cremation, or removal.	om 23 shows any injury, or other traumatic event, the medical ex
PHYSICIAN: The law requires that the	this certificate has been signed by the	rked, or item 23 shows any inj
TO THE HOSPITAL OR ATTENDING.	TO THE FUNERAL DIRECTOR: After he fled within 72 hours after death	IMPORTANT: If Item 28 is marked

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL HYGII					
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH		3. TIME OF DEATH					
	EDWYNA MODELL RI	TCHIE			JULY	5 1990					
	4. SOCIAL SECURITY NUMBER 447-12-5087	1 🗆 M 2 🏖 F	65 YAS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year, 12–5–24	) C	IRTHPLACE (State or Foreign ountry) Lahoma			
OR	Malcolm Grow US	9a. FACILITY NAME (If not institution, give street and number)  Malcolm Grow USAF Med. Ctr.  9b. city, town or location of death  Camp Springs  P.G.									
EC	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNT	TY	10c, CITY.	TOWN OR LOCAL	ION			10d. INSIDE CITY			
DIRECTOR	Mđ.	P.G.		emple H				LIMITS?			
	10e. STREET AND NUMBER			101	ZIP CODE			OF WHAT COUNTRY?			
ER	6413 Roberts Dr	ive			20748		US	A			
BY FUNERAL	11. MARITAL STATUS  1 Never Married Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 _ YES IF YES, GIVE WAR OR DO	<b>A</b> E NO	If yes, sp	ENDENT OF HISPAN scify Cuban, Maxica 2 10 NO Specify	NC ORIGIN? (Specify in, Puarto Rican, etc.) y:		RACE — American Indian, Black, White, etc. Specify: White			
ED	15. DECEDENT'S ED (Specify only highest grad	UCATION	16a. DECEDENT'S US	SUAL OCCUPATION OF COMPANY	ON at of weeking	16b. KIND OF	BUSINESS/INDUSTR				
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Homema	retired.)	st or working	Own	Home				
00	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Mail	den Surname)				
BE	Edward W. Freem	an				elle Cox					
0	William A. Ritc	hie		as 10a-		Route Number, City or	Town, State, Zip Code	)			
	209 METHOD OF DISPOSITION 1-X-Burlel 2 Cremation 3 Rei	movel from State	o. PLACE OF DISPOSIT				LOCATION — City				
	4 Donation 5 Other (Specify)		lington N			AI CLUTY Lee Fi	rlington,				
	> I SIGNATURE OF PUNERAL	Luf	2007	6633		nder Fer		ome, inc.			
	23. PART I. Enter the diseases, or	compilcations that cause	the death. Do no	_			eapiratory arrest,	Approximata			
	ahock, or haert fellure. List only one cause on eech line.  IMMEDIATE CAUSE (Finel										
	resulting in death)	a. RESPIRATOR	Y FAILURE					12 hours			
z	PNEUMONIA										
TIO	Sequentially liet conditione, if any, leading to immediate cause. Enter UNDERLYING MULTIPLE MYELOMA										
SE	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	C	CONSEQUENCE OF:					3 years			
CERTIFICATION	resulting in death) LAST	d									
	PART II. Other algorificant condition	ons contributing to death b	out not resulting in	the underlyin	a cause given in	Part I. 24s WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS			
MEDICAL	HYPERCALCEMIA					PER	FORMED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2X NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL										
ICI)	EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (Ch						
НУВ	1 YES 2 NO 27, MANNER OF OEATH	1 Inpatient 2 ER/Outs 26e. DATE OF INJURY	28b. TIME	OF 28c. IN.	URY AT	6 Other (Specify) 28d. DESCRIBE HO	W INJURY OCCURE	ED .			
ву Р	1 Netural 8 Pending 2 Accident Investigation	(Month, Day, Year)	INJU		YES 2 NO						
	3 Suicide 6 Could not b 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spe	/ — At home, farm, str city)	reet, factory, offic	•	26t. LOCATION (Str City or Town, S	eet and Number or R tete)	ural Route Number,			
COMPLETED	most	SICIAN: To the best of my know									
00	11 11	VER: On the basis of axamination	n and/or investigation	, in my opinion,							
TO BE	200 To Antique And Tittle of Centre	mm)			29c. LICENSE NU	MBER		Y 5, 1990			
	MATTHEW E ULVEN,			Print)	MALCOLM ANDREWS	GROW USAF	Eoggiesal	OCENTER			
	JUL 16 '90	32. REGISTRAR'S SIGN									
-		705									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, oremetion, or removal.	
---	--

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTM			MENTAL HYGIE		50 2140
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
- 8	VIOLET LORAINE	RILEY				MONTH /	9 90	EAR 045 Au
		5. SEX 6. AGE (In yrs. las	t hirthday) IE I	INDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
- 1		1 DM 2 0 63	YRS. MON	-	HOURS MIN.	2-/5/2	4.00	laryland
a i	9a. FACILITY NAME (If not institution, give stre	et and number)	9b.	CITY, TOWN	OR LOCATION OF DE	ATH	9c. COUNTY	OF DEATH
DIRECTOR	WASHINGTON Adve	ntist Hospit	ne T	AKON	A PAR	يعز	Moi	styomeny
EC	10a. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCA	TION			10d, INSIDE CITY
		ce beorge	Hy.	4775	VILLE			1 YES 2 NO
AL	10e. STREET AND NUMBER			10	I. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
EH	7307 2470	ave			2078	33	U.S.	Α.
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. AR				IC ORIGIN? (Specify )	es or No- 14	. RACE — American Indian, Black, White, etc.
	1 Never Married 2 Married	FORCES? 1 YES 2 N	40		2 NO Specify	n, Puarto Rican, etc.)		Specific
ВУ	3 Wildowed WXVivorced							White
ED	15. DECEDENT'S EDUCA (Specify only highest grade of	TION 16a. DE	CEDENT'S USU	AL OCCUPATION	ON set of working	16b. KIND OF B	USINESS/INDUS	TRY
E	Elementary/Secondary (0-12)	College (1-4 or 8+)	Do NOT use ret	ired.)	ast or wonang			
PL	9th Grade		tronic	s Asse	embler	Quant	um Sys	stems
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		-		18. MOTHER'S NA	ME (First, Middle, Maid	n Sumame)	
	Ernest Mosser				Alvera	Shank		
BE	19a, INFORMANT'S NAME (Type/Print)	10	h MAILINO ADI	RESS (Street :	and Number or Burnt I	Route Number, City or T	wn State 7in Co	orio)
2	Carol M. Hurley [					Churchtor		20733
		9			<u> </u>		•	v or Town. Stata
	20s. METHOD OF DISPOSITION  1 Burial 2 Crymation 3 Remove  4 Donation 5 Other (Specify)	offer place of the	e Wash	ningto	metery, crematory or n Cemete	ry Ad		Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE / /		22. NAME A	ND ADDRESS OF FA	CILITY		Home, P.A.
	1/6, E/J	1 Suhan	~					le, Md. 20781
	23. PART I. Enter the diseases, or co	emplications that caused the de	ath. Do not					
	ahock, pr heart failure. Li	ist only one cause on sech line	1.					Interval Between Onset and Death
	disesse or condition	metaltic (	CAW.	In ou	R-	110		1K VDC
	resulting in death) s.	DUE TO (OR AS A CONSE	OUENCE OF):	10	1, 5.		3	1 / / / / / / / / / / / / / / / / / / /
-			(	PHIN	aby Vil	te UNKY	1044)	
CERTIFICATION	Sequentially list conditions,	DUE TO (OR AS A CONSE						
AT	If any, leading to immediate cause. Enter UNDERLYING		·					
은	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A CONSE	OUENCE OF):					
Ē	resulting in death) LAST	, , , , , , , , , , , , , , , , , , , ,	,					
典	d.							
AL 0	PART II. Other significant conditions	contributing to death but not	resulting in ti	ne underlyin	g cause given in	Part I. 24a. WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
	Fracture,	Left hip					ORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
ED						1 □ YES	2   NO	OF DEATH?
PHYSICIAN: MEDIC								1 TYES 2 NO
Z								
Ö	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	l or	26, P	LACE OF DEATH (Ch	eck only one)		
YSI	1 YES 2 NO	1 Inpetient 2 ER/Outpetient 3			ne 5 🗆 Rasidence	6 🗆 Other (Specify)		
H	27. MANNER OF DEATH	28a. DATE OF INJURY	26b. TIME OF	28c. IN	JURY AT ORK?	26d. DESCRIBE HO	V INJURY OCCU	RED
BY	1 Natural 5 Pending 2 Accident Investigation	9/14/90			YES 2 NO	Tell .	at ho	me
	3 Suicide 8 Could not be	28a. PLACE OF INJURY - AI he	ome, farm, stree	t, factory, offi	ce	281. LOCATION (Stre	et and Number or	Rural Route Number,
TE	4 Homicide determined	building, atc. (Specify)				7307247	Y RATE I	Hyatts ville NAD
COMPLETED	29a, CERTIFIER 1 CERTIFYINO PHYSIC		anth annual c	ab de c	and also and a			
MP P	onel	IAN: To the best of my knowledge, de						
8		On the besid of examination and/or	vesugation, II	тиу ориноп,		- 22-20	and dua to the	cause(a) and manher se stated.
BE (	29b. SIGNATURE AND TITLE OF CERTIFIER	1 1 Depu	19/12	SICH	29c. LICENSE NUI		29d. DATE	BIGNED (Month, Day, Year)
D	Mu Oanly	reme Exe	amir	01	1018	52	1 7	20/90
=	30, NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH ATE	184 970 (Tana Dale	-41				

32. REDISTRAR'S SIGNATURE
Julia Davidson-Randelle

4203 Queensbury Road, Hyattsville.

Paul A. DeVore,

31. DATE FILED (Month, Day, Year)

JUL 23

M.D.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within American feath. Page 6 may be retained by the hospital or attenting physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attenting physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, Year) 21

4													90	21	481
	FOR 1 . STATE		STATE OF	MARYLAND /						MENTAL I	HYGIEN	E			
	REGISTRAR			CI	ERTIF	ICATE	OF	DEAT	H		REG. NO.				
	1. DECEDENT'S NAME (First,									2. DATE OF MONTH	DEATH	W	YEAR	3. TIME OF DEA	(TH
	BABY GIRI	ŜĪ	PACEY	MICHELE	RO	SE				JULY	20	1	990	11:05	p.m M
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs. las	st birthday)	IF UNDER	_	IF UNDER		7. DATE OF (Month, D	BIRTH		6. BIRTHP Country)	LACE (State or I	Foreign
	none		1 ☐ M 2/☐ F		YRS.	MONTHS	DAYS	HOURS	MIN.	June 2	27.19	90		vland	
	9a. FACILITY NAME (If not in	stitution, give si	treet and number)	1		9b. CITY,		R LOCATIO			7	-	NTY OF DE		
œ	THE JOHNS HO	PKTNS	носртта	r.		BATT	ידאחנ	RE CI	ייע			DAT	TTMOD	E OTEN	
5	RESIDENCE OF DEC		HODITIA			DALL	THOI	KE CI	LII			DAL	IIMUK	E CITY	
Ĭ,	10a. STATE	10b. COUNTY	′		10c. CIT	Y, TOWN O	R LOCATI	ION						10d. INSIDE CIT	ſΥ
DIRECTOR	Maryland	I	Harford		Eda	ewood	E						_	1  YES 2	XNO
7	10e. STREET AND NUMBER							ZIP CODE				10g. CIT	IZEN OF W	HAT COUNTRY?	
3	609 Sequoia	a Drive	9					2104	10			1	USA		
FUNERAL	11. MARITAL STATUS		12. WAS DECEDE	NT EVER IN U.S. AF	RMED					IC ORIGIN? (		or No-	14. RACE	- American Inc	dien,
II.	t∑ Never Married 2 □	Married		1 YES 2 24 WAR OR DATES	NO			cify Cubar ②〇 NO		n, Puerto Rici	an, atc.)		Specify	White, etc.	
BY	3 Widowed 4 Divo	erced	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			-   '		20 110	ороон	,.			Whit	e	
0		EDENT'S EDU		16a. DE	ECEDENT'S	USUAL OC	CCUPATIO	N .		16b. Ki	IND OF BUS	SINESS/IN	DUSTRY		
E	Elementary/Secondary (	y highest grade	College (1-4 or 5			work done one retired.)	auring mos	st or workin	g						
7	N/A			In	fant										
COMPLETED	17. FATHER'S NAME (First, M	fiddle, Leat)						16. MOTH	HER'S NA	ME (First, Mid	die, Maiden	Surname)			
	Thomas Cha	rles	Rose					San	ndra	Miche	ele K	enne	y		
H	19a. INFORMANT'S NAME (	Type/Print)		15	b. MAILING	G ADDRESS	(Street a	nd Number	or Rural I	Route Number,	City or Tow	n, State, Zi	p Code)		
2	Thomas C.	Rose			609	Sequo	ia I	rive	e, E	dgewoo	d,Md	. 21	040		
	20a, METHOD OF DISPOSIT			20b. PLACE	OF OISPO	SITION (Na	me of cen	netery, crem	natory or		20c. LO	CATION -	City or Tow	rn, State	
	1 ☐ Burial 2 X Crematic	on 3 🗆 Ram	oval from Stata	other p	lace)	is Cr								r, Pa.	
	21. ŞIGNATURE OF FUNERA		ENSEE	1 20220		- 00	NAME AN	ID 4000E	SS OF FA	CILITY	1			_	_
	Desperse	0 /	VII.	Danie	× 1 12									me, P.	
	22 PART I Enter the	Nanana ar	- IVEL	10 IMA	2011									. 2100	
	23. PART I. Enter the d ahock, or h		List only one ca			not enter	the mo	ae or ayı	ing, auc	n es cerdia	c or reap	iratory at	reat,	Interval	Between
	IMMEDIATE CAUSE (FI	nai		M			1		1.1	1	p. #	1		Onset a	nd Daath
	disease or condition resulting in death)	$\rightarrow$	a. + 154	thirint	Ind 4	per do	At_	NCV-	fila.	tory	140	rt		63	days
			DUE T	O (OR AS A CONSE	QUENCE	OF):				- (				77	1
Z	Sequentially list condi-	tions	b. Chris		chis	- Wa	11 0	clifs	mit	Y				23.	my
ERTIFICATION	If any, leading to imme	diata	DUE T	O (OR AS A CONSE	. 1	OF):	•	11.		ł				17-3	· los
2	cause. Enter UNDERLY CAUSE (Disease or Injury)		a lent	41	pirst	0/7	122	n # 1c	140	7				-	471
는	that initiated events resulting in death) LAS		DUE T	O (OR AS A CONSE	OUENCE C	OF): \				1				i	
H	readiting in death) CAS	"	d											-	
C	PART II. Other aignific	ent condition	na contributing t	o death but not	resulting	In the ur	nderiying	g cause (	given in	Part 1. 2	4a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY	FINDINGS
MEDICAL			_								PERFO			AVAILABLE PRIC	
										— 1	YES	2   NO		OF DEATH?	7.00
														1 YES 2	NO
N Z	AC UNO CAGE DESERVED.	TO MEDICAL	ı				00 D	105.05.0	F 4711 (O)						
PHYSICIAN:	25. WAS CASE REFERRED ' EXAMINER?	IO MEDICAL	HOSPITAL:			OTHE		LACE OF D	EATH (C/	heck only one)					
YS	1 VES 2 NO			☐ ER/Outpatient	_		_		asidenca	8 🗆 Other (					
PH	27. MANNER OF DEATH  1 Netural 5	Pending	28a. DATE ( (Month,	Day, Year)	28b. TI	ME OF JURY	WO	DRK?		28d. OEŞC	RIBE HOW	INJURY O	CCURED		
ВУ	2 Accident	Investigation				М		YES 2	NO						
		Could not be		OF INJURY — At h g, etc. (Specify)	ioma, farm,	, atreet, fac	tory, offic	a			Town, State		er or Runal A	oute Number,	
E	4 Homicide	datarmined													
PLE	29a. CERTIFIER 1 CER	TIFYING PHYS	ICIAN: To the best	of my knowledge, o	death occur	rred at the I	time, data	and place	, and du	a to the cause	e(a) and me	mer as st	ated.		
COMPLETED	000)	DICAL EXAMINE	ER: On the basia of	exemination and/o	r investigat	lon, in my	opinion, d	leath occu	red at the	e lime, data a	nd place, a	nd dua to	the cause(a	and menner a	a stated.
Ö	29b. SIGNATURE AND TITL	E OF CERTIFIE	R / I A					29c. LIC	ENSE NU	IMBER		29d. D/	TE SIGNED	(Month, Day, Ye	ar)
444	make desperate to the bear the con-											1 .		1	=
BE	Lines	E. 1	Jown &	NIS									7/1	20190	
TO BE	30. NAME AND ADDRESS O	E. J	HO COMPLETED CA	USE OF OEATH (IT	EM 27) (7)/F	oe, Print)		1		212		•	717	20190	

32. REGISTRAR'S SIGNATURE

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with a state death. Page 6 may be retained by the hosp to THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely lined in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE H TO THE FI Se filed w

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
	2. DATE OF DEATH

	1. DECEDENT'S NAME (First,	Middle, Lest)		- 1						OF DEATH			3. TIME OF DEATH
	MELVYN	A. R	ICHMOND						O'7	- 23		YEAR 70	3:47 Pu
	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER 1		IF UNDER 24 HRS.	7. DATE	OF BIRTH , Day, Year)			LACE (State or Foreign
	017-18-0658		1 M 2 F	67	YRS.	MONTHS E	AYS	HOURS MIN.	03	-10-0	3 N		ACHUSETTS
	9a. FACILITY NAME (If not in:					9b. CITY, T	OWN OR	LOCATION OF DE	EATH		9c. COUNT		
DIRECTOR	HOLY Cros.		P	199	فيعافي	/4	ili	In Spri	ig.		H	ents	merz
E E	10a, STATE	10b. COUNTY			10c. CIT	Y, TOWN OR	LOCATIO	ON				1	IOd. INSIDE CITY
	MARYLAND	MONT	GOMERY		SIL	VER S	PRI	NG.				1	YES 2 NO
A	10e. STREET AND NUMBER				Di-Table		10f. 2	ZIP CODE			10g. CITIZI	EN OF WH	IAT COUNTRY?
E	906 GABEL S	TREET					2	0901			US	SA	
FUNERAL	11. MARITAL STATUS	Advant. d	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. AR	MED			NDENT OF HISPAN			or No- 1	4. RACE - Black,	– American Indian, White, atc.
ВУ	1 Never Married 2 💢 3 Widowed 4 Divo			YES 2 NAR OR DATES				NO Specify			- 1	Specify.	
11	15. DEC	EDENT'S EDUC		W II	CEDENT'S	USUAL OCC	IDATION		186	KIND OF BUS	INESS (IND)	WHIT	TE .
COMPLETED	(Specify only	highest grade	completed)	(G		work done dur			100.	KIND OF BUS	INESS/INDO	oini	
PL	Elementary/Secondary (0	-12)	College (1-4 or 5		PERVI	COD			DE	FENSE	MADDI	NO A	CENOV
O	17. FATHER'S NAME (First, MI	iddle, Last)		LOUI	ERVI	SUK		18. MOTHER'S NA				INI 7	ALTPANCE Y
BE C	EDWARD R	ICHMON	D					SADIE	SH	ERMAN			
	19a. INFORMANT'S NAME (7)			191	b. MAILING	ADDRESS (S	Street and	d Number or Rural i			, State, Zip C	Code)	
5	MARIE T. RI	CHMOND	(WI	FE)	906 G	ABEL	STR	EET SII	VER	SPRING	. MARY	LANI	20901
	20a. METHOD OF DISPOSITI		aumi danum Otasia		OF DISPOS			etery, crematory or			CATION — C		
	4 Donation 5 Other	(Specify)	X A			EAVEN	CEI	METERY		SILV	ER SE	RING	MARYLAND
	21. SIGNATURE OF FUNERA	E BERNICE LIC	INSEE /					ADDRESS OF FA					
	P (7/1	150	X					S J. COI				-	
	23. PART i. Enter tha di	iseases, or o	complications the	t caused the de	ath. Do r								MD 20901 Approximate
NOI	IMMEDIATE CAUSE (Fin disease or condition resulting in death)  Sequentially list condition	lons,	oUE TO	OR AS A CONSE	ORY DUENCE OF	n:	Au	URE		_			intarval Between Onset and Death
CERTIFICATION	if any, leading to imme- cause. Enter UNDERLYI CAUSE (Disease or inju- thet initieted eventa resulting in death) LAS	ING Iry	d	(OR AS A CONSE		F):	255	•				_	
MEDICAL	PART ii. Other algnifica				reaulting	in tha unde	riying	cause given in	Part I.	24a. WAS AN PERFOR		1	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
BC	Cok	PANOS	-7 XX	TERY		SE	457	3	_	1 🗆 YES 💈	NO		COMPLETION OF CAUSE OF DEATH?
1												1	1 - YES 2 - NO
PHYSICIAN:													
5	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			OTHER:	26. PLA	CE OF OEATH (Ch	eck only on	0)			
ΙΥS	1 YES 2 NO		1 Inpetient 2		DOA 28b, TIM	- Y	g Home		6 Other (Specify) 28d. DESCRIBE HOW INJURY OCCUREO				
ВУ РР	1 Netural 5	Pending Investigation	(Month, L			IURY M	WOR		28d. DES	CHIBE HOW II	NJUNY OCCI	JMEO	
	3 Suicide 8	Could not be determined	28a. PLACE ( building,	of INJURY — At he etc. (Specify)	ome, ferm, i	street, factor	, offica			ATION (Street a or Town, State)	nd Number o	r Rurel Ro	ute Number,
COMPLETED			CIAN: To the best of a										and manner as atated.
EC	29b. SIGNATURE AND TITLE	OF CENTIFIE	. /	52	_		Т	29c. LICENSE NUI	MBER		29d. DĄTE	\$IGNED (	Month, Day, Year)
TO BE	30. NAME AND ADDRESS OF	E DEBECON MAIN	SCORP	SE OF DEATH (T	4 2m /= -	Dulan		DZ48:	13		▶ 7	23	90
	BRUCE V ZI						N S'	TREET #3	304	SILVER	SPRI	NG,N	D. 20910
	31. DATE FILED (Month, Day,		32. REGISTRA	R'S SIGNATURE									
	JUL 4	25 '90	gu	lia Deviden	-Band	600							

GGZIII BL

1.0

BALTIMORE, MARYLAND 21203-3146

ITEMS:23 thru 28f per ME G-666 8-30-90 cm

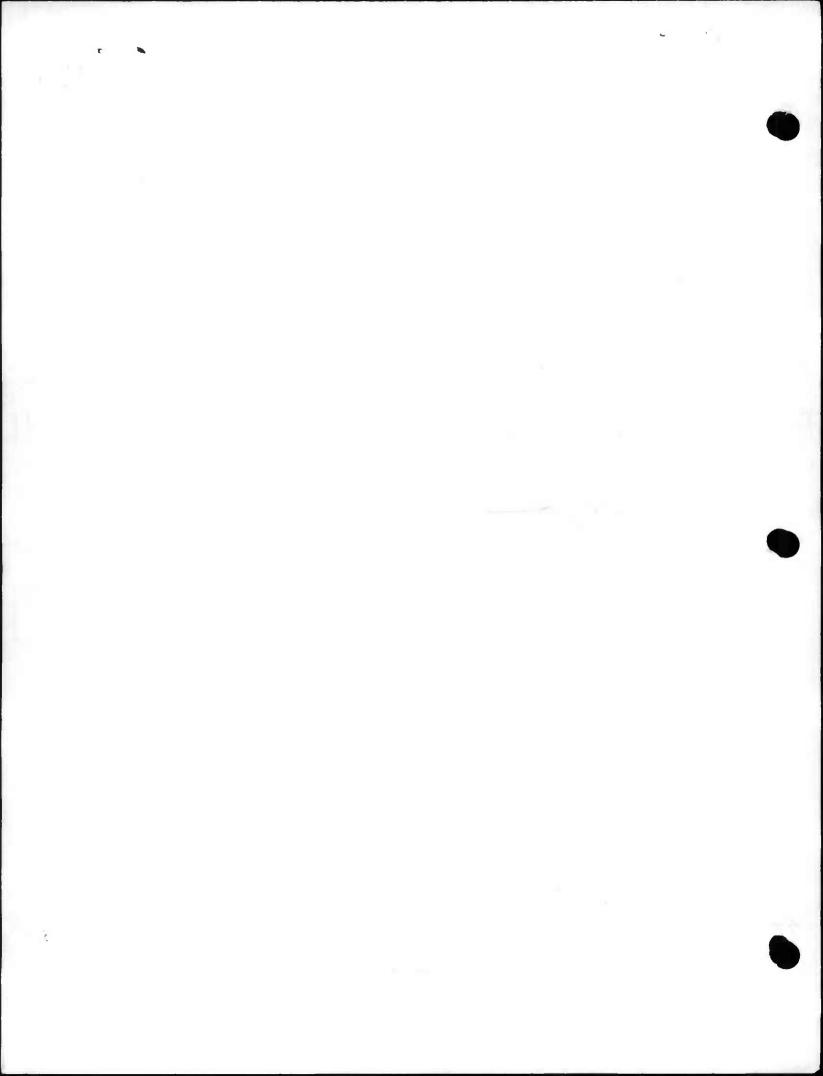
21486 90

STATE STATE	GIENE
	a. NO.

	1 - STATE REGISTRAR		C		ICATE O	DEALD		REG. NO.			
- 1	1. DECEDENT'S NAME (First, Middle, Last)							OF DEATH			3. TIME OF DEATH
	Joseph Anti	nonv		Ste	Eanelli		Month 7	21		YEAR O	9:30 P. M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	ast birthday)	IF UNDER 1 YEAR		7. DATE O	OF BIRTH	Ī	8. BIRTH	IPLACE (State or Foreign
	215-62-6179	1 🖳 M 2 🗆 F	35	YRS.	MONTHS DAYS	HOURS MIN.	July	21 19	955	M A ID	W YLAND
	9a. FACILITY NAME (If not Institution, give str	reet and number)			9b. CITY, TOW	OR LOCATION OF D		210	9c. COU		
DIRECTOR	Montgomery Gener	al Hospi	tal		01	ney			N	ont	gomery
E	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LOC	ATION					10d. INSIDE CITY LIMITS?
		RROLL		F	INKSBUR	G					1 YES 2 NO
₹	10e. STREET AND NUMBER					IOI. ZIP CODE			10g. CITI	ZEN OF V	WNAT COUNTRY?
岁	3702 NINER ROAD					21048			US	A	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. A			ECENDENT OF HISPA specify Cuben, Mexico			or No-	14. RACI Blac	E — American Indian, k, White, etc.
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES			ES 2 X NO Specif		, , , , ,		Spec	
	16. DECEDENT'S EDUC		C NAM	ECEDENT'S	USUAL OCCUPA	TION	405	KIND OF BUS	DIAMEGO (IAME		HITE
COMPLETED	(Specify only highest grade	completed)			work done during		166.	KIND OF BUS	SINESS/IND	USTRY	
١٣	Elamentary/Secondary (0-12)	College (1-4 or 5 d	')								
<u>×</u>	17. FATHER'S NAME (First, Middle, Last)		T	ILE S	ETTER	10. MOTHER'S NA	MF (First M	ficiella Maiclan	Sumama)		
						300			Surreme)		
8	ATRERT A STEFANT  19a. INFORMANT'S NAME (Type/Print)	51,1,1	1	9b. MAILING	ADDRESS (Street	GIOVAN			n State Zic	Codel	
2	ALBERT A. STEFANI	TIT (FAT			NINER R			G, MAR			1048
- 1	20a. METHOD OF DISPOSITION		20b. PLAC	E OF DISPO		cemetery, crematory or	COBOIC		CATION -		
	1 X Buriel 2 Cremation 3 Remo	wal from Stale		place) PF. OF	HEAVEN	CEMETERY	7	STL	WER 9	SPRT	NG, MARYLAN
	21. SIGNATURE OF FUHERAL CENTICE LIC	ENSEE			22. NAME	AND ADDRESS OF FA	ACILITY	14111			ALCOHOLD SECTION
	> 6 Land	En				CIS J. CC					-
	23. PART I. Epter the diseases, or o	omplications the	t caused the	Seeth Do							.,MD. 20901
- 1	shock, or heert failure. I	Liet only one cau	ise on each lir	10.					indicary are		Interval Between
	IMMEDIATE CAUSE (Finel disease or condition										Onset and Death
	resulting in death)		(OR AS A CONS			INTOXICA	ATION				
_	_		(4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	7							İ
ō	Sequentially list conditions, If any, leading to immediate	ò	(OR AS A CONS	EOUENCE O	F):				-		
=		DUE TO									
CATI	cause. Enter UNDERLYING	DUE TO									
LIFICATI	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	C	(OR AS A CONS	EOUENCE O	F):						
ERTIFICATI	CAUSE (Disease or Injury	C		EOUENCE O	F):						
L CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	oue to	(OR AS A CONS			Ing ceuse given in	Part I.	24a. WAS AN		241	D. WERE AUTOPSY FINDINGS
ICAL CERTIFICATI	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	oue to	(OR AS A CONS			ing ceuse given in	n Part I.	PERFOR	RMED?	241	AVAILABLE PRIOR TO COMPLETION OF CAUSE
EDICAL CERTIFICATI	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	oue to	(OR AS A CONS			ing ceuse given in	Part I.		RMED?	248	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
: MEDICAL CERTIFICATI	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	oue to	(OR AS A CONS			ing ceuse given in	n Part I.	PERFOR	RMED?	241	AVAILABLE PRIOR TO COMPLETION OF CAUSE
IAN: MEDICAL CERTIFICATI	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL	oue to	(OR AS A CONS		in the underly	ing ceuse given in		PERFOR	RMED?	241	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
SICIAN: MEDICAL CERTIFICATI	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other significent condition	oue to	(OR AS A CONS	t resulting	In the underly  28  OTHER:	PLACE OF DEATH (C.	heck only one	PERFOR	RMED?	241	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
HYSICIAN: MEDICAL CERTIFICATI	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	oue to  d.  a contributing to  HOSPITAL: 1 □ inpetiant 2 2:	(OR AS A CONS  death but not  € ER/Outpatient	3 DOA	In the underly  28  OTHER: 4 \sum Nursing H  AE OF  28c.	PLACE OF DEATH (C. ome 5 - Realdence	heck only one	PERFOR	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER? XYES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	oue to	(OR AS A CONS  death but not  € ER/Outpatient	3 DOA	28 OTHER: 4 Nursing H	PLACE OF DEATH (Common 5 - Residence	heck anly one 6 Other 28d, DE\$	PERFOR	RMED?	CURED	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER? XX YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending investigation	HOSPITAL: 1   Inpetient 2   20e. DATE Of 7   20e. PLACE Of 20e.	(OR AS A CONS  death but not  © ER/Outpatient  FINJURY  DF INJURY — At 1	3 DOA 29b. TIN	28 OTHER: 4 - Nursing H ROF 28c.	PLACE OF DEATH (C) ome 5 Residence NJURY AT WORK? YES 2/2/NO	heck only one 6 Other 28d. DE\$	PERFORM 1 X YES 2  (e)  (c)  (C)  (C)  (C)  (C)  (C)  (C)  (C	RMED?  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	CURED TED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  XYES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation	HOSPITAL: 1   Inpetient 2   20e. DATE Of 7   20e. PLACE Of 20e.	death but not	3 DOA 29b. TIN	28 OTHER: 4 - Nursing H ROF 28c.	PLACE OF DEATH (C) ome 5 Residence NJURY AT WORK? YES 2/2/NO	heck only one 6 Other 28d. DE\$	PERFORM 1 X YES 2  (e)  (c)  (C)  (C)  (C)  (C)  (C)  (C)  (C	RMED?  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	CURED TED	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  WAY YES 2 NO  27. MANNER OF DEATH  1 Naturel 5 Pending Investigation 3 Suicide 6 Could not be determined	HOSPITAL: 1   Inpettent 2: 20e. DATE Of (Month. C. 7   C. Duilding, HOME)	COR AS A CONS  death but not  ER/Outpatient  INJURY  Jay, Venr)  OF INJURY — At a stc. (Specify)	3 DOA 29b. TII	OTHER: 4 Nursing H  RE OF UNTY UNTY UNTY Streel, fectory, o	PLACE OF DEATH (C) ome 5 Residence NJURY AT WORK? YES 2/2/NO	6 Other 28d. DES SUB- 29f. LOCK	PERFOR  1 (X) YES 2  (Specify)  CRIBE HOW (  JECT I  ATION (Street or Fown, State)	INJURY OC	CURED TED TED TED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  XXYES 2 NO  27. MANNER OF DEATH  1 Naturel 5 Pending Investigation 3 Suicide 6 Could not be detarmined	DOUE TO  d.  HOSPITAL: 1   Inpetiant 2    20e. DATE OF  7   Color    28e. PLACE C building, HOME.  CIAN: To the best of	COR AS A CONS  death but not  ER/Outpatient  FINJURY  any, Very  OF INJURY — At atc. (Specify)	3 DOA 29b. TII	26 OTHER: 4 Nursing H E OF 28c. UIRY U M 1 [ streel, factory, a	PLACE OF DEATH (C) ome 5 Residence NJURY AT WORK? YES 2 NO	heck only one 6 Other 28d, DES SUB. 28f, LOCK ROCK	PERFOR  1 X YES 2  1 (Specify)  1 CRIBE HOW (  DECT I  ATION (Street or Yourn, State)  1 State of Yourn, State or Yourn, Yourn	INJURY OC NGES AND MAR	CURED TED TED YLAN	ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  DRUGS  Payte Number ROAD
COMPLETED BY PHYSICIAN: MEDICAL	Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  WX YES 2 NO  27. MANNER OF DEATH  1 Naturel 5 Pending Investigation 3 Suicide 8 Could not be detarmined  29a. CERTIFIER (Check only)  1 CERTIFYING PHYSI  CERTIFYING PHYSI  CASE OF THE COUNTY OF THE COU	HOSPITAL: 1 Inperiant 2 200. DATE OF THE OBJIGING. CLAN: To the best of a	COR AS A CONS  death but not  ER/Outpatient  FINJURY  any, Very  OF INJURY — At atc. (Specify)	3 DOA 29b. TII	26 OTHER: 4 Nursing H E OF 28c. UIRY U M 1 [ streel, factory, a	PLACE OF DEATH (C) ome 5 Residence NJURY AT WORK? YES 2 NO	heck only one 6 Other 28d. DE\$ SUB. 2ef. LOCK City to Characteristics of the cause a time, date	PERFOR  1 X YES 2  1 (Specify)  1 CRIBE HOW (  DECT I  ATION (Street or Yourn, State)  1 State of Yourn, State or Yourn, Yourn	INJURY OC NGES and Jumpop MAR	CURED TED TO Rural YLAN ted.	ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  DRUGS  Payte Number ROAD
BE COMPLETED BY PHYSICIAN: MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  WAY YES 2 NO  27. MANNER OF DEATH  1 Naturs! 5 Pending Investigation 3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	HOSPITAL: 1 Inperiant 2 200. DATE OF THE PRINCIPLE CLAN: To the best of a R: On the best of a contribution of a contribu	COR AS A CONS  death but not  ER/Outpatient  FINJURY  any, Very  OF INJURY — At atc. (Specify)	3 DOA 29b. TII	26 OTHER: 4 Nursing H E OF 28c. UIRY U M 1 [ streel, factory, a	PLACE OF DEATH (Come 5 Residence NJURY AT WORK?  YES 22 NO  ritice  sta and place, and du u, death occured at the	heck only one 6 Other 28d. DE\$ SUB. 2ef. LOCK City. ROCK is to the cause lime, date	PERFOR  1 X YES 2  1 (Specify)  1 CRIBE HOW (  DECT I  ATION (Street or Yourn, State)  1 State of Yourn, State or Yourn, Yourn	INJURY OC NGES ON AUTOMOTE AND AUTOMOTE AND AUTOMOTE AND AUTOMOTE AND AUTOMOTE AND AUTOMOTE AND AUTOMOTE AND AUTOMOTE AND AUTOMOTE AND AUTOMOTE AND AUTOMOTE AND AUTOMOTE AND AUTOMOTE AND AUTOMOTE AND AUTOMOTE AND AUTOM	CURED TED TO Rural YLAN ted.	ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  DRUGS  Anyte Number ROAD  a) and menner as stated.
COMPLETED BY PHYSICIAN: MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  WAY YES 2 NO  27. MANNER OF DEATH  1 Naturs! 5 Pending Investigation 3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	HOSPITAL: 1   inpetiant 2   20a. DATE OF 7 (Month. C) 20a. PLACE C building. HOME OF THE OF T	CER/Outpatient  ER/Outpatient  FINJURY  and Sec. (Specify)  f my knowledge, examination and/o	3 DOA 28b. TIB	286 OTHER: 4 Nursing H HE OF 28c. UINY 1 [ streel, factory, o	PLACE OF DEATH (C) ome 5 Realdence NJURY AT WORK? YES 2 NO Titce ata and placa, and du s, daath occured at the 29c. LICENSE NU	heck only one 6 Other 28d. DES SUB. 2ef. LOCK in to the cau a time, date	PERFORM  1 X YES 2  (Specify)  ICRIBE HOW (  JECT I  ATION (Street or Fown, State)  VILLE    IESE(a) and me and pleca, ar	INJURY OC NGES and Jumpoon MAR	CURED TED Furgillated. Te Signet 7-22	ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  DRUGS  Anyte Number ROAD  a) and menner as stated.
BE COMPLETED BY PHYSICIAN: MEDICAL	Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in deeth) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER? WX YES 2 NO  27. MANNER OF DEATH  1 Naturs! 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide 8 Could not be 4 Homicide 8 Could not be 4 Homicide 8 Could not be 5 CERTIFIER (Check only One) 2 XMEDICAL EXAMINE  29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WH	DOUE TO  d.  HOSPITAL: 1   inpetiant 2   20a. DATE OF 7 (Month. C) 26a. PLACE C building, HOME CIAN: To the best of R: On the besia of a	CER/Outpatient  ER/Outpatient  FINJURY  and Sec. (Specify)  f my knowledge, examination and/o	3 DOA 28b. TIB	286 OTHER: 4 Nursing H HE OF 28c. UINY 1 [ streel, factory, o	PLACE OF DEATH (C) ome 5 Residence NJURY AT WORK? YES 22 NO ffice ste and place, and du t, death occured at the 29c. LICENSE NU	heck only one 6 Other 28d. DES SUB. 2ef. LOCK in to the cau a time, date	PERFORM  1 X YES 2  (Specify)  ICRIBE HOW (  JECT I  ATION (Street or Fown, State)  VILLE    IESE(a) and me and pleca, ar	INJURY OC NGES ON AUTOMOTE AND AUTOMOTE AND AUTOMOTE AND AUTOMOTE AND AUTOMOTE AND AUTOMOTE AND AUTOMOTE AND AUTOMOTE AND AUTOMOTE AND AUTOMOTE AND AUTOMOTE AND AUTOMOTE AND AUTOMOTE AND AUTOMOTE AND AUTOMOTE AND AUTOM	CURED TED Furgillated. Te Signet 7-22	ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  DRUGS  Anyte Number ROAD  a) and menner as stated.
BE COMPLETED BY PHYSICIAN: MEDICAL	Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER? WAY YES 2 NO  27. MANNER OF DEATH  1 Naturel 5 Pending Investigation 3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only One) 2 YMEDICAL EXAMINE  29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WH	DOUE TO  d.  HOSPITAL: 1   inpetiant 2    20a. DATE OF  (Month. C.  28a. PLACE of  building.  CIAN: To the best of and  R: On the beside of and  O COMPLETED CAU  M. D.  32. RECISTRA	CER/Outpatient  ER/Outpatient  FINJURY  and Sec. (Specify)  f my knowledge, examination and/o	3 DOA 29b. TII 8 N home, farm, death occur or investigati	26 OTHER: 4 Nursing H RE OF 28c. JURY UP M 1 [ streel, factory, a on, in my opinion a, Print) 11 Penn	PLACE OF DEATH (C) ome 5 Realdence NJURY AT WORK? YES 2 NO Titce ata and placa, and du s, daath occured at the 29c. LICENSE NU	heck only one 6 Other 28d. DES SUB. 2ef. LOCK in to the cau a time, date	PERFORM  1 X YES 2  (Specify)  ICRIBE HOW (  JECT I  ATION (Street or Fown, State)  VILLE    IESE(a) and me and pleca, ar	INJURY OC NGES and Jumpoon MAR	CURED TED Furgillated. Te Signet 7-22	ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  DRUGS  Anyte Number ROAD  a) and menner as stated.



DIVISION OF VITAL RECORDS, P.O. BOX 13146,

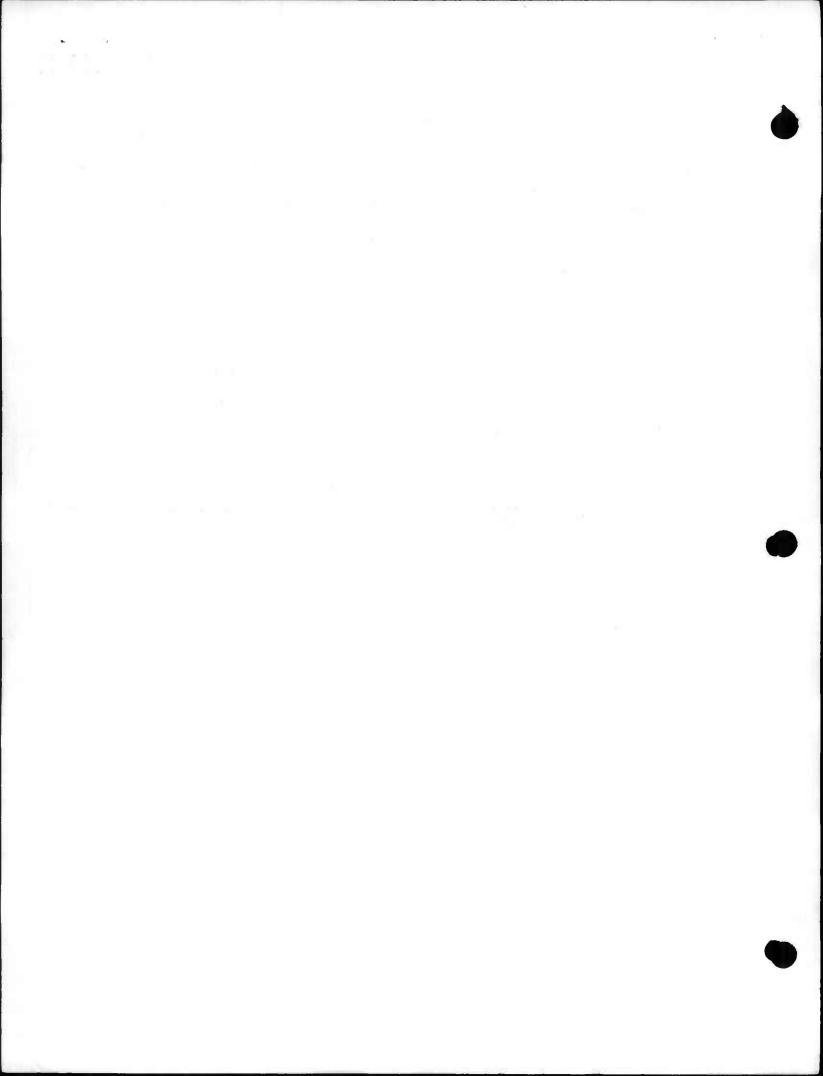


(0)	
146	
14	
5	
1	4
3	
0	-
21203	
-	١.
N	
-	ı
AND	
Z	4
7	
-	3
_	-
>	-
000	
MARYL	•
2	
2	
-	-
111	
~	
4	
Ö	
5	
=	0
TIMO	
AL	-
1	
-	

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DALIMONE, MANIETING SIGOS SIAG	Jours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, F.C. BOX 13140, BALLIMONE, MANIEMED 21203-3140	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Surs after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the for the fleet within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MA	ARYLAND / CE			OF DEA		MENTAI	REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)			į2				2. DATE	OF DEATH	,	YEAR	3. TIME OF DEATH
	JOHN JOSEPH	SULLIVAN						IIION II	7	22	90	1:30 P H
	4. SOCIAL SECURITY NUMBER		B. AGE (In yrs. last		IF UNDER 1		ER 24 HRS.		OF BIRTH		8. BIRTH Country	PLACE (State or Foreign
	578-46-2399	1 √ M 2 □ F	76	YRS.	MONTHS	DAYS HOURS	MIN.		9 1914	, I		SACHUSETTS
	9a. FACILITY NAME (If not institution, give s	street and number)			9b. CITY, 1	OWN OR LOCAT	TION OF DE		,		NTY OF D	
DIRECTOR	HOLY CROSS HOSPIT	rai			SILV	ER SPR	ING			MON	ITGOM	ERY
E	10a. STATE 10b. COUNT	Y		10c. CITY	r, TOWN OR	LOCATION						10d. INSIDE CITY LIMITS?
	MARYLAND MONTO	GOMERY		SI	LVER	SPRING						1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER					10f. ZIP CO	DE	_		10g. CIT	IZEN OF W	VHAT COUNTRY?
<u></u>	1825 TILTON DRIVI	Ξ				2090	2			IIS	SA	
5	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARI	MED	13. W	AS DECENDENT yes, specify Cub	OF HISPAN	NIC ORIGIN	? (Specify Yes	or No —		— American Indian, c, White, etc.
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TO	R OR DATES			TES 2 THE			mount, every	- 1	Speci	ty:
		WW II						1	LINE PERMIT		WHIT	E
ETED	15. DECEDENT'S EDU (Specify only highest grade	completed)	(GA		VSUAL OCC	CUPATION ring most of work	king	16b.	KIND OF BUS	INESS/INC	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)						- 1				
COMPL	12		PLA	TEMA	KER				P.O.			
පි	17. FATHER'S NAME (First, Middle, Last)					18. MO	THER'S NA	ME (First, I	Aiddle, Maiden I	Surname)		
BE	JOHN JEROME SULLI	LVAN					NES I					
ဥ	19a. INFORMANT'S NAME (Type/Print)					Street and Numb						
	DONALD P. SULLIVA	IN (BROTH						T.VER				ND 20902
	20a. METHOD OF DISPOSITION  f ∑ Burlal 2 ☐ Cremation 3 ☐ Ram	noval from State	20b. PLACE ( other pla	OF DISPOS	SITION (Nam	e of cemetery, cri	ematory or		20c. LO	CATION —	City or To	wn, Stata
	4 Donation 5 Other (Specify)		GATE	OF H		CEMET			LSILV	ER S	PRIN	C, MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE				ANCT C			C Binin	DAT	11010	T
	KHOUDO	factory.	,		500	ANCIS .	J. UU	LLLIN	S FUNE	RAL	HOME	, INC.
	ahock, or heart fallure.  IMMEDIATE CAUSE (Final	List only one caus	e on each line.									Interval Between
N	disease or condition resulting in death)	a. KIDN. DUE TO (C	UMON	in		e É					-	Onset and Death
TION	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	. PNE		in		£						
ICATION	disease or condition resulting in death)  Sequentially list conditions,	b. PNE TO (C	OR AS A CONSEC	DUENCE OF	F):	ĈÉ.						
TIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. PNE TO (C	UMON	DUENCE OF	F):	ĈÉ.						
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b. PNE TO (C	OR AS A CONSEC	DUENCE OF	F):	ĈÉ.						
Ä	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. PNE TO (C	OR AS A CONSECUTION AS	QUENCE OF	F): F):		e given in	Part I.	24a. WAS AN PERFOR	MED?	246	
Ä	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  DIAISET	b. PNE TO (C	OR AS A CONSECUTION AS	QUENCE OF	F): F):				PERFOR	MED?	24b	Onset and Death  WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Ä	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions to the cause of the	b. PNE TO (C c. DUE TO (C d	OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A	DUENCE OF	F):	lerlying cause	DEATH (C)	heck only or	PERFOR  1 YES 2	MED?	24b	Onset and Death  WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICA	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  DIPA 13 ET  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	b. PNE TO (C	OR AS A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF	DOA 28b. TIM	F):  OTHER: 4 □ Nursi	26. PLACE OF: ing Home 5 □ 28c. BAJUST Y WORKY	DEATH (Ch	heck only or	PERFOR  1 YES 2	MED?		Onset and Death  WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  DIMINER  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending investigation 3 Suicide 6 Could not be	b. DUE TO (C c. DUE TO (C d	OR AS A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF	DOA 28b. TIM	OTHER: 4   Nursi	26. PLACE OF: ing Home 5 □ 28c. INJUSY AT WORK? 1 □ YES 2	DEATH (Ch	6 Other	PERFOR  1 YES 2  100  100  100  100  100  100  100  1	NJURY OC	CCURED	Onset and Death  WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  D LA 13 ET 2  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  2 Accident   Suicide   S Could not be detarmined	b. DUE TO (C c. DUE TO (C d	OR AS A CONSECTION OF AS A CONSE	DOA 28b. TIM	OTHER: 4   Nursi	26. PLACE OF: ing Home 5 □ 28c. INJUSY AT WORK? 1 □ YES 2	DEATH (Ch	6 Other	PERFOR  1 YES 2  Per (Specify)  SCRIBE HOW III	NJURY OC	CCURED	Onset and Death  WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  D PA B B P  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending investigation 3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only)	b. DUE TO (C c. DUE TO (C d	DR AS A CONSECTION AS A CONSEC	DUENCE OF DUENCE	OTHER: 4   Nursi E OF   Nursi E	26. PLACE OF: ing Home 5  26. BNJUTY T WORKY 1  YES 2 ry, office	DEATH (C)	beck only or  6  Other  28d. DE:	PERFOR  1 YES 2  TO YES 2  TO YES 2  TO YES 2  TO YES 2  TO YES 3  TO YES 4	NJURY OC	or or Rural I	Onset and Death  WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  D PA PS PT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 1 Could not be detarmined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINERS (Check only one) 2 MEDICAL EXAMINERS (Check only one) 2 MEDICAL EXAMINERS (CHECK OFFICE ONE) 2 MEDICAL EXAMINERS (CHECK OFFICE ONE) 2 MEDICAL EXAMINERS (CHECK OFFICE ONE) 2 MEDICAL EXAMINERS (CHECK OFFICE ONE) 2 MEDICAL EXAMINERS (CHECK ONE) 2 MEDICAL EXAMINERS (C	b. DUE TO (C c. DUE TO (C d	DR AS A CONSECTION AS A CONSEC	DOA DOA TIME INTO THE	OTHER: 4   Nursi	26. PLACE OF: ing Home 5 □ 28c. BAJURY AT WORK? 1 □ YES 2 ry, office ne, date and ple inion, death occ	DEATH (C)	6 Other 28d. DE:	PERFOR  1 YES 2  Property (Specify)  SCRIBE HOW II  ATION (Street is or Town, State)  use(s) and mer	NJURY OC	occured or or Rural in sted.	Onset and Death  . WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
E COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition D PA 13 PT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	b. DUE TO (C c. DUE TO (C d	DR AS A CONSECTION AS A CONSEC	DUENCE OF DUENCE	OTHER: 4   Nursi BE Of FURY M street, facto	26. PLACE OF: ing Home 5 □ 28c. BNJURY 1 □ YES 2 ry, office ne, date and pla kinlon, death occ	DEATH (Ch. Residence   NO   NO   NO   NO   NO   NO   NO   N	28d. DE  28d. DE  28f. LOC  City  to the case time, data	PERFOR  1 YES 2  TO YES 2  TO YES 2  TO YES 2  TO YES 2  TO YES 3  TO YES 3  TO YES 3  TO YES 3  TO YES 4  TO YES 4  TO YES 4  TO YES 4  TO YES 5	NJURY OC	er or Rural in the cause(in TE SIGNED	Onset and Daath  Daath
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions in the cause of the	b. DUE TO (C. DUE TO (	DR AS A CONSECTION AS A CONSEC	DOA DOA TIME INJURY OF THE INJURY OF THE INJURY OF THE INJURY OF THE INJURY OF THE INJURY OF THE INJURY OF THE INJURY OF THE INJURY OF THE INJURY OF THE INJURY OF THE INJURY OF THE INJURY OF THE INJURY OF THE INJURY OF T	OTHER: 4   Nursi BE OF   FIURY M   street, facto	26. PLACE OF: ing Home 5 □ 28c. BNJURY 1 □ YES 2 ry, office ne, date and pla kinlon, death occ	DEATH (Ch. Residence   NO   NO   NO   NO   NO   NO   NO   N	28d. DE  28d. DE  28f. LOC  City  to the case time, data	PERFOR  1 YES 2  TO YES 2  TO YES 2  TO YES 2  TO YES 2  TO YES 3  TO YES 3  TO YES 3  TO YES 3  TO YES 4  TO YES 4  TO YES 4  TO YES 4  TO YES 5	NJURY OC	er or Rural in the cause(in TE SIGNED	Onset and Death  Death



	4
	1
ó	within
2	xecuted
<	90
3	40
5	certificate
Ļ	death
0	the
É	hat
200	requires
~	A.P.
Z	The
2 2	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOA 13140	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 m.
5	OR O
	HOSPITAL

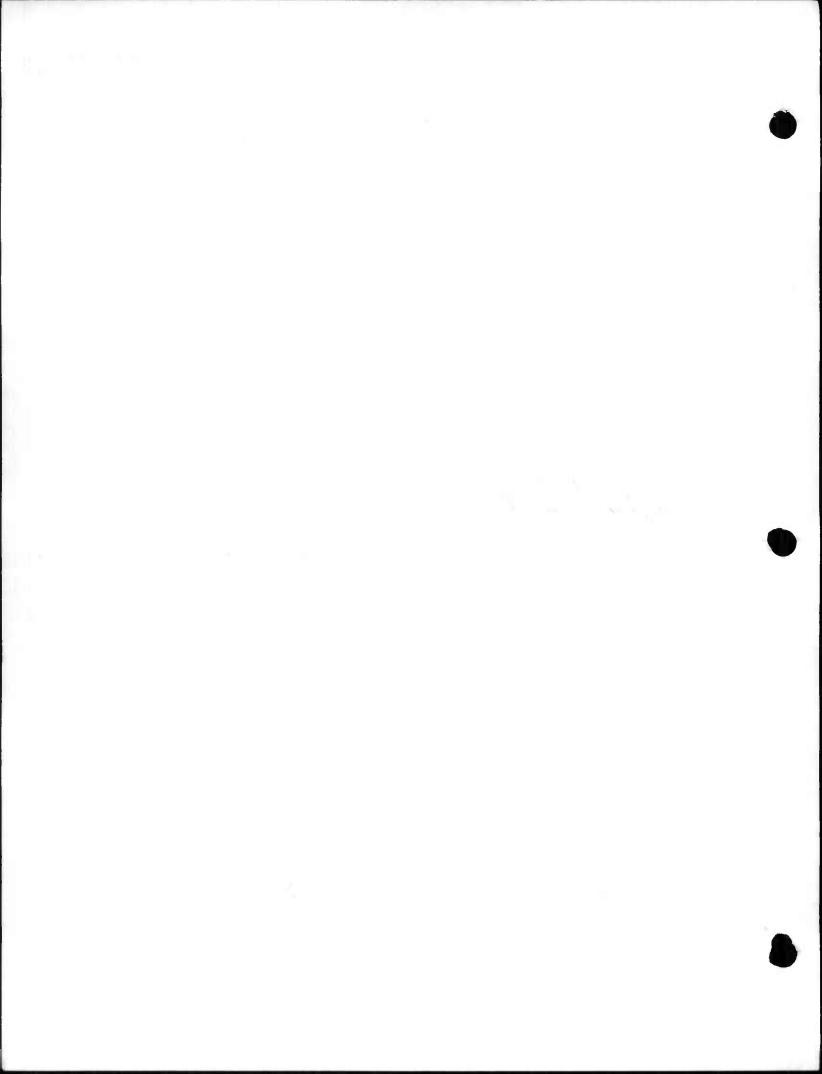
	FOR 1 - STATE REGISTRAR	STATE OF M					EALTH AND I	MENTA	L HYGIEN	E		
	1. OECEDENT'S NAME (First, Middle, Last)			4				2. DATE	OF DEATH	AY	YEAR 3.	TIME OF DEATH
	MARY	C. SWEE		,				7		9	90	10 A M
ı	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		MONTHS	DAYS	IF UNDER 24 HRS, HOURS MIN.		OF BIRTH		Country)	CE (State or Foreign
1	220-54-0449	1 🗆 M 2 🖳 F	97	YRS.					28,	1892		ington, DC
_	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY,	TOWN O	R LOCATION OF DI	ATH		9c. COUR	ITY OF DEAT	н
9	Hill Haven N	lursing H	ome		Ad	e1ph	ni			P	rince	Georges
2	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	,		Tage CITY	, TOWN O	PLOCAT	ION			<u>.</u>	T 10.	d. INSIDE CITY
. DIRECTOR	Maryland Prin	ce Georg	es	100.011	, 1000	Gr	ceenbelt				1 1	LIMITS? YES 2 NO
FUNERAL	10a. STREET AND NUMBER					101.	ZIP CODE			10g. CITI	ZEN OF WHA	T COUNTRY?
W		en Hill					207				USA	
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Olvorced	12. WAS DECEDEN' FORCES? 1 IF YES, GIVE W	YES 2 X		н	yes, spe	ENDENT OF HISPAI scify Cuban, Mexica 2 本NO Specif	n, Puerto		or No—	Black, W	American Indian, hite, etc. White
	15. DECEDENT'S EDUC (Specify only highest grade		/G	CEDENT'S I	rock done d	CUPATIO	ON st of working	161	. KIND OF BUS	SINESS/IND	USTRY	
COMPLETED	Elementary/Secondary (0-12) 1-12	College (1-4 or 5+	) ///e.	House	e retired.)				Orm h			
N N		N/A		iouse	wile				Own ho			
8	17. FATHER'S NAME (First, Middle, Last)  John A. Br	odoriok					16. MOTHER'S NA		Water and			
H	19a. INFORMANT'S NAME (Type/Print)	Odelick				-			eth Han			
2	Ronald Sweene	v	194				ill Road					7.0
	20a. METHOD OF DISPOSITION	.,	20h BLACE				netery, crematory or	GI	_		City or Town,	
	120 Buriel 2 Cremation 3 Remo	oval from State	ii ather ni	acel			emetery				, Mar	
	21. SIGNATURE OF THERAL SERVICE DO	ENSE		00441	22. [	NAME AN	D ADDRESS OF FA	CILITY			, mar	yland
	· ////////	V []					Rinald:					
	PAULO	maia	-									Md. 20904
	23. PART i. Enter the diseases, or of shock of heart fellure.	complications that List only one cau	t caused the de se on each line	eath. Don	ot enter	the mo	de of dying, suc	h as car	diac or respi	iratory arr	eat,	Approximate Interval Between
	IMMEDIATE CAUSE (Final	11-	4 ,	2	A .	11	11	1	.7	1		Onset and Death
	disease or condition resulting in death)	· con	riozel	Urph	10/	Yea	et alsta	de	will			27 Wars
- 1		DUE TO	(OR AS A CONSE	QUENCE OF	0-1	12	11					
CERTIFICATION	Sequentielly list conditions,	DUE TO	ON A COMME	DUENCE OF	ass.	04	all					
Ä	If any, leading to immediate cause. Enter UNDERLYING	_	,									[
필	CAUSE (Diseese or Injury that initiated events	DUE TO	(OR AS A CONSE	QUENCE OF	7:							
F	resulting in death) LAST	d										1
0	PART ii. Other significent condition	a contribution to	death but not	manifelma i	n the un	doubiles	a course ohers le	Don't I	1 04- 1100 44	ALITOROV	045 94	ERE AUTOPSY FINDINGS
Z	TAITI II. Other significant condition	- CONTRIBUTING TO	death but not i	eauning r	ii are on	werrynn	y cause given in	rait i.	PERFO	RMED?	AV	AILABLE PRIOR TO
MEDICA						<u> </u>			1 TYES 2	NO NO		DEATH?
	4										1	YES 2 NO
PHYSICIAN:												
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF DEATH (C)	eck only o	one)			
YS	1 YES 2 DENO	1 Inpatient 2		Toronto and	4 Nun	lng Hom	e 5 - Residence					
H	27. MANNER OF DEATH	28a. DATE OF (Month, D		26b, TIM	E OF URY		PK?	28d. DE	SCRIBE HOW	INJURY OC	CURED	
E I	2 Accident Investigation	40. 51.105.6					YES 2 NO					
TED	3 Suicide a Could not be datarmined	building,	F INJURY — At ho etc. (Specify)	Ame, Term, s	RITOGE, TOCK	ory, ome	•		CATION (Street or Town, State)		OF HURBE HOU	♥ Number,
COMPLET	29e. CERTIFIER t CERTIFYING PHYS	CIAN: To the best of	my knowledge, de	eath occurre	d at the ti	me, date	and place, and due	to the co	ruse(s) and me	nner as stat	ted.	
MC	one) 2 MEDICAL EXAMINE											nd manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	R					29c. LICENSE NU	MBER		29d. DAT	E SIGNED (M	onth, Day, Year)
B	ache	H. In	um n	10			D-104	41		16	who s	ri igan
0	UUITON	111100	11111111	W			1/1/1/	W			usy C	7/7/1/

8915 Ga. Ave., Silver Spring, Md. 32. REGISTRAP'S SIGNATURE

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

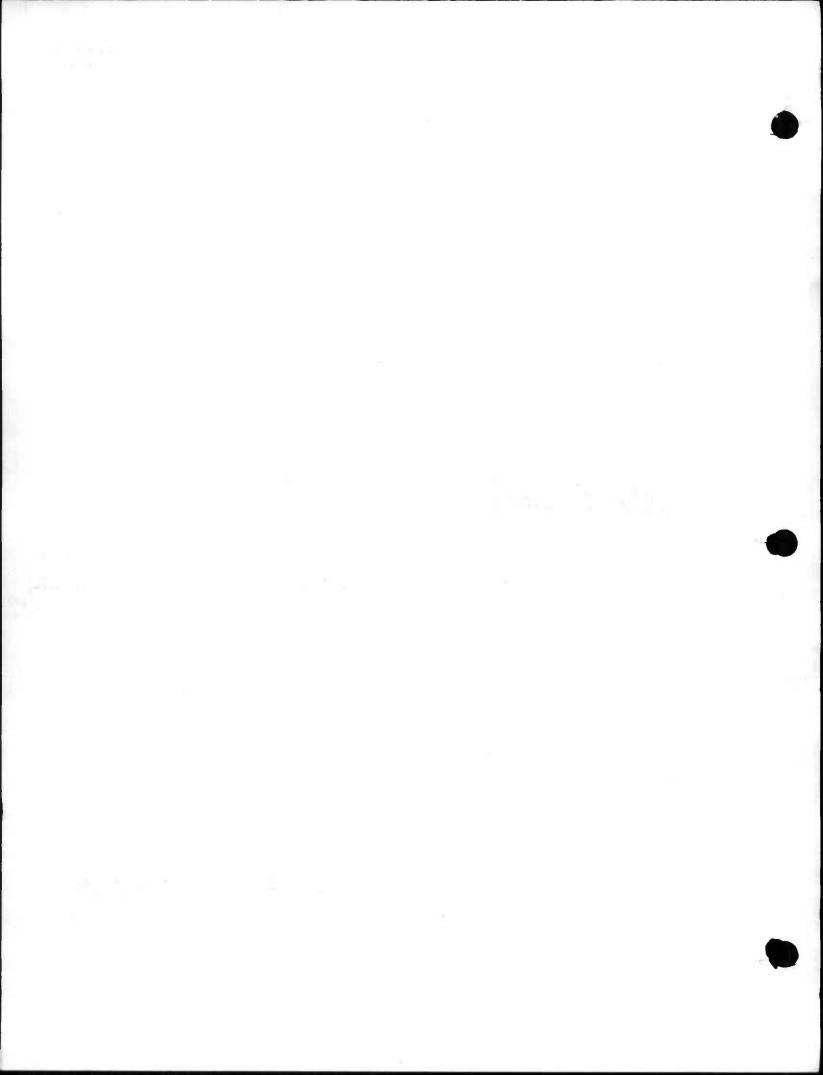
Aaron H. Traum, MD

31. DATE FILED (MONTH, Day, Year)
JUL 24 '90



	•	filled on, o
ò,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	ecuted	nd com burial, (
	e exe	an al
3	te b	Sicle
n	tifica	Ph Bell
o.	Cert	Hyging
J.	eath	atte
ń	he d	Me
	hat t	and
5	es t	gne
	equil	en su
T	W. F	bot S
4	he E	e De
	N. I	Stat
>	ICIA	the
9	PHYS	this with
Z	- SNI	After
2	END	DR: /
5	A	ECTI Is af
	OR	PIN PIN
	M	PA S
	HOSE	FUNE
	里	HE BE
	2	유용

	1 - FOR STATE REGISTRAR	ATE OF MARYLAN	ID / DEPARTI			MENTAL HYG REG.			
	1. DECEDENT'S NAME (First Middle, Last)		JRY S	oigle	R		9- 90	EAR /	ME OF DEATH
	579 14 852 1	M2 F 6. AGE (In)		HINDEN YEAR	IF LINDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yes NOV • 9	ir)	Country)	ex (State or Foreign ngton, DC
TOR	9a. FAGILITY NAME (If not institution, give street and the street of the	Hosartas		Si Luc	R SPR	ING	9ca COUNTY	OF DEATH	Mery
DIRECTOR	10a. STATE 10b. COUNTY	tgomery		rown on Locat Silver		0		P	INSIDE CITY LIMITS?  YES 2 NO
FUNERAL	100. STREET AND NUMBER 2309 Seibel Driv	re			20904			N OF WHAT	COUNTRY?
₽	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify: W							ita, etc.	
COMPLETED	16. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12) 1/10  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  Asst. Manager  Truck Driver								
111	17. FATHER'S NAME (First, Middle, Lest) David C.	Spigler				ME (First, Middle, Mi .a Borgma			
examiner must be notified TO BE	Bessie M. Spigle		2309	Seibel	Drive, S	Silver Sp	oring, M	d. 20	
u mar	20a_METHOD OF DISPOSITION 1	20b. F	PLACE OF DISPOSIT	Heaver	Cemeter	y Si	lver Sp		
	21. SIGHATURE OF PHENDS SERVICE SICENDES	alle			ADDRESS OF FA		Home Ver Spri	ng, M	d.
au medical	23. PART I. Enter the diseases, or complished, or heart failure. List of IMMEDIATE CAUSE (Finel disease or condition	nly one cause on asc	h line.					t,	Approximate Interval Between Onset and Death 2 hours
or other traumatic event, ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	HEMOPT DUE TO (OR AS A CO DUE TO (OR AS A CO	CONSEQUENCE OF):	LL LC	ING C	ANCE	2		18 months
snows any injury,	PART II. Other algnificant conditions con	tributing to death but	not resulting in	tha underlyin	g causa given in	PE	S AN AUTOPSY RFORMED? ES 2 NO	CON OF I	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
SICIAN:		SPITAL:		OTHER:	LACE OF OEATH (Ch				
PHY	27. MANNER OF DEATH  1 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c, IN.	JURY AT DRK? YES 2 NO		OW INJURY OCCU	RED	
E 0 €	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, etc. (Specif)				281, LOCATION (S City or Town,	treet and Number of State)	Rural Route	Number,
	29a. CERTIFIER (Check only MEDICAL EXAMINER: On	To the best of my knowled the basis of exemination							d menner as stated.
BE BE	296. SICHRITUM AND TITLE OF CERTIFIES				29c. LICENSE NU <b>D</b> 2-92	MBER 194	29d, DATE :	SIONEO (Moi	nth, Day, Year) - 90
₹ 2	EVERAND H. HU	MPLETED CAUSE OF DEAT			Hicut P	wenue.	KENSIN	678W	MD
	JUL 24 '90	32. REGISTRAR'S SIGNAT	TURE discon-Rando	02					



I		
l	1	
ļ	-	į
	1	Ċ
	1	
	1	Ú
	1	
	į	
	1	
l	-	כ
I		
l	i	ì
Ì		
l		

	FOR 1 - STATE REGISTRAR	STATE OF MA			TMENT				MEN	TAL HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)								2. D	ATE OF DEATN			3. TIME OF DEATN	
	Pauline	Liggett		9	Short				Ju	ly 20,	1990	YEAR	12:24 AM M	
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. las		IF UNDER		IF UNDER	R 24 HRS.		ATE OF BIRTH		8. BIRTI	NPLACE (State or Foreign	
	510-68-4392	1 □ M XIX F	89	YRS.	MONTHS	DAYS	HOURS	MIN.	(M	lonth, Day, Year)	1900	Count	nsas	
	9a. FACILITY NAME (If not institution, give stre		09		Oh CITY	TOWN C	D I OCATI	ON OF DE		C. 12, .		NTY OF E		
~									AIN					
DIRECTOR	Rockville Nursin	g Home				Roci	kvil.	те			Mor	ntgo	mery	
입	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN O	R LOCAT	ION						10d. INSIDE CITY	
<b>E</b>	Maryland Mont	gomery			Gaithersburg								LIMITS?	
	10e. STREET AND NUMBER	30027					. ZIP COD				10a, CIT	IZEN OF	WHAT COUNTRY?	
RA	19117 Rhodes Way						208	379				11	S.A.	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	EVED IN II C AD	MED	I 12 1	WAS DEC			HC OR	IGIN? (Specify Yes	or No.		E — American Indian,	
3	1 Never Married 2 Merried	FORCES? 1	YES XX	10	- 0	f yes, sp	ecify Cubi	en, Maxica	n, Pua	rto Rican, atc.)	01110	Blac	k, Whita, atc.	
ВУ	3XXWidowed 4 □ Divorced	IF YES, GIVE WA	R OR DATES		'	YES	\$√X NO	Specify	y:		nite			
	15. DECEDENT'S EDUC	ATION	18a, DE	CEDENT'S	USUAL O	CCUPATIO	ON	_	Т	16b. KIND OF BUS	SINESS/INI	DUSTRY		
	(Specify only highest grade of Elamentary/Secondary (0-12)	College (1-4 or 5+)	(G.	ive kind of Do NOT u	work done ( se retired.)	during mo	st of world	ing	ı					
2	12	College (1-4 of 5+)		,	Owner					Ahetrac	r .a +	ri+14	e Business	
COMPLETED	17. FATNER'S NAME (First, Middle, Last)				JWIICI	-	18, MOT	HER'S NA	_	rst, Middle, Maiden			D Bublicob	
	James	Hervey	,	1	igge	tt		Ada				011	Neal	
BE	19a. INFORMANT'S NAME (Type/Print)						and Numbe	er or Burnt I	Pourte f	Number, City or Tow	n Stata Zi		1002	
2	Dr. James H. Sho	rt								rsburg,			d 20879	
	20g. METHOD OF DISPOSITION						-						own, Stata	
	12 Burial 2 Cremation 3 Ramo	mation 3 Removal from State						matory or		100	venworth, Kansas			
	4 Donation 5 Other (Specify)	ENGEE	I He. I	iuiic.				TOO OF EA	CILITY					
	21. SIGNATURE OF PONERAL SERVICE LIGHT	CHOLL S	O w	00522	, in	obe:	rt A	Pui	ñph	rey Fun	eral,	Home	e gomery 850-2805	
	· Lougla	سعطه، ت		00322	<sup>2</sup>   A	ven	ue,	Rockt	vĭ1	1e, Mar	yland	20112	3850-2805	
	23. PART I. Enter the discesses, or co				not enter	the mo	de of dy	/ing, suc	h ss	cerdlec or resp	iretory sr	reat,	Approximate	
- 1	shock, or heert feliure. L iMMEDIATE CAUSE (Fins)	ist only one caus	e on eech line										interval Between Onset end Death	
- 1	disease or condition	Alzhei	mer's l	Demei	ntia								1	
	reaufting in death)		OR AS A CONSE										1	
z	-	Multi-	-infarc	t Der	nenti	.a							ļ	
임	Sequentielly list conditions, if env. leeding to immediate		OR AS A CONSE		*									
8	ceuse. Enter UNDERLYING CAUSE (Disease or injury	Athero	sclero	tic (	Cardiovascular disease									
E	that initiated events	OUE TO (	OR AS A CONSE	OUENCE C	OF):									
CERTIFICATION	resulting in deeth) LAST	ı												
	PART ii. Other significant conditions	a contributing to	tooth hut not	ro or sitle o	In the co	a et a via ei ea		chen in	Dord	i. 24a, WAS AN	AUTOBOY	1 24	b. WERE AUTOPSY FINDINGS	
MEDICAL	PART II. Other significant conditions	s continuoting to t	eeth but not	eaciting	III LITE OI	lueriyiri	y cause	Aisan III	ran	PERFO		"	AVAILABLE PRIDE TO	
ă				-						1 TYES	NX NO		OF DEATH?	
M													1 TYES 2 NO	
ä														
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		LACE OF	DEATH (C)	heck or	nly one)				
S	1 □ YES ŽIXNO	1   Inpetient 2	ER/Outpatient	DOA			ne 5 🗆 F	Realdenca	6 🗆	Other (Specify)				
E	27. MANNER OF GEATN	28e. DATE OF I (Month, De	NJURY y, Year)	28b. Til	ME OF	28c. IN.	JURY AT		28d	OEȘCRIBE NOW	INJURY O	CCUREO		
ВУ	12 Netural 5 Pending 2 Accident Investigation				М	1 🗆	YES 2	□ NO						
	3 Sulcide 8 Could not be	28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28f. LOCATION (Street and Number or Rural Route Null City or Town, State)							Route Number,					
E	4 Homicide determined									,				
7	29a. CERTIFIER Check only	CIAN: To the best of a	ny knowledge, d	eath occur	red at the	time, det	and plac	e, and due	e to th	e cause(a) and ma	nner aa st	ated.		
COMPLETED	one)	R: On the beals of ax	emination and/or	Investigat	lon, In my	opinion,	daath occ	ured at the	e time,	data and place, a	nd due to	the cause	(a) and manner as stated.	
	296. SIGNATURE AND TITLE OF CERTIF	1	1				29c. L10	CENSE NU	MBER		29d. DA	TE SIGNE	D (Month, Day, Year)	
BE	S. Abul	D31391 July 20, 19												
5	30. NAME AND ADORESS OF PERSON WING	O COMPLETED CANS	E OF DEATH /ITE	M 27) /Tvn	e. Print)							~ <u>- y</u>	20879	
	Suhair H. Abulfa					erv	Vil	lage	Δ37	e. #G-	10. 4	Gai+i		
	31. DATE FILED (Month, Day, Year)					1		-~90	21 4	υ., πυ		- W- L	iorozary, Fib	
	NI 24 '90	Lile	a Davidson	-An	dopp									
	1	1												



للمراد والحاط

DHMH-16 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and some data of the formal director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE	0F	MARYLAND	/ DE	PARTMENT	OF.	HEALTH	AND	<b>MENTAL</b>	HYGIENE
		C	ER	TIFICATE	OI	- DEAT	TH		REG. NO.

1 - FOR STATE REGISTRAR		STATE OF M.				HEALTH AND	MENTAL	HYGIENE REG. NO.			
1. OECEDENT'S NAME (First,	Middle, Last)							OF DEATH			. TIME OF OEATH
BARBAR	7	E.	SKI 8. AGE (In yrs. ia	Dmol	F UNDER 1 YEAR	IF UNDER 24 HRS.	MONTH 7	- 16	_ 9	PIDTUD	12130 0 M
579-44-27	161	1 🗆 M 2 🔀 F	59	YRS.	ONTHS DAYS	HOURS MIN.	(Month)	Day, Year)	0	Country) MINN	ESOTA
9a. FACILITY NAME (If not in		ospita	(			OR LOCATION OF D		e e	9c. COUNT	nt. (	
RESIDENCE OF DEC	EDENT						11				
100. STATE MARYLAND	10b. COUNTY	10NTGOMER	RY		SILVER		NG				0d. INSIDE CITY LIMITS?  YES 2 NO
10a. STREET AND NUMBER	•••				1	of. ZIP CODE			10g. CITIZI	EN OF WH	AT COUNTRY?
400 CLEMENT	PLACE					2090	2			USA	
	MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO IF YES, GIVE WAR OR DATES					CENDENT OF HISPA pecify Cuban, Maxica S 2 X NO Specifi	en, Puerto R		or No— 1	14. RACE - Black, 1 Specify:	- American Indian, Whita, atc. WHITE
	EDENT'S EDUCA y highest grade co		(0	ECEDENT'S US Give kind of wo b. Do NOT use	SUAL OCCUPAT rk done during n retired.)	ION lost of working	16b.	KIND OF BUS	INESS/INDU	STRY	
Elementary/Secondary (o	-12)	2		MEMAKE	R						
17. FATHER'S NAME (First, M ALFRED	EXCC	)G				18. MOTHER'S NA MYRTLE	AME (First, N		Sumame) LSON		
19a, INFORMANT'S NAME (7						and Number or Rural					
THOMAS H. S		E (SON	1)	12801	LaCled	e Street	, Whe				
28a. METHOD OF DISPOSITI 1 Buriel 2 Cremation 4 Donation 5 Other	n 3 🗆 Remov	val from State	GATE	OF DISPOSE (ace) OF HE	AVEN C	emetery, cremetory or EMETERY			VER S		n, Stata IG, MARYLANI
21. SIGNATURE OF FUNERA	L SERVICE LICE	NSEE	/	4		AND ADDRESS OF F					
DE.	1	. Sals		2		IS J. CO				-	
23. PART i. Enter the d	iseases or co	mplications that	caused the d	eath Do no							Approximate
		iat only ona caus			t orner bro n	out of afring, out			atory arro		Interval Batween Oneet and Daeth
iMMEDIATE CAUSE (Fir disease or condition resulting in death)	→ a.		OR AS A CONS		ML	vac i	M6	Chuc	4		140
Sequentially list condit if any, leading to imme ceuse. Enter UNDERLY, CAUSE (Disease or Inju- that initiated evente resulting in death) LAS	diata iNG iry c.		OR AS A CONSI								
PART II. Other aignifice	ent conditiona	contributing to	death but not	reaulting in	the underlyi	ng cause given in	Part i.	24a. WAS AN PERFOR 1 YES 2	MED?	6	WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 ANO
25. WAS CASE REFERRED T	O MEDICAL				28.	PLACE OF DEATH (C	heck only on	10)			
EXAMINER?	-	HOSPITAL:	ER/Outpatient		OTHER:	me 5 🗆 Raaldenca					
27. MANNER OF DEATH	Pending	28a. DATE OF (Month, De	INJURY	28b. TIME INJU	OF 28c. II	JURY AT /ORK?	7	CRIBE HOW II	NJURY OCC	URED	
2 Accident	Investigation  Could not be determined	vestigation  28s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify)  28s. LOCATION (Street and Number or Rural Route Number, City or Town, State)						ute Number,			
20s CERTIFIER							L				
(Check only						te and place, and du death occured at th					and menner as stated.
296. SIGNATURE AND TITLE	OF CERTIFIER	1 \				29c. LICENSE NU			29d, DATE	SIGNED	Month, Day, Year)
Som	NND	May				2296	77		> 1	1/16	92
	F PERSON WHO Signitial	COMPLETED CAUS			sille,	mo	Zhi	218 B	٥٨١١	+, M	Đ.
31. DATE FILED (Month, Day,	'90	32. REGISTRA	SIGNATURE	photo	7					1	

6 may be ratained by the hospital or attending physician. ector, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

be notified at once.

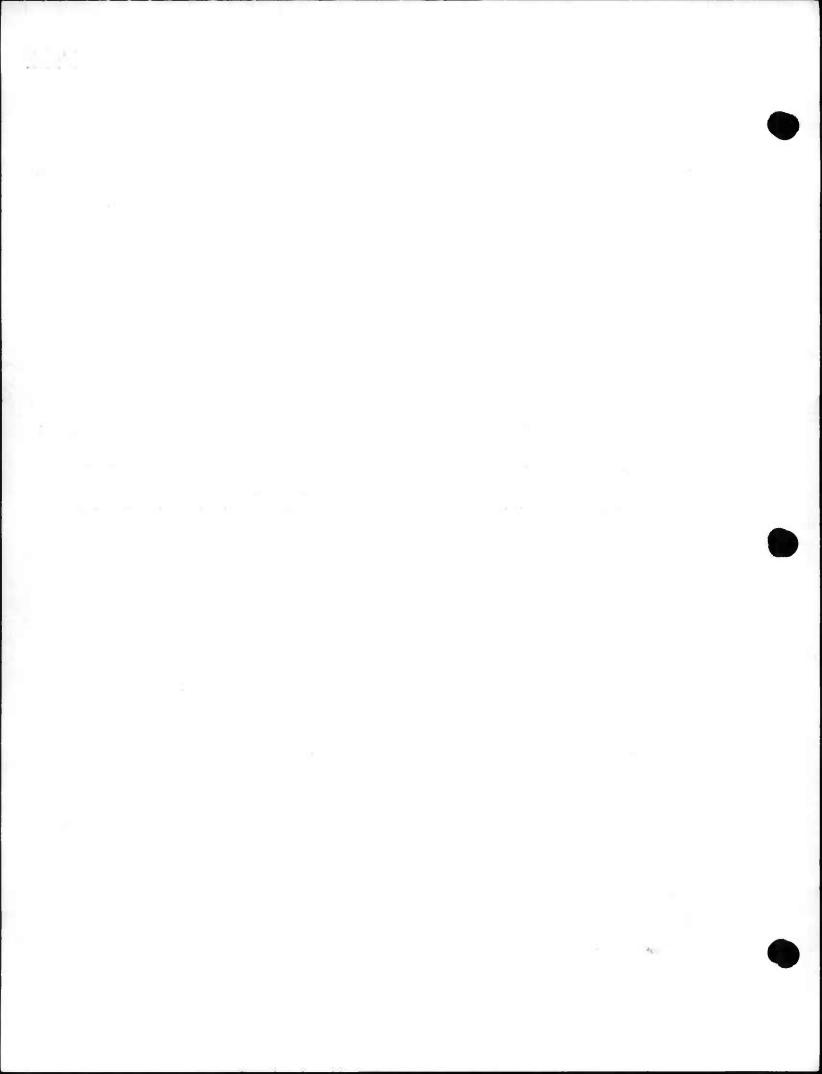
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

25H

6 m	ctor,		Just	
age	direc		er n	
th. F	neral		min.	
r dea	le fui	ei.	еха	L
afte	5	Smov	Ica	Г
-OUR	ii p	0	mec	
£	J file	tion,	the	
vithin	oleteh	rema	ent,	
ted v	COM	al, c	EV.	
прак	and.	DG C	natic	
pe	ician	701	ranu	
ficate	phys	ne pi	her 1	
certi	ding	Age Age	r ott	l
eath	atten	Ital	λ, 0	l
the d	the	Me	흪	l
that	S S	and and	any.	l
ires	signe	Healt	MS	l
reg	Deen	6	sho	l
ME (	has t	Dept	23	l
Ē	cate	state	tem	
CIAN	ertifi	the	0	i
HYS	this c	With	ked,	l
NG F	ther 1	eath	mar	
END	DR: A	ter d	80	l
A AT	AECT.	ITS at	E 2	
100	101	2 1900	= F	l
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 ma	TO THE FUNERAL OIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director,	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must	
HO	3	Will	HIAI	
工	工	filed	2	
2	5	2	=	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH	V.	3.	TIME OF DEATH
JULIAN WHIT		(in yrs. last birthday)	IF UNDER t	YEAR IF UNDER	24 1000	7. DATE OF BIRTH		DIOTHOLA	5 A M
. 2010 1012 1010 1010	LOUIDE		_ · _ T ·	DAYS HOURS	MIN.	(Month, Day, Year)		Country)	-1-361 70
215-44-8297 9e. FACILITY NAME (If not institution, give			9h CITY T	OWN OR LOCATION	ON OF DE	FEB.5,189		VASHTI Y OF DEAT	NGTON, D.C.
600 DARTMOUTH AV									
RESIDENCE OF DECEDENT	ENUE		SILV	ER SPRI	NG		IMONT	OMER	Y
10a. STATE 10b. COUNT	Y	10c. CIT	Y, TOWN OR	LOCATION				100	I. INSIDE CITY LIMITS?
MARYLAND MONT	GOMERY	S	ILVER	SPRING	3			1[	YES 2 NO
10e. STREET AND NUMBER				10f. ZIP CODI	E		10g. CITIZI	EN OF WHAT	COUNTRY?
600 DARTMOUTH AV	ENUE			20910	)		US/	1	
11. MARITAL STATUS  1 Never Merried 2 Merried	12. WAS DECEDENT EVER I	2 NO	13. W/	S DECENDENT C	F HISPAN n, Maxicai	IC ORIGIN? (Specify Yen, Puerto Rican, etc.)	or No-	4. RACE — Black, W	American Indian, hita, etc.
3X Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	10	YES 2 X NO	Specify			Specify:	7
15. DECEDENT'S ED	UCATION	16a. DECEDENT'S				16b. KIND OF BU	SINESS/INDU	WHITE	2
(Specify only highest grad Elementary/Secondary (0-12)	le completed) College (1-4 or 5 +)	(Give kind of v	vork done du se retired.)	ring most of working	ng				
	2	PURCHAS	ING A	GENT		FEDERA	. GOVE	RNMEN	JT.
17. FATHER'S NAME (First, Middle, Last)				18. MOT	HER'S NA	ME (First, Middle, Maider			
CHARLES A. STEVEN	NS				ШТА	SHEKEI.			
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (	Street and Number	or Rural F	loute Number, City or Tov	n, State, Zip (	Code)	
ELSIE J. HARMON	(DAUGHTER)	9301	COLES	VILLE R	OAD	SILVER S	PRING	MARYI	AND 20901
20e. METHOD OF DISPOSITION 1 □ Buriel 2 ☑ Cremetion 3 □ Ren		other place)	SITION (Name	e of cemetery, crer	natory or	20c. LC	CATION - C	ity or Town,	State
4 Donation 5 Other (Specify)	N	TROPOLI				ALE	XANDRI	A, VI	RCINIA
21. SIGNATURE OF HINERAL SERVICE L	ICEMBER - //			ME AND ADDRE		LINS FUNE	DAT IIC	NATE T	INC
Verthe 8	melh					BIVD W			
23 PARY I. Enter the diseases, or									Approximata
immediate cause (Final	Onset and I							Onset and Death	
disease or condition resulting in death)	. Adenoco	ircinom	a 01	The	Oro.	state wi	th		Burs
Todating in duality		A CONSEQUENCE O	F):	-1	1	1	+-	+	1
Sequantially list conditions,	b			wid	620	read in	relas	lases	
if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE O	F):		,				
CAUSE (Disease or injury	C. DUF TO (OR AS	A CONSEQUENCE O	E)·						
that initiated avents resulting in death) LAST									
	d								1
PART II. Other significant condition	ons contributing to death	but not resulting	in the und	larlying cause	given in	Part I. 24a. WAS AI PERFO	RMED?		ERE AUTOPSY FINDINGS ALLABLE PRIOR TO
						1 YES	2 NO	OF	OMPLETION OF CAUSE DEATH?
						_		11	YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER	26. PLACE OF S	DEATH (Ch	eck only one)			
1 TYES 2 NO	1   Inpetient 2   ER/Out		4 🗆 Nursi	ng Home 5 R	eeldence	6 Other (Specify)			
27. MANNER OF DEATH  1 Notural 5 Pending	(Month, Day, Year)	26b. TIR	ME OF 2	86. INJURY AT WORK?	7.00	28d. DESCRIBE HOW	INJURY OCC	URED	
2 Accident Investigation	26a. PLACE OF INJUR	V At home form		1 YES 2 (	NO	26f. LOCATION (Street	and Number	as Drumi Barri	to Mumbar
3 Suicide 8 Could not be 4 Homicide detarmined	building, etc. (Spi	ecity)	atreet, racto	ry, omes		City or Town, State		or nurai nout	n Number,
cond only	SICIAN: To the beet of my know								
2   MEDICAL EXAMIP	NER: On the basis of examinati	on and/or investigati	on, in my op						
Bornet A	Vartes	Dr. W	P.	29c. LIC	og4	489	29d. DATE	SIGNED (M	1990
Bennet A. K	orter. Tr	M.D.	9301	Cole	vvi	lle Rdy.	Silver	Sor	ing Md.
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	Panda 90				, ,	4		20901
1 2 2 7 00	A	The same of the sa							



FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1 -

10
**
13146,
ė
-
×
BOX
m
_
P. O.
0
UL.
-
S
0
~
RECORDS
U
O
Ш
CC
VITAL
d
-
-
>
OF
-
Q
Z
0
S
=
DIVISION
0

	4. SOCIAL SECURITY NUM 230-32-640		1 X M 2 - F	73	YRS.	MONTHS	YEAR DAYS	HOURS	MIN.	(Month,	BIRTH Day, Year) 18,1	1916	Countr	IPLACE (State Money V) GINIA
	9a. FACILITY NAME (If not institution, give street and number)				9b. CITY, T	OWN O	OR LOCATION	OF DE		10,1		INTY OF D		
E I	12014		VOSS A	10.50	,	9b. CITY, TOWN OR LOCATION OF DEATH					9	111		
CTOR	RESIDENCE OF DECEDENT								V			7 5 6	on	X TO WAS
DIRE	10e. STATE	10b. COUN				, TOWN OR								10d. INSIDE CITY LIMITS?
186	MARYLAND MONTGOMERY					SILVE	_	PRING	-					1 YES 2 NO
3AL	10 STREET AND NUMBER						101	ZIP CODE	0.0			10g. CIT		VHAT COUNTRY?
UNER	12218 CHARLES ROAD							209					USA	
BY FU	11. MARITAL STATUS  1 Nover Married 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 X YES 2 NO WITE WAR OR DATE WAR OR DATE WAR OR DATE WAR OR DATE WAR OR DATE WITE WAR OR DATE WAR OR DATE WAR OR DATE WAR OR DATE WAR OR DATE WAR OR DATE WAR OR DATE WAR OR DATE WAR OR DATE WAR OR DATE WAR OR DATE WAR OR DATE WAR OR DATE WAR OR DATE WAR OR DATE WAS DECEDENT EVER IN U.S. ARM FORCES? 1 X YES 2 NO WITE WAR OR DATE WAS DECEDENT EVER IN U.S. ARM FORCES? 1 X YES 2 NO WITE WAR OR DATE WAS DECEDENT EVER IN U.S. ARM FORCES? 1 X YES 2 NO WITE WAS DECEDENT EVER IN U.S. ARM FORCES? 1 X YES 2 NO WITE WAS DECEDENT EVER IN U.S. ARM FORCES? 1 X YES 2 NO WITE WAS DECEDENT EVER IN U.S. ARM FORCES? 1 X YES 2 NO WITE WAS DECEDENT EVER IN U.S. ARM FORCES? 1 X YES 2 NO WITE WAS DECEDENT EVER IN U.S. ARM FORCES? 1 X YES 2 NO WITE WAR OR DATE WAS DECEDENT EVER IN U.S. ARM FORCES? 1 X YES 2 NO WITE WAR OR DATE WAS DECEDENT EVER IN U.S. ARM FORCES? 1 X YES 2 NO WITE WAR OR DATE WAS DECEDENT EVER IN U.S. ARM FORCES? 1 X YES 2 NO WITE WAR OR DATE WAS DECEDENT EVER IN U.S. ARM FORCES? 1 X YES 2 NO WITE WAR OR DATE WAS DECEDENT EVER IN U.S. ARM FORCES? 1 X YES 2 NO WITE WAS DECEDENT EVER IN U.S. ARM FORCES? 1 X YES 2 NO WITE WAS DECEDENT EVER IN U.S. ARM FORCES? 1 X YES 2 NO WITE WAS DECEDENT EVER IN U.S. ARM FORCES? 1 X YES 2 NO WITE WAS DECEDED.					If :	res, spe	CENDENT OF A COUNTY CUDENT, S 2 NO	Mexican	, Puarlo Ri		a or No-		E — American Indian, k, Whita, etc.
ED	15, DE	ECEDENT'S ED	UCATION		ECEDENT'S I					18b. I	IND OF BU	SINESS/IN	DUSTRY	
	Elamentary/Secondary		College (1-4 or 5 +	HI.	le. Do NOT use	e retired.)	my mo	at the working						
Me Me	8			BU	BUS PAINTER M					ME	TRO T	TRANS	SIT S	YSTEM
COMPL	17. FATHER'S NAME (First,	Middle, Lest)						18. MOTHE	R'S NAI	NE (First, Mi	ddie, Maiden	Sumame)		
BE	STEVE J.		IOUS					OT	TIE	MAE	G	OLLII	PAY	
0								and Number or						- 1370 0051
-	FERN S. S.	LLVIOU	S (WIF)	E)	12218	CHAR	LES	ROAD	, S	LLVEF	SPR.	LNG,	MARY	LAND 2090
	20e METHOD OF DISPOS 1 Surfet 2 Creme 4 Donation 5 Oth	tion 3 Red er (Specify)		CEDA	e of dispos place) R HILI	L CEM	ETE	metery, cremet ERY	tory or				ND, M	wn, State ARYLAND
	21. SIGNATURE DE PINE	AL SERVICE L	JCENBUE /	1		FRA	NCT	S J.	COL	LINS	FUNE	RAT. F	HOME.	INC.
1	1/27	4	8	116	/	1								P., MD 20
NO	28. PART I. Enter the ahock, pr IMMEDIATE CAUSE (F disease Dr condition resulting in death)  Sequentially list cond	Final	e. According to the total and	OR AS A CONS	EQUENCE OF	M	7	CC1.	V .	dis	1	DI.	7	
ERTIFICATION	ahock, pr IMMEDIATE CAUSE (F disease or condition resulting in death)	Hitions, nediata YING	b. DUE TO	se on each lin	EQUENCE OF	My M	7	60 d	V (1	diz	1	DI	1	
DICAL CERTIFI	ahock, pr IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events	filtions, needlata YING oljury	e. DUE TO b. DUE TO c. DUE TO	OR AS A CONSI	EQUENCE OF	11 y				Part I,	24a. WAS AN PERFO	N AUTOPSY		Onset and E
MEDICAL CERTIFI	ahock, pr IMMEDIATE CAUSE (F disease Dr condition resulting in death)  Sequentially list cond if smy, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA	filtions, needlata YING oljury	e. DUE TO b. DUE TO c. DUE TO	OR AS A CONSI	EQUENCE OF	11 y				Part I,	24a. WAS AM PERFO	N AUTOPSY		Onset and E
AN: MEDICAL CERTIFI	ahock, pr IMMEDIATE CAUSE (F disease pr condition resulting in death)  Sequentially list cond if sny, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other aignifications 25. WAS CASE REFERRED	ditions, nediata ying giury asT	e. DUE TO b. DUE TO c. DUE TO d	OR AS A CONSI	EQUENCE OF	11 y	erlying		ven in	Part I.	24e. WAS AP PERFO 1 YES	N AUTOPSY		Onset and E
ICIAN: MEDICAL CERTIFI	ahock, pr IMMEDIATE CAUSE (F disease Dr condition resulting in death)  Sequentially list cond if smy, leading to imm cause. Enter UNDERL CAUSE (Disease or in thet initiated events resulting in death) LA  PART II. Other aignifit	ditions, nediata ying giury asT	e. DUE TO b. DUE TO c. DUE TO	OR AS A CONSI	EQUENCE OF	The und	erlying	g cause gh	ven in	Part I,	24a. WAS AF PERFO 1   YES	N AUTOPSY		Onset and E
PHYSICIAN: MEDICAL CERTIFI	ahock, pr IMMEDIATE CAUSE (f) disease Dr condition resulting in death)  Sequentially list cond if smy, leading to imm cause. Enter UNDERL CAUSE (Disease or in the tinitated events resulting in death) LA  PART II. Other aignifit  25. WAS CASE REFERRED EXAMINER?  YES 2 NO  27. MANNER OF DEATH  1 Netural 5	ilitions, nediata ying giury asT	b. DUE TO c. DUE TO d. HOSPITAL: 1   Inpetient 2   28e. DATE OF (Month, D	(OR AS A CONSI  (OR AS A CONSI  (OR AS A CONSI  (OR AS A CONSI  (OR AS A CONSI  (OR AS A CONSI  (OR AS A CONSI  (OR AS A CONSI  (OR AS A CONSI  (OR AS A CONSI  (OR AS A CONSI  (OR AS A CONSI  (OR AS A CONSI  (OR AS A CONSI	EOUENCE OF EOUENCE OF Trasulting is	OTHER:	26. PI	g cause glv	ATH (Che	Part I,	24a. WAS AF PERFO 1   YES	N AUTOPSY RMEO? 2 2	7 24b	Onset and E
ED BY PHYSICIAN: MEDICAL CERTIFI	ahock, pr IMMEDIATE CAUSE (f) disease Dr condition resulting in death)  Sequentially list cond if smy, leading to imm cause. Enter UNDERL CAUSE (Disease or in the tinitated events resulting in death) LA  PART II. Other algnifit  25. WAS CASE REFERRED EXAMINER?  YES 2 NO  27. MANNER OF DEATH  Netural 5  2 Accident	ditions, nedlata YING plury AST	DUE TO  DUE TO	(OR AS A CONSI  (OR AS A CONSI  (OR AS A CONSI  (OR AS A CONSI  (OR AS A CONSI  (OR AS A CONSI  (OR AS A CONSI  (OR AS A CONSI  (OR AS A CONSI  (OR AS A CONSI  (OR AS A CONSI  (OR AS A CONSI  (OR AS A CONSI  (OR AS A CONSI	EQUENCE OF EQUENCE OF DOA 28b. TIMI	OTHER:	26. PI	LACE OF DEA	ATH (Che	Part I,  Part I,  Other  26d, DESC	24a. WAS APPERFO 1 YES (Specify)	INJURY OF	7 24b	Onset and E
ETED BY PHYSICIAN: MEDICAL CERTIFI	ahock, pr IMMEDIATE CAUSE (F disease pr condition resulting in death)  Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other aigniffs  25. WAS CASE REFERRED EXAMINER?  VES 2 NO  27. MANNER OF DEATH 1 Netural 5 [ 24. Accident 3 Suicide 6 [ 4 Homicide  29a. CERTIFIER (Check only)	ilitions, nediata ying given by the caption of the	DUE TO  DUE TO	(OR AS A CONSI  (OR AS A CONSI	EQUENCE OF EQUENCE OF Tesulting is DOA 28b. Tilling	OTHER: 4   Nural E OF     URY M     street, factor ed at the time	26. Plus Home Home WC 1	LACE OF DEA	ATH (Che	Part I,  Part I,  Color only one  B Other  28d, DESC  281, LOCA  City on	24a. WAS AI PERFO 1 VES (Specify) RIBE HOW TOWN, State (a) and ma	INJURY O	CCURED or or Flurel I	Onset and E
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	ahock, pr IMMEDIATE CAUSE (F disease pr condition resulting in death)  Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other aigniffs  25. WAS CASE REFERRED EXAMINER?  VES 2 NO  27. MANNER OF DEATH 1 Netural 5 [ 24. Accident 3 Suicide 6 [ 4 Homicide  29a. CERTIFIER (Check only)	ilitions, nediata ying giury asT Canticondidio	DUE TO  DUE TO	(OR AS A CONSI  (OR AS A CONSI	EQUENCE OF EQUENCE OF Tesulting is DOA 28b. Tilling	OTHER: 4   Nural E OF     URY M     street, factor ed at the time	26. Plus Home Home WC 1	LACE OF DEA	NO NO dat the	Part I.  B Other  28d, DESC  281, LOCA  City of	24a. WAS AI PERFO 1 VES (Specify) RIBE HOW TOWN, State (a) and ma	INJURY Of and Number of due to	CCURED or or Flural is	1 YES 2 NO
E COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	ahock, pr IMMEDIATE CAUSE (f) disease Dr condition resulting in death)  Sequentially list cond if smy, leading to imm cause. Enter UNDERL CAUSE (Disease or in the tinitated events resulting in death) LA  PART II. Other algnift  25. WAS CASE REFERRED EXAMINER?  YES 2 NO  27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 6 4 Homicide  298. CERTIFIER (Check only)  ME  298. SONATURE AND TO	ilitions, nediata Ying giury AST Capt condition of the capt condition of the capt condition of the capt capt capt capt capt capt capt capt	DUE TO b. DUE TO c. DUE TO d. DUE TO d. DUE TO 288. DATE OF (Month, D) 288. PLACE OF building. SICIAN: To the best of a	(OR AS A CONSI  (OR AS A CONSI	EOUENCE OF EOUENCE OF EOUENCE OF EOUENCE OF EOUENCE OF EOUENCE OF EOUENCE OF EOUENCE OF EOUENCE OF EOUENCE OF EOUENCE OF EOUENCE OF EOUENCE OF EOUENCE OF EOUENCE OF	OTHER: 4   Print)  OTHER: 4   OTHER: 5   OTHER: 5   OTHER: 5   OTHER: 5   OTHER: 6   OTHER: 6   OTHER: 6   OTHER: 7   OTHER: 7   OTHER: 8   OTHER: 8   OTHER: 9   OTH	26. Plus Home Home Home Home Home Home Home Home	LACE OF DEA	ATH (Che lidence NO NO NO NO NO NO NO NO NO NO NO NO NO	Part I.  Bed Other  28d, DESC  City on  to the cause tilme, deta is  BER	24a. WAS APPERFO 1  YES (Specify) RIBE HOW FION (Street Town, State e(a) and me and place, a	INJURY Of and Number of the total of the tot	CCURED  or or Flurel  and.  the cause(c	Onset and E
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	ahock, pr IMMEDIATE CAUSE (f) disease Dr condition resulting in death)  Sequentially list cond if smy, leading to imm cause. Enter UNDERL CAUSE (Disease or in the tinitated events resulting in death) LA  PART II. Other algnift  25. WAS CASE REFERRED EXAMINER?  A STEPPER OF DEATH    Netural   5     Accident   3   Suicide   6     Homicide     A Condent   1   CE   Check only	Pending Investigation Could not be determined Entifying Physical Examination of Person W. ROGE.	DUE TO b. DUE TO c. DUE TO d. DUE TO D. DUE TO	(OR AS A CONSI  (OR AS A CONSI	EOUENCE OF EOUENCE OF POUR PROPERTY OF POUR PROPERTY OF POUR PROPERTY OF POUR PROPERTY OF POUR PROPERTY OF POUR PROPERTY OF POUR PROPERTY OF POUR PROPERTY OF POUR PROPERTY OF POUR PROPERTY OF POUR PROPERTY OF POUR PROPERTY OF POUR PROPERTY OF POUR PROPERTY OF POUR PROPERTY OF POUR PROPERTY OF POUR PROPERTY OF POUR POUR PROPERTY OF POUR PROPERTY OF POUR PROPERTY OF POUR PROPERTY OF POUR PROPERTY OF POUR PROPERTY OF POUR PROPERTY OF POUR PROPERTY OF POUR PROPERTY OF POUR PROPERTY OF POUR PROPERTY OF POUR POUR PROPERTY OF POUR POUR PROPERTY OF POUR PROPERTY OF POUR PROPERTY OF POUR PROPERTY OF POUR PROPERTY OF POUR PROPERTY OF POUR PROPERTY OF POUR PROPERTY OF POUR PROPERTY OF POUR PROPERTY OF POUR PROPERTY OF POUR POUR PROPERTY OF POUR PROPERTY OF POUR PROPERTY OF POUR PROPERTY O	OTHER: 4   Print)  OTHER: 4   OTHER: 5   OTHER: 5   OTHER: 5   OTHER: 5   OTHER: 6   OTHER: 6   OTHER: 6   OTHER: 7   OTHER: 7   OTHER: 8   OTHER: 8   OTHER: 9   OTH	26. Plus Home Home Home Home Home Home Home Home	LACE OF DEA	ATH (Che lidence NO NO NO NO NO NO NO NO NO NO NO NO NO	Part I.  Bed Other  28d, DESC  City on  to the cause tilme, deta is  BER	24a. WAS APPERFO 1  YES (Specify) RIBE HOW FION (Street Town, State e(a) and me and place, a	INJURY Of and Number of the total of the tot	CCURED  or or Flurel  and.  the cause(c	Onset and E

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

2. DATE OF DEATH

BALLIMORE, MARYLAND 21203-3146	urs after death. Page 6 may be retained by the hospital or attending physician.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely mied in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with us after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely med In by the fi be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTM			MENTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) EDWIN L	EWIS	SPRAGUI	Ξ.		2. DATE OF DEATH MONTH Jul. 24	, 1990	3. TIME OF DEATH 8:10AMm		
	010 00 000	SEX 6. AGE (In y.	6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. D MONTHS DAYS HOURS MIN.				Co	HTHPLACE (State or Foreign unitry) MARYLAND		
OR	99. FACILITY NAME (If not institution, give street 4809 GREEN VALLE		9b.		N BRIDGE		9c. COUNTY D	F DEATH ROLL		
DIRECTOR	100. STATE 10b. COUNTY CAT	ROLL 10c. CITY, TOWN OR LOC UNION BR			DGE			10d. INSIDE CITY LIMITS Y F S 1 YES 2 NO		
	100. STREET AND NUMBER VALLE			101.	ZIP CODE 21	.791	10g. CITIZEN DF WHAT COUNTRY? U.S.A.			
BY FUNERAL	11. MARITAL STATUS 12 1 Never Married 2 Merried 3 Widowed 4 W Divorced	WAS DECEDENT EVER IN U. FORCES? 1 YES :	ND		olfy Cuben, Mexican	IC DRIGIN? (Specify Yee on, Puerto Ricen, etc.)		ACE — American Indian, lack, White, etc.		
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12)  C		Give kind of work life. Do NOT use ret  MECHAN	done during most ired.)	of working	18b. KIND OF BUSI		Υ		
	17. FATHER'S NAME (First, Middle, Lest) SAMUEL SPRAGUE					ME (First, Middle, Melden S				
TO BE	19e. INFORMANT'S NAME (Type/Print)					NES WARNER Route Number, City or Town,	State, Zip Code	)		
	WILLIAM A. SPRAGE	TIT	P.O. E	SOX 159		UNION BRID	GE ATION — City o	MD 21791		
	1 Donetion 5 Other (Specify)	from State of	her place)	CEMET	ERY		UNION 1	BRIDGE, MD		
	21. SIGNATURO OF FUNERAL SERVICE LICENS	Dartler	/			N BRIDGE,	MD	ZLER & SONS		
CERTIFICATION	shock, or heart feilure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CO	Approximate interval Between Onest and Death O							
ERTIF	that initiated eventa resulting in death) LAST	DUE TO (OR AS A CO								
MEDICAL	PART II. Other algnificant conditions of	he underlying	cause given in	Part I. 24s, WAS AN / PERFORI	AED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2  NO				
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINERS	OSPITAL:		26. PL/	ACE OF DEATH (Ch	eck only one)				
PHYSICIAN:		28e. DATE OF INJURY (Month, Day, Year)		Nursing Home F 28c. INJU WOR	RF AT	8 Other (Specify)  28d. DESCRIBE HOW IN	JURY OCCURE	D		
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, atree		ES 2 NO	281. LOCATION (Street er City or Town, State)	I. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLET	29e. CERTIFIER Check only one) 2 MEDICAL EXAMINER: C	N: To the best of my knowled on the bests of examination as						se(e) and manner ea stated.		
TO BE C	296. SIGNATURE AND TITLE OF CONTIFIEN	Ligh		2	PO LICENSE NUM	J30	POL DATE SH	HED (Month, Olic Ways		
F	104 N. Main St.,				1791		1	1		
	31. DATE FILED (Morith, Day, Year)  JUL 25 '90	32. REGISTRAR'S SIGNATURE Julia Davidso	JRE							

The same of the sa

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE PROPRIED OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL HYGIENE REG. NO.			
į	1. DECEDENT'S NAME (First, Middle, Last)	Janice		Smit	h	2. DATE OF DEATH DAY	1990	3. TIME OF DEATH  3:30 P. M	
	4. BOCIAL SECURITY NUMBER 183 - 28 - 9387	1 🗆 M 2 🖔 F	54 YRS.	UNDER 1 YEAR	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIRTH	5 000	THPLACE (State or Foreign ntry) PA	
OR.	99. FACILITY NAME (If not institution, give si Peninsula General		91	Salisb	R LOCATION OF DE.	ATH	Wico:		
DIRECTOR	nesidence of decedent  100. STATE 10b. COUNTY  Maryland Worch			own on Locat				10d. INSIDE CITY V LIMITS? 1 YES 2 NO	
	100. STREET AND NUMBER 14203 Laurel Ave.			180	<b>ZIP CODE</b> 21842		10g. CITIZEN OF	WHAT COUNTRY?	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 M Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, spe		IC ORIGIN? (Specify Yee n, Puerto Rican, etc.)	Bi	cE — American Indian, ack, White, etc.	
ETED	15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondary (0-12)		16a. DECEDENT'S US (Give kind of work life. Do NOT use n	k done during mos stired.)	at of working	16b, KIND OF BUS	INESS/INDUSTRY		
COMPLETED	12 17. FATHER'S NAME (First, Middle, Lest)	3	Director	of Sal	18. MOTHER'S NAI	Hotel ME (First, Middle, Maiden :	Surname)		
10 BE	William James Her  190. INFORMANT'S NAME (Type/Print) Richard W. Smith	rmann			nd Number or Flural F	ae Hunt House Number, City or Town t Germant		20874	
	20a. METHOD OF DISPOSITION  V☐ Buriel 2 ☐ Cremation 3 ☐ Rem 4 ☐ Donetion 5 ☐ Other (Specify)	oval from State	PLACE OF DISPOSITI	ON (Name of cen	netery, cremetory or		CATION — City or		
-	21. SIGNATURE OF FUNERAL SERVICE LIK	ENSEE	100	22. NAME AN	D ADDRESS OF FAC		uneral	Home, Inc. d 20707	
CERTIFICATION	IMMEDIATE CAUSE (Final	a. To any tion and a DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A C.	ech line.					Interval Batween Onset and Death	
¥.	PART II. Other significant condition	d	ut not resulting in	the underlying	g cause given in	Part I. 24a. WAS AN PERFOR	MED?	A.B. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  27. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  28. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  28. DATE OF INJURY (Month, Day, Year)  28. DATE OF INJURY (Month, Day, Year)  28. DATE OF INJURY (Month, Day, Year)  28. PLACE OF DEATH (Check only one)  28. DLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. DLACE OF DEATH (Check only one)  28. DLACE OF DEATH (Check only one)  27. MANNER OF DEATH  28. PLACE OF DEATH (Check only one)  28. DLACE OF DEATH (Check only one)  28. DLACE OF DEATH (Check only one)									
BY PHYS	1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME (	OF 28c. INJ		8			
	2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)					281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED	cone)	ER: On the basis of examination						e(s) and manner se stated.	
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	fair .	,		29c. LICENSE NUM		29d. DATE SIGN	ED (Month, Day, Year)	
-	30. NAME AND ADDRESS OF PERSON WH	St	. , 50:	,	Sal	1:350-7	NO	. 2180,	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	IATURE			,			

detached

1 -

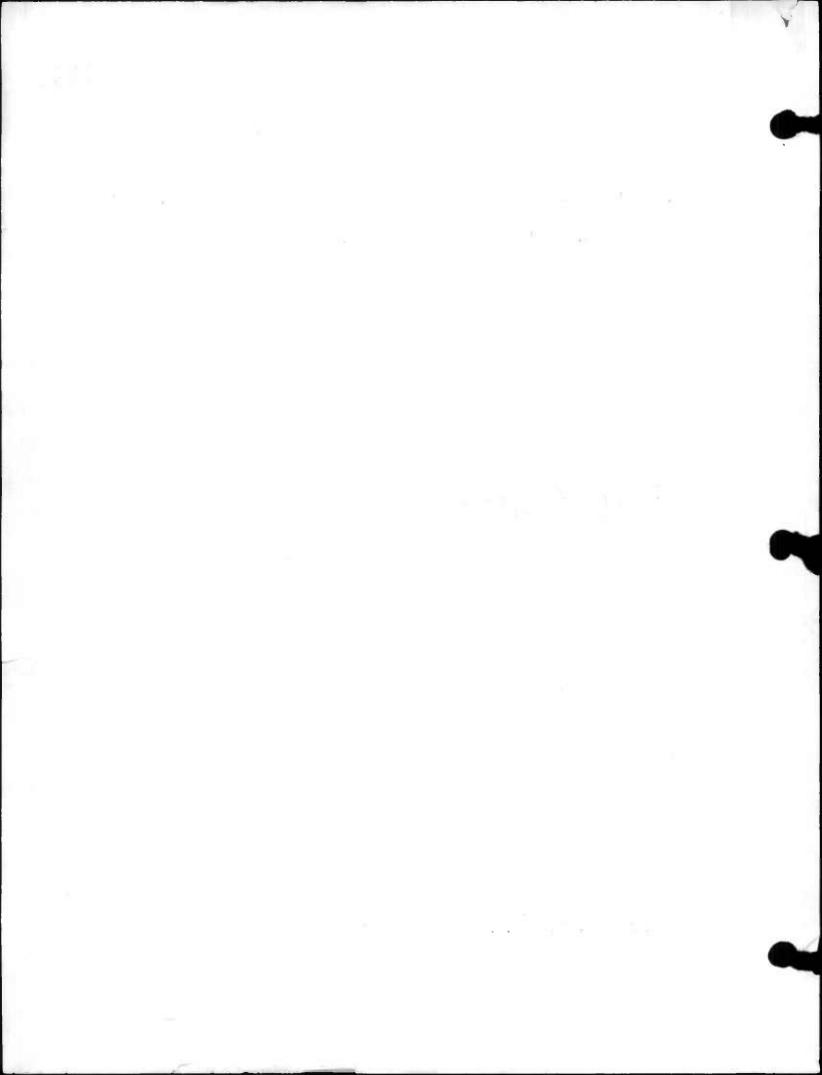
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed intuitive ours after o	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	Section in Section
90	9	
B.	Ξ	1
ĸ.	8	
ř	4	1
9	5	1
폎	를	
~	E	-
Tec	8	107
ಪ್ಪ	g	-
ä	B	-
8	an an	
9	Sici	1
ES.	Ě	1
ğ.	9	1
De:	Ē	Ī
ě	8	ä
att	븚	1
ő	40	1
å	£	4
THE	3	1
D :	8	24.5
ě	.0	1
5	5	
ē	99	
S.W.	50	•
-	E	-
E	2	,
ż	20	i
4	ē	ì
Sic	9	
≨.	.52	1
9	=	
9	9	-
8	K	•
EN	8	ı
E	E	
4	W	
0	6	
7	4	-
È	S	1
S	묏	
오	3	
ш	-	
王	Ξ	

FOR STATE REGISTRAR CERTIFICATE OF DEATH 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH Wesley Gonziller Smith 90 11:30 PM 13 A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year, 6. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. DAYS HOURS 1xx M 2 □ F oc. COUNTY OF DEATH 228-26-5763 3-25-28 permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH ST. Mary's Hospital St. Mary's DIRECTOR Leonardtown RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a. STATE 10b. COUNTY 10d. INSIDE CITY St. Mary's Md 1XXYES 2 □ NO Leonardtown 100. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10f. ZIP CODE U.S.A. for use as the burial-transit 20636 Box 192 Hollywood, Md. Route 2. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14, RACE — American Indian, Black, White, atc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 ND Specify: FDRCES? 1 YES 2 NO 1 Never Married 2 Married
3 Widowed 4 Divorced Specify: ВҰ Black ED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16h KIND OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done life. Do NOT use retired.) COMPLET entary/Secondary (0-12) College (1-4 or 5+) Seven Starr Aggregate 0 - 11Contractor 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname, Henry Samuel Smith Gertrude May Stinney 2 BE notified funeral director, page 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code 2 Box 192 Holloywood, Md. 20636 Sarah Smith Route 2, 9 20s. METHOD OF DISPOSITION
XXX Burial 2 Cremetion 3 Removal from State 20c. LOCATION - Cify or Town, State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or must XX Burial 2 Cremation 3 L XX Donation 5 Q Other (Specify) Landover, Maryland Harmony Memorial Park 21. SIGNATURE OF UNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY Robert G. Mason Funeral Home, Inc. 881 1661 Good Hope Road, S.E. Wash., DC 20020 the medical eases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, . Enter the de Approximete shock, or heart failure. List only one cause on each line. Interval Between **Onset and Death IMMEDIATE CAUSE (Final** disease or condition MULIZA resulting in death) traumatic event, DUE TO (DR AS A CONSEDUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEDUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury or other DUE TO (OR AS A CONSEDUENCE OF): that initiated events resulting in death) LAST Injury, c PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AVAILABLE PRIOR TO Dept. of Health and 1 23 shows any I ensin COMPLETION DE CAUSE 1 YES 2 DF DEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 P( YES 2 | NO State D 26. PLACE DF DEATH (Check only one) HOSPITAL: OTHER: ient 2 - ER/Outpatient DOA 4 Nursing Home 5 Residence 6 Other (Specify) 9 eus the 28s. DATE DF INJURY (Month, Day, Year) 27, MANNER OF DEATH TIME OF 28c. INJURY AT WORK? 28d DESCRIBE HOW INJURY OCCURED marked, 1 Natural 2 Accident 5 Pending 1 YES 2 NO BY 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 6 Could not be COMPLETED after 28 7 4 Homicide determined Hem f CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated TO THE FUNERAL D
be filed within 72 h
IMPORTANT: If It (Check only one) MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as ateled. PRICE STOWATURE AND TITLE OF CERT BE Morn 2 30. NAME AND ADDRESS OF PERSON LETED CAUSE OF DEATH (ITEM 27) (Type, Print) William T D Boyd Leonardtown 32. REGISTRAR'S SIGNATURE
Julia Davidson-Randell 18 90

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



Pages 1, 2, 3 should

THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mounts after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tra		
or attending	use as th		
e hospital	etached for		nce.
ined by th	ould be d		fled at o
ay be reta	page 5 st		t be noti
Раде 6 п	al director.		iner mus
fter death.	the funer	loval.	al exami
SUPPLY AT	filled in bi	ion, or rem	he medi
ted within	completely	ial, cremat	event, 1
e be execu	slcian and	prior to bur	traumati
th certificat	ending phy	/ Hyglene (	or other
at the dea	by the att	and Menta	ly Injury,
requires th	een signed	of Health	shows an
: The law	cate has b	state Dept.	Item 23
PHYSICIAN	this certific	with the S	rked, or
TENDING	TDR: After	after death	28 Is ma
ITAL DR A	RAL DIREC	72 hours	If item
THE HOSP	THE FUNE	filed within	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
8	2	2	Ξ

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH MONTH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH Sander therine 10.37 AM A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign NORTH CAROLINA MONTHS DAYS HOURS 1 M 2 KNE 56 VDS 237 50 8930 OCT 23 1955 Sa. FACILITY NAME (If not institution, ohe street and number 9c. COUNTY OF DEATH 95 CITY TOWN OR LOCATION OF GEATH DIRECTOR LAUREL HOSPITAL LAUREL RESIDENCE OF DECEDENT 10a STATE 10h COUNTY 10c CITY TOWN OR LOCATION 10d. INSIDE CITY YES 2 NO WASHINGTON D. C. FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? GALVESTON ST., S. W. 20032 **USA** 11. MARITAL STATUS 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE - American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puarto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married BY 3 Widowed 4 Divorced BLK 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) COMPLETED 15, DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12 COSMETOLOGIST C. GOVT 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) JERMIAH CHAPPELL BESSIE WATSON BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Tokin, State, Zip Code) 2 AVA SANDERS SOUTHERN AVE. S.E. #718 WASH D.C. 20a. METHOD OF DISPOSITION
XX Burlal 2 Cremation 3 Rem 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State SMITHFIELD SELMA MEM. GARDENS 4 Donation 6 Other (Specify) SELMA. 21. SIGNATURE OF THERAL SERVICE LICEN 22. NAME AND ADDRESS OF FACILITY WATSON F. H. INC. 3435 14th ST., N. W. 20010 that caused the death. Do not enter the mode of dying, auch as cardiac or respiratory arrest, 23. PART i. Enter the diseases, or complications Approximate ahock, or heart failure. List only one cause on each line interval Between Onset and Death IMMEDIATE CAUSE (Fine) disease or condition Host andiac resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, EQUENCE OF: if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 YES 2 NO lient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending Investiga 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide

1 CERTIFYING PHYSICIAN: To the best of my immediate, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month. Day Year) 90

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (April Print)

2 MEDICAL EXAMINER: On the basis

29b. SIGNATURE AND TITLE OF CERTIFIER

BE

2

ESH guna Laurdson Mandale MATE FILED MOTO DOY, YOU'

VC 21

----

1 -

FOR STATE REGISTRAR

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

	THOMAC		DIICC	י דידי		c	SMTTF	J		2. DATE MONTI			YEAR 90	3. TIME OF	A
ŀ	THOMAS  4. SOCIAL SECURITY NUMBER	BER	RUSS I 5. SEX		rs. lest birthday)				R 24 HRS.	7. DATE	OF BIRTH			PLACE (State	
4	577-90-2469		1 XM 2 🗆 F	31	YRS.	MONTHS	DAYS	HOURS	MIN.		n, Day, Year) Lary 28	194	Gountry G W.		gton,
ŀ	9a. FACILITY NAME (If not in	stitution, give s	street and number)	<u> </u>		9b. CITY	r, TOWN C	OR LOCAT	ION OF DE		mry 20		ITY OF DE		900117.
e B	7500 Lanh			Ft. Washington Prince Geo						Georg	e's				
5	RESIDENCE OF DECEDENT					TY, TOWN	OR LOCAT	ION						10d, INSIDI	CITY
DIRECTOR		Ja		. Was							- 1	LIMITS 1 YES	?		
	Maryland Prince George':				110	• Was		ZIP COD	Œ			10g. CITI	ZEN OF W	HAT COUNT	
FUNERAL	7500 Lanha	m Tanc						20	744			l II	.S.A		
3	11. MARITAL STATUS	III IIII	12 WAS DECEDE	NT EVER IN U.	S. ARMED	13.		ENDENT	OF HISPAN		1? (Specify Yes		14. RACE	- America White, etc.	n Indian,
BY F	1 Never Married 2 X		FORCES?	WAR OR DATE	SXINO				Specif		Ricen, atc.)		Specif	fv:	
			1							1:00				asian	
COMPLETED	(Specify onl	EDENT'S EDU y highest grade	completed)		Give kind of life. Do NOT	work done	during mo		ing	166	KIND OF BU	SINESS/IND	USTRY		
ا ڐ	Elementary/Secondary (6	0-12)	College (1-4 or 5		Police						PG CCO (	"O1707"	nmon	+-	
N N	12th 17. FATHER'S NAME (First, M	liddle, Last)	N/A	[ ]	POLICE	OLLI	стет	7	THER'S NA		Middle, Maiden		Thrett		
	Bernard		via Cmi+	h					atrio						
BE	19a. INFORMANT'S NAME (	Type/Print)			19b. MAILIN	IG AOORES	S (Street a	and Numbe	or or Rural	Route Num	ber, City or Tow	n, State, Zip	Code)		
유	Patricia	Smith-	-Chadbour	me	9408	Old	Palr	ner 1	Rd. I	t. V	Vashing	gton,	Md	20744	
	28a METHOD OF DISPOSIT	TION			LACE OF DISP	OSITION (N	ame of ce	metery, cre	matory or		20c. LO	CATION —	City or To	wn, State	
	4 ☐ Constion 5 ☐ Other		noval from State	100000000000000000000000000000000000000	ther place)	11 Ce	emete	erv			S	uitla	nd M	arvla	nd
	21. SIGNATURE OF FUNERA	L METO/ICE LI	CENSEE	1	6	22.	NAME A	ND ADDR	ESS OF FA	CILITY	Lee Fr				
	· //	are.	11/3	And			6633	3 010	d Ale	exand	er Fe				
ŀ	IMMEDIATE CAUSE (FI		List only can ca	en caused tr	he death. Do h line.	not ente	r the mo	ode of d	ying, suc	ch as car	diac or reap	Iratory sri	reat,	Inter	oximats val Betwee et and Deal
TIFICATION		tions, sidiata	s. Gu:  DUE TO  DUE TO  C.	nshot O (OR AS A CO	WOUND ONSEQUENCE	to h		ode of d	ying, suc	h as car	diac or reap	iratory sri	reat,	Inter	val Betwee
1: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Fidesese or condition resulting in death)  Sequentisity list condit from the cause. Enter UNDERLY CAUSE (Disease or injusted interested or version of the cause of the cause.	nai	S. GU: DUE TO  C. DUE TO  d.	DESCRIPTION OF AS A CO	WOUND ONSEQUENCE	to h  OF):  OF):	ead				24s. WAS AF	I AUTOPSY RMED?		Inter Ons	val Betweent and Deal
MEDICAL CE	IMMEDIATE CAUSE (Fidesese or condition resulting in death)  Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injust initiated events resulting in death) LAS	tions, odieta ing ury ST	S. Gu: DUE TO  C. DUE TO  d	DESCRIPTION OF AS A CO	WOUND ONSEQUENCE	to h OF): OF):	ead and andertying	ng cause		Pert i.	24s. WAS AI PERFO 1 🔀 YES	I AUTOPSY RMED?		inter Ons  Nere AUT  AWAILABLE COMPLETE OF DEATH'	val Betweent and Deal
SICIAN: MEDICAL CE	IMMEDIATE CAUSE (Fideliness or condition resulting in death)  Sequentially list condition and the cause. Enter UNDERLY CAUSE (Disease or injusted initiated events resulting in death) LAS  PART II. Other significations.	tions, odieta ing ury ST	S. GU: DUE TO  C. DUE TO  d.	D (OR AS A CO	WOUND ONSEQUENCE ONSEQUENCE ONSEQUENCE not resulting	to h  OF):  OF):  g in the u	ead	ng cause	given in	Part i.	24s. WAS AI PERFO 1 🔀 YES	I AUTOPSY RMED?		inter Ons  Nere AUT  AWAILABLE COMPLETE OF DEATH'	val Betweent and Deal
SICIAN: MEDICAL CE	IMMEDIATE CAUSE (Fidelesse or condition resulting in death)  Sequentisity list condition resulting in death)  Sequentisity list condition resulting in death)  CAUSE (Disease or injuthat initiated events resulting in death) LAS  PART II. Other signification of the condition of t	tions, adiata filed ant condition	S. GU: DUE TO  DUE TO	D (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO	WOUND ONSEQUENCE ONSEQUENCE ONSEQUENCE  not resulting	to h  OF):  OF):  OF):  OTHE  4 \( \text{N} \)  INJURY	ead  z	PLACE OF	given in	Part i.	24a. WAS AF PERFO 1 (X YES	AUTOPSY RMED? 2  NO	24b	inter Ons  Nere AUT  AWAILABLE COMPLETE OF DEATH'	val Betweent and Deal
MEDICAL CE	IMMEDIATE CAUSE (Fidelesse or condition resulting in death)  Sequentisity list condition resulting in death)  Sequentisity list condition resulting in death)  CAUSE (Disease or injuted in initiated events resulting in death) LAS  PART II. Other signification of the initiated events resulting in death)  25. WAS CASE REFERRED EXAMINER?  1 (2) YES 2   NO  27. MANNER OF DEATH  1   Natural 5    2   Accident	tions, odieta ing ury ST	b. DUE TO  c. DUE TO  d. HOSPITAL: 1   Inpetial: 26a. DATE C. (Month, 7-1.)	D (OR AS A CO O	wound onsequence onsequence onsequence not resulting	of):  of):	ead  26. P  ER: Unsing Hor	DLACE OF THE 5 TO THE T	given in	Pert i.  heck only c  6 □ Oth  2ed. DE	24a. WAS AF PERFO 1 1 YES  one)  er (Specify) sscribe How	I AUTOPSY RMED? 2 NO INJURY OC Shot	24b	D. WERE AUTI AMAILABLE COMPLETING OF DEATH 1 X YES	oval Between the and Dear and
ED BY PHYSICIAN: MEDICAL CE	IMMEDIATE CAUSE (Fidelesses or condition resulting in death)  Sequentisity list condition resulting in death)  Sequentisity list condition resulting in death)  CAUSE (Disease or injuthat initiated events resulting in death) LAS  PART II. Other signification of the condition of	tions, odiata ing ing ing ing ing ing ing ing ing ing	S. GU: DUE TO  C. DUE TO  d. HOSPITAL: 1   Inpetient 2  26a. DATE C. (Month, 7-1) 26a. PLACE	D (OR AS A CO O	wound onsequence onsequence onsequence not resulting	of):  OF):	ead  26. P  ER: Unsing Hor	DLACE OF THE 5 TO THE T	given in	Pert i.  6 Oth 2ed. DE S1 2es. Lo	24s. WAS AI PERFO 1 (A YES STRIBE HOW 1 D J C T CATION (Street or Town, Street or Town, Street or Town, Street or Town, Street	AUTOPSY RMED? 2 NO INJURY OC Shot	24b	D. WERE AUTI AMALABLE COMPLETING OF DEATH:  1 X YES	val Betweet and Deal
ETED BY PHYSICIAN: MEDICAL CE	IMMEDIATE CAUSE (Fidelises or condition resulting in death)  Sequentisity list condition resulting in death)  Sequentisity list condition resulting in death)  CAUSE (Disease or injust in the initiated events resulting in death) LAS  PART II. Other signification in the initiated events resulting in death) LAS  PART II. Other signification in the initiated events resulting in death) LAS  25. WAS CASE REFERRED EXAMINER?  1  Yes 2  NO  27. MANNER OF DEATH  1  Natural 5  2  Accident  3  Suicide 6  4  Homicide	Rions, addata Fine Condition of the Cond	S. GU: DUE TO  C. DUE TO  d. HOSPITAL: 1   Inpetient 2  26a. DATE C. (Month, 7-1) 26a. PLACE	D (OR AS A CO O	wound ONSEQUENCE ONSEQUENCE ONSEQUENCE  not resulting	of):  OF):	ead  26. P  ER: Unsing Hor	DLACE OF THE 5 TO THE T	given in	Pert i.  6 Oth 2ed. DE S1 2es. Lo	24s. WAS AT PERFO 1 (X YES  er (Specify) SCRIBE HOW 1 bject CATION (Street	AUTOPSY RMED? 2 NO INJURY OC Shot	24b	N. WERE AUTH ANAILABLE COMPLETE OF DEATH!  1 X YES	PPSY FINDING PHIOR TO MY OF CAUSE 2 NO
ETED BY PHYSICIAN: MEDICAL CE	IMMEDIATE CAUSE (Fidesese or condition resulting in death)  Sequentisity list condition resulting in death)  Sequentisity list condition resulting in death)  Sequentisity list condition resulting to immer cause. Enter UNDERLY CAUSE (Disease or injusted in the cause of the cause	tions, solidata filing ury ant condition from Medical fro	S. GU: DUE TO  C. DUE TO  d. HOSPITAL: 1   Inpetient 2  26a. DATE C. (Month, 7-1) 26a. PLACE	DER/Outpetti DEF/Outpetti DEF/Outpetti DEF/Outpetti DEF/Outpetti DEF/Outpetti DEF/Outpetti DEF/Outpetti DEF/Outpetti DEF/Outpetti DEF/Outpetti DEF/Outpetti DEF/Outpetti DEF/Outpetti DEF/Outpetti DEF/Outpetti DEF/Outpetti	wound ONSEQUENCE ONSEQUENCE ONSEQUENCE  not resulting lent 3 DOA 28b. T 12: - At home, farm	of):  OF):  OF):  OTHER  OTHER  A DN  NUMBER  43a M  n, street, fa	ead  anderlyin  26. P  ER: ursing Hor  28c. IN  1 □ ctory, offi	PLACE OF THE 5 X TORK? YES 2 Ce	DEATH (C) Residence	Part i.  6 Oth 2ed. DE S1 2et. Lo City 7 500	24a. WAS AF PERFO  1 A YES  PER (Specify)  ESCRIBE HOW  Libject  CATION (Street of 70m, State ) Lanh  Buse(a) and ma	A AUTOPSY RMED? 2 NO INJURY OC Shot and Numbe of Autops	24b	D. WERE AUTI AWAILABLE COMPLETE OF PEARTY 1 K YES	DPSY FINDING PRIOR TO M OF CAUSE 2 NO
E COMPLETED BY PHYSICIAN: MEDICAL CE	IMMEDIATE CAUSE (Fidelesse or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  CAUSE (Disease or injuted in interest i	tions, solidata filing ury ant condition from Medical fro	S. GU: DUE TO  DUE TO	DER/Outpetti DEF/Outpetti DEF/Outpetti DEF/Outpetti DEF/Outpetti DEF/Outpetti DEF/Outpetti DEF/Outpetti DEF/Outpetti DEF/Outpetti DEF/Outpetti DEF/Outpetti DEF/Outpetti DEF/Outpetti DEF/Outpetti DEF/Outpetti DEF/Outpetti	wound ONSEQUENCE ONSEQUENCE ONSEQUENCE  not resulting lent 3 DOA 28b. T 12: - At home, farm	of):  OF):  OF):  OTHER  OTHER  A DN  NUMBER  43a M  n, street, fa	ead  anderlyin  26. P  ER: ursing Hor  28c. IN  1 □ ctory, offi	PLACE OF The 5 TX JURY AT ORK? YES 2 ce a and place death occ	DEATH (G. Residence	Pert i.  6 Oth 2ed. Del S1 2est. Lo C/0, 7500 a to the co a time, def	24a. WAS AF PERFO  1 A YES  PER (Specify)  ESCRIBE HOW  Libject  CATION (Street of 70m, State ) Lanh  Buse(a) and ma	A AUTOPSY RMED? 2 NO Shot and Numbe ) am La	24b  CCURED  To or Rural  Ane,  sted.  The cause(	D. WERE AUTI MAILABLE COMPLETS OF DEATH:  1 X YES  Route Numb.  Ft	DPSY FINDING PRIOR TO NO F CAUSE  2 No  Washin
BE COMPLETED BY PHYSICIAN: MEDICAL CE	IMMEDIATE CAUSE (Fidesese or condition resulting in death)  Sequentisity list condition resulting in death)  Sequentisity list condition resulting in death)  Sequentisity list condition resulting in death)  Last (Disease or injusted that initiated events resulting in death)  LAST II. Other signification in death)  25. WAS CASE REFERRED EXAMINER?  1	tions, adiata filed and condition and condit	S. GU: DUE TO  C. DUE TO  d	DER/Outpati DER/OUTPATI DER/OU	wound onsequence onsequence onsequence onsequence not resulting lent: 3 □ DOA  28b. T 12: - At home, farm hom	of):  OF):	ead  anderlyin  26. P  ER: ursing Hor  28c. IN  1 □ ctory, offi	PLACE OF The 5 TX JURY AT ORK? YES 2 ce a and place death occ	DEATH (C) Residence NO ce, and du	Pert i.  6 Oth 2ed. Del S1 2est. Lo C/0, 7500 a to the co a time, def	24a. WAS AF PERFO  1 A YES  PER (Specify)  ESCRIBE HOW  Libject  CATION (Street of 70m, State ) Lanh  Buse(a) and ma	A AUTOPSY RMED? 2 NO Shot and Numbe ) am La	24b  CCURED  To or Rural  Ane,  sted.  The cause(	Ons  WERE AUTH AMALABLE COMPLETS OF DEATH: 1 X YES  Route Numb  Ft . 1	DPSY FINDING PRIOR TO NO F CAUSE  2 No  Washin
E COMPLETED BY PHYSICIAN: MEDICAL CE	IMMEDIATE CAUSE (Fidesese or condition resulting in death)  Sequentisity list condition resulting in death)  Sequentisity list condition resulting in death)  Sequentisity list condition resulting in death)  Last (Disease or injusted that initiated events resulting in death)  LAST II. Other signification in death)  25. WAS CASE REFERRED EXAMINER?  1	Rions, delata line in the condition of t	S. GU: DUE TO  DUE TO	DER/Outpati DER/Outpati	wound onsequence onsequence onsequence onsequence not resulting lent: 3 □ DOA  28b. T 12: - At home, farm hom	of):  OF):	ead  anderlyin  26. P  ER: ursing Hor  28c. IN  1 □ ctory, offi	PLACE OF The 5 12 JURY AT ORK? YES 2 ce and place death occ	DEATH (G. Residence	Pert i.  6 Oth 2ed. Del S1 2est. Lo C/0, 7500 a to the co a time, def	24a. WAS AF PERFO  1 A YES  PER (Specify)  ESCRIBE HOW  1 bject  CATION (Street  or Town, State  ) Lanh  Buse(a) and male and place, a	A AUTOPSY RMED?  2 NO  INJURY OC Shot and Numbe an La anner se sta nd due to ti	24b ccurred ane, ane, resigner 7-1	D. WERE AUTI MAILABLE COMPLETS OF DEATH:  1 X YES  Route Numb.  Ft	over Between the and Death

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

,

## BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL BECORDS P.O. BOX 13146

	NOURS	L D
	1.7	e lie
î	within	pletely
MINISTER OF THE PROPERTY, 1.0. BOX 10:10,	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zeronours	VERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in
2	96 60	an i
	ficate t	physic
;	certi	ang
-	death	aftend
ĵ	the	the
	hat	5
	uires t	signe
1	red	need
į	WE 3	has t
	Ē	ate
	SICIAN	certific
5	PHY	this
5	DING	After
	ATTEN	ECTOR:
5	OR.	DIR
1	SPITAL	VERAL

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR 1 - STATE REGISTRAR	STATE OF MARYL			F HEALTH AND I		HYGIENE REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	F DEATH			3. TIME OF DEATH
GEORGE ROBERT	SIMMONS				MONTH	17/90		YEAR	1900 M
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		F UNDER 1 YE		7. DATE OF	BIRTH		8. BIRTHPI	LACE (State or Foreign
578-12-3998	1 M 2 D F 75	YRS.	ONTHS DA	YS HOURS MIN.	Feb.	27 191	.5	Mary.	land
9e. FACILITY NAME (If not institution, give str	eet and number)	9	b. CITY, TO	WN OR LOCATION OF DE	EATH	T	9c. COUN	TY OF DEA	ATH
CALVERTW EMORIAL	HOSPITAL	I	R FR	EDERICK. M	D		CA	LVER	r .
RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY		10e, CITY.	TOWN OR L	OCATION				1	IOd. INSIDE CITY
Maryland Calver	<del>-</del>			rederick					LIMITS?
10e. STREET AND NUMBER	<u> </u>	71111		10f. ZIP CODE			10g. CITIZ		IAT COUNTRY?
P.O. Box 176C				20678		- 1	USA		
11. MARITAL STATUS	12. WAS DECEDENT, EVER I	U.S. ARMED	13. WAS	DECENDENT OF HISPAN	NIC ORIGIN?	(Specify Year	or No-	14. RACE -	- American Indian,
1 Never Merried 2 Merried	FORCES? 1 X YES		If yo	e, specify Cuben, Mexice YES 2 A NO Specif	n, Puerto Ric y:	en, etc.)		Specify:	White, etc.
3 Widowed 4 Divorced									white
15. DECEDENT'8 EDUC (Specify only highest grade of	ATION completed)	(Give kind of wor	k done durin	PATION og most of working	18b. K	IND OF BUSI	NESS/IND	JSTRY	
Elementery/Secondary (0-12)	College (1-4 or 5+)	Fireman	retired.)		117	S. Gov	rornm	ont	
17, FATHER'S NAME (First, Middle, Last)		rireman		1S. MOTHER'S NA				ent	
George R. Simmons				Annie M			ui (rei/le)		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (St	reet and Number or Rural			State. Zip	Code)	
George Simmons				oad #10 G					
20e. METHOD OF DISPOSITION	201	. PLACE OF DISPOSIT		of cametery, cramatory or			ATION — C		n, State
1 M Buriel 2 Cremetion 3 Remo	val from State	other place) ashington	Nati	onal Cemet	ery	Suit	.land	Mar	yland
21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE // /	10		ME AND ADDRESS OF FA		_			
Robert %	7. Wilh	elec		ert E. Wil tland Marv			al Ho	me,	Inc.
23. PART I. Enter the diseases, dr coshock, or heart fallure. L	omplications that cause	d the death. Do no					atory arre	est,	Approximate
IMMEDIATE CAUSE (Fine)									interval Between Onset and Death
disease or condition requiting in deeth)	Massine	- ev	12.						
Tooling in about,	DUE TO (OR AS	CONSEQUENCE OF):							
Sequentially list conditions,									
If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	CONSEQUENCE OF):							
CAUSE (Diseese or injury	DUE TO (OR AS	CONSEQUENCE OF):							
that initiated events resulting in death) LAST									
PART II. Other eignificent conditions	contributing to deeth i	out not resulting in	the under	rlying ceuse given in	Part i.	PERFORI			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
						1   YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
									1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	28. PLACE OF DEATH (C)	heck only one)	)			
1 YES 2 NO	1 Impatient 2 - ER/Out	petient 3 DOA	☐ Numing	Home 5 - Residence	_				
27, MANNER OF DEATH  1 Natural 5 Pending	(Month, Day, Year)	28b. TIME INJU	RY	c. INJURY AT WORK?	28d. DESC	RIBE HOW IN	JURY OCC	URED	
2 Accident Investigation	28e. PLACE OF INJUR	/ At hame form of		YES 2 NO	201 1 004	FION (Count o	and Microbian	O/ G-	suite Museline
3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Spe	city)	eet, tactory,	onice	City or	TION (Street a Town, State)	no number	OF HUMBIT FIG	ramoer,
29e. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my know	viedge, death occurred	at the time	date and place, and du	e to the ceus	e(e) end men	ner ee state	nd.	
onel -	3: On the basis of examination								end manner ee stated.
29b. SIGNATURE AND TITLE OF CERTIFIER		-	-	29c. LICENSE NU	MBER		29d. DATE	SIGNED (	(Month, Day, Year)
Kromman	Aceso	lani					▶ 7	118	190
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, F	Print)			- 1	,	110	
KTOIMARCE VAZDA	NT. M.D.	PRINCE F	REDEF	RICK MD	20	678			
31, DATE FILED (Morith, Day, Year)	32. REGISTRAR'S SIGI	ATURE		1.00					
JIII 20 190 d	cha Davidson-Ra	ndell							

3	pa		
E	100		
9	De		
30	0		
-	973		٠
100	5		
2	2	लं	
3	y	6	i
23	a b	16	*
3	2	6	j
	量	0u,	Ì
	*	ati	-
ē	3	еш	
5	B	0	
ě	8	필	
99	8	pg	
8	=	2	
۾	Cia	10	
ate	Sé	d	•
tific	0	епе	
93	in the	8	
=	len Men	H	
dea	PE PE	EE .	
9	the	ž	,
#	3	pug	
=	2	th a	
SS	5	eath	
de	S	I	
9	996	0	
Well	S	ept	
9	h.	e D	
	Sat	stat	
AN	1	le S	
Sic	9	45	١
ξ	3is	曼	
0	1	th.	
¥.	Afte	ea	
8	à	9 16	
E	0	affe	
X	REC	13	
AL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within	AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pa	2 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
A	7	2	

	FOR STATE OF MARYLANI	D / DEPARTMENT OF HEALTI	H AND MENTAL HYGIENE	30 712					
	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)	CERTIFICATE OF DEA		year 7.10PM					
	579-46-8661 1 M 2 V F 59	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday)    F-UNDER 1 YEAR    F-UNDER 24 HRS							
DIRECTOR	PRINCE GEORGES HOSPITAL CENTER	CHEVERLY	110000000000000000000000000000000000000	RINCE GEORGE					
	Maryland Prince George's	10c. CITY, TOWN OR LOCATION Hyattsville		19d. INSIDE CITY LIMITS? 1 X YES 2 NO					
BY FUNERAL	100. STREET AND NUMBER  5611 Hamilton Street  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S.	APMED 12 WAS DECEMBENT	781  OF HISPANIC ORIGIN? (Specify Yes or N	U.S.A.					
	1 Never Married 2 Merried 3 Widowed 4 Divorced    Never Married 2 Merried   FORCES? 1 YES 3   F YES, GIVE WAR OR DATES	If yes, specify Cu 1 ☐ YES 2 ☐ N	ben, Mexican, Puerto Rican, atc.)	Black, White, atc.  Specify: White					
COMPLETED	(Specify only highest grade completed)  Elementary/Secondery (0-12)  College (1-4 or 5 +)	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of worlife. Do NOT use retired.)	16b. KIND OF BUSINE						
	12 17. FATHER'S NAME (First, Middle, Lest) William H. Phillips		OWN OTHER'S NAME (First, Middle, Melden Surn Anna M. Stamler						
TO BE	190. INFORMANT'S NAME (Type/Print)  James H. Shaffer, Sr.	19b. MAILING ADDRESS (Street and Numi							
MUST DE	20e. METHOD OF DISPOSITION  1 W Burlet 2 Committee 3 Removal from State of	ACE OF DISPOSITION (Name of cometery, of orge Washington	Cemetery Adel	on - City or Town, State phi, Maryland					
ахашшех	21. SIGNATURE OF FUNERAL BENVICE LICENSEE		Gasch's Sons Fun Simore Ave., Hya	enal Home, PA ttsville, MD 2078					
	23. PART I. Enter the diseases, or complications that caused the shock, or heart fellure. List only one cause on each IMMEDIATE CAUSE (Finel disease or condition	e deeth. Do not anter the mode of o	lying, such es cardiac or reepirato						
N CARIN,	resulting in death)  a.  DUE TO (OR AS A CO	NSEQUENCE OF):							
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  Due to (or as a consequence of):  Acute Myo Carcual Wyorctor  Due to (or as a consequence of):  Due to (or as a consequence of):								
Marked, or Item 23 shows any injury, or PHYSICIAN: MEDICAL CE	PART II. Other algorificant conditions contributing to death but or  Drabute multitus. C  Councile dynthmics	not resulting in the underlying cause	given in Part I. 24a. WAS AN AUT PERFORME!  1 YES 2 X	D? AVAILABLE PRIOR TO					
YSICIAN	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO 1 PRINCIPAL:  1 D Inputiont 2 ER/Outpetie	OTHER:	Pealdence 6 Other (Specify)						
BY PHY	27. MANNER OF DEATH  1 Neturel 5 Pending 2 Accident Investigation	27. MANNER OF DEATH  286. OATE OF INJURY (Month, Day, Year)  28b. TIME OF 1NJURY AT WORK?  1 Netural 5 Pending  28c. OATE OF INJURY AT WORK?  M 1 YES 2 NO							
	28e. PLACE OF INJURY —	At home, farm, street, factory, offics	281. LOCATION (Street and City or Town, State)	Number or Rural Route Number,					
PORTANT: If item 28 is BE COMPLETED	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge one)  2 MEDICAL EXAMINER: On the basis of examination en								
TO BE C	Planslags mo		D 24720	Ded. DATE SIGNED (Month, Day, Year) 7 - 19 - 90					
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH G132 Landover Rd	(ITEM 27) (Type, Print) Cheverly	MD 20	1785					

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randall

DHMH-16 Rev 1/89

31. OATE FILEO (Month, Day, Year)

JUL 2 3 '90